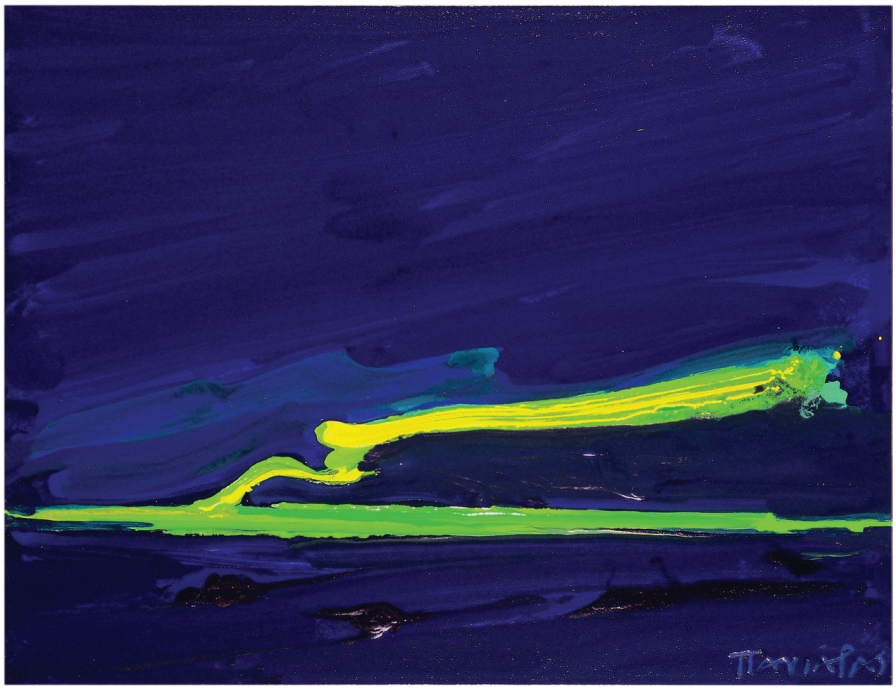
Colonizing the Greek Mind? The Reception of Western Psychotherapeutics in Greece

Edited by
Charles Stewart



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KOSTAS PANIARAS *Egotopia* 2009 - acrylic on canvas (115x150)
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Charles Stewart

Colonizing the Greek Mind? Indigenous and Exogenous Psychotherapeutics*

Charles Stewart

Greeks do not like the idea of having been colonized any more than Americans do. In both cases there has been plenty of intervening time to forget colonialism, unlike countries such as Cyprus where colonization and independence lie within living memory. Although America retained the English language, along with numerous other cultural features, the geographic expansion of the USA and its economic success over the last century have ultimately reduced the British colonial moment to a quaint object of reflection. In an act of ideological prestidigitation, the British period today conjures up images of American independence – the Boston Tea Party, fifes and drums – rather than mournful colonized dependence, or subordination.

The four hundred-year Ottoman period carries more traumatic overtones for Greece not least because it straggled to a close in a series of conflicts lasting into the twentieth century. But these wars of liberation also enshrined autonomy and self-determination as paramount values. During my first lengthy stay in Greece, while waiting out a driving rainstorm lasting several days, a shepherd on Naxos enthused about the heroic Greek values of independence as expressed by Kazantzakis in his passionately written novel *Kapetan Mikhalis* (*Freedom or Death*). When the sun finally came out, shouting "freedom or death", we took a picture of ourselves draped in shotgun cartridge belts, holding a couple of old hunting rifles aloft. I cite this example to highlight the grassroots unthinkability of "colonization" in Greece.

Today there is a fair amount of Greek scholarship on the Ottoman period, but it is not thought of as colonial history. Indeed, the general framework of colonialism/post colonialism has not been much embraced by modern Greek

* My thanks to Joe Calabrese, Jo Cook, Renée Hirschon, Elisabeth Kirtsoglou, Daniel Pick, and Jenny Roussou for reading and commenting on an earlier draft of this essay.

historians. To the extent that such a paradigm has been explored it is mostly in relation to a Western colonization of Greece beginning with philhellenism and leading to the war of independence. A Bavarian monarch headed the first government of Greece and there were even some foreign boots on the ground for a while in the 1830s. According to the independence-as-colonization theory, Hellenism, Greece's core political and aesthetic value, is to be understood as a Western model formulated by European classicists and philhellenes and foisted onto Greece (Leontis 1995: 68, Gourgouris 1996, Calotychos 2003: 49ff). Neoclassical buildings had, for example, already sprouted in Edinburgh and Paris. Their erection in Greece by German-trained architects implemented a foreign-processed Hellenism rather than a diachronically developed Greek aesthetic.

Michael Herzfeld's (2002: 901) contention that Greece was "crypto-colonized" by the West offers a variation on this analysis. In his view Greece retained political independence at the price of economic dependence on the more powerful states of Europe, which also came to exercise hegemony over Greece in the sphere of ideas and aspirations. More recently, the archaeologist Yannis Hamilakis has offered a perceptive account of how exogenous Hellenism at first squelched local Greek versions of national identity (Romiosyni), but later amalgamated with them to form a hybrid indigenous Hellenism (2007: 119). It is worth noting that these various analyses in terms of colonialism have all been produced outside Greece (even if by Greek scholars), and in English in the first instance. Perhaps the recommendation of colonialism as an analytical tool is itself a further colonization by hegemonic Western academic authority? It remains to be seen if the language of colonization will be developed in domestic Greek scholarly circles and public forums.

This is the background against which to read the essays collected here under the title: "The Colonization of the Greek Mind?". Not all of the contributors would agree that there is such a thing as the Greek mind, or that it has been colonized. The title is meant as a *próklisi* – and I use this Greek word because no single English term captures the combined senses of challenge/stimulation/provocation intended in my usage of "colonization".

One might think that the reception of psychotherapies into Greece presents a set of issues very different from colonization. Clearly there were no psychotherapies of the contemporary post-Freudian sort in Greece before Freud and his successors innovated them. The same was true of every other country, including Austria. These

ideas arose and circulated only beginning in the last century. As people began to embrace these ideas they came to think differently about themselves – as having individualized psychologies, as having an unconscious, as assuming an active role in the quest for self-understanding. The consciousness of everyone who came into extensive contact with psychotherapeutics was, in this way, "colonized". People came to participate in a world increasingly psychologized in the sense that people were individuated and managed through measurements of aptitude and intelligence. Psychotherapies and self-help therapies extending into the popular sphere of magazine articles and television programmes further radiated what Nikolas Rose (1998: 2) has termed "psy", the complex of disciplines and ideas orientating people toward self-realization, individualization, autonomy and self-fulfilment (Rose 1998: 2-3). There should, therefore, be no surprise (or stigma) if Greece also received these ideas along with everyone else. In the last fifty years, with increased global marketing and communication, "psy-ification" has been a hard-to-avoid matter of globalization. Change, yes; colonization, perhaps no?

Globalization may not, however, be a neutral alternative to colonization, but rather entirely consistent with it: a form of neo-colonialism. As the journalist Ethan Watters puts it in his book, *Crazy Like Us: The Globalization of the American Psyche* (2010: 3):

> A few mental illnesses identified and popularized in the United States – depression, post-traumatic stress disorder, and anorexia among them – now appear to be spreading across cultural boundaries all around the world with the speed of contagious diseases.

This standardization is driven by international medical science, with general consensus around ideas disseminated in professional journals. Local illness categories have been demolished and replaced in the process causing the experience of illness to be reconfigured both individually and socially. With the increasing pharmaceuticalization of psychiatry the winners are the big pharmaceutical companies ("Big Pharma"), based predominantly in countries such as the USA, Britain, France and Germany. One must, therefore, seriously consider the realities behind the expression "colonization of the mind".

Of course, not everything received through globalization is necessarily accepted, or understood and locally consumed in exactly the same manner. Anthropologists have persistently made the case that global products are localized

and endowed with particular cultural meanings. McDonald's, for example, means different things in each of the major Asian countries: some think of it as a taste of the West (Hong Kong), others as only snack food and not a proper meal (Japan), while still others see it as only for children, or as a tourist destination (China) (Watson 2006). Greece resisted McDonald's for a long time. Yet in the interim it developed an indigenous alternative: Goody's. The basic concept of fast food could not be resisted. Yet McDonald's has also been localized. The menu is by no means the same as at outlets in America. You cannot get a "Greek Mac" in Chicago.

Was it Greek to Begin With?

Some have contended that Greece was the first place to develop "therapies of the word" as the Spanish professor Pedro Laín Entralgo (1970) termed them. If one adequately historicizes the Western tradition, then it does appear that Greece first produced and exported some of the ideas it later received back from northern Europe in the form of "psy" therapies. "Colonization" by the West would then be an inaccurate assessment, a matter that Vasileios Thermos raises in his contribution to this volume. Logotherapies began in ancient Greece with Plato's idea that a skilled philosopher could use rhetoric to talk people out of dismal states of mind. He contended that individuals could be restored to the harmonious condition of *sophrosyne* if they could be persuaded to take a new view of themselves and their situation. This was an early version of cognitive behavioural therapy developed further by the Stoics (Hadot 1995, Sorabji 2000). Aristotle thought that physicians could heal patients by treating emotions via poetry, or through a drama therapy in which emotions were theatrically induced to effect psychotherapeutic healing, the "catharsis of the soul" (Laín Entralgo 1970: 245). Galen recognized that the psyche could cause illness, but the Hippocratic tradition treated the body alone and the therapy of the word never gained hold in the medical tradition.

Christianity contributed to the development of "psy" when it formulated the Trinitarian and Christological doctrines of the "person" leading, as Marcel Mauss (1985: 20) contended, to the formation of the concept of the unified, modern person. Earlier Stoic thought informed Christian ideas and practices of controlling the self. The goal, however, was no longer happiness *per se*, but a freedom from sin that would place one close to God both now and in the afterlife – blessedness. With its emphasis on the choice-making individual as responsible for sin and as the account-

able unit for salvation, Christianity contributed to the formation of the concept of the individual. But the permeability of this individual to forces of God and the devil made it a distinctively Christian anthropology. It was this anthropology that held amongst the populace of the Greek state as the country emerged into European modernity after independence.

It is true, then, that developments in the Greek area from antiquity through Christianity laid some of the foundation for modern psychotherapeutics, but not the whole foundation. After the Greek Church split from the Latin Church, and Constantinople fell to the Ottomans, the Greek-speaking east was increasingly isolated from crucial developments such as Protestantism, the Enlightenment and secularism that would prepare the final way for the establishment of psychotherapeutics.

Protestantism took the unreformed Christian out-worldly orientation of the few (i.e. monks; Weber 2002: 101), and made it into the watered down inworldly project of the many. Self-discipline became a more pronounced feature of life in the world, while the abolition of confession made knowledge of the self yet more private. The depth and interiority of the individual increased. As Webb Keane (2007: 52, 188) has illustrated in his study of Calvinist missionaries, Protestantism placed a high premium on freedom of conscience, and also on the sincere responses of the self. Agency came to rest in the individual's authentic interpretation of experience, rather than in the actions of spirits or objects, which instructed people what to do. God might have a powerful plan, but this would be realized through individual interpretation, not by surrendering individual decision making to exterior forces.

Beginning with Descartes' separation of the thinking mind from its external objects of contemplation, enlightened European thought emphasized consciousness as the defining feature of mind. Over the following two centuries, this consciousness was shown to contain an unconscious level comprising unrecognized impulses and emotions. The scanting of the unconscious in Descartes' original formulation, motivated its triumphant discovery, and by 1870 the notion of the "unconscious mind" was a European commonplace (Whyte 1978: 160).

This delivered the situation up to Freud. An ideology of individualism and self-discipline spurred by Protestantism had taken hold in northern Europe while spirituality and religiosity had gradually drained out of the equation. Secularism reached one of its periodic high tide moments in the late Victorian period. With no

Protestant outlet in confession – except where lay confession known as the "the care of souls" (*Seelensorge*) was practiced (Ellenberger 1970: 76) – and a rising conviction in the power of the unconscious, the situation was ripe for the creation of psychoanalysis.

Psychotherapeutics and Greece

As Cartesian consciousness underwent revision in the West, the psyche (*psykhi*) in the Greek-speaking world remained a partially divine portion of the person. Priests were *ipso facto* psychoanalysts and psychotherapeutics was a branch of theology. The northern European, post-Reformation way of being had taken centuries to form. Only after independence were the Greek lands able to begin extricating themselves from Ottoman serfdom where the main civic reference point was the Patriarch of Constantinople. The adaptation of European law codes by the early state, the foundation of institutions such as the university, and the political subordination of the Church to the state were, for Greece, like living the Reformation and the Enlightenment in speeded up time. A northern European way of life could not, however, be adopted so quickly and in any case, the ground was not prepared for it to flourish since the Church was still unreformed. Orthodox stalwarts at the time complained about being Protestantized under the new Bavarian-led state, a position echoed by latter-day exponents of Neo-Orthodoxy (e.g. Yannaras 1971: 139). Northern European modernity could not simply be transferred to Greece. A way of being cannot just be copied; it needs to be lived into. There exists no equivalent to Apple's "Migration Assistant"[1] for transferring ontology from one society to another.

One of the first articles I read when I embarked on a career as an anthropologist was Adamantia Pollis's "Political Implications of the Modern Greek Idea of Self" (1965), where she wrote that: "Nothing demonstrates more dramatically the absence of the notion of an autonomous individual than the absence of a word in Greek for privacy. One of the basic rights of an individual in the West, the right to privacy, is lacking as a concept and is not part of the cultural pattern of Greece" (p. 32). In Greece, to be alone is pitiable, or else an ascetic religious choice, not an everyday value.

[1] [For PC users] "Migration Assistant" is used when one wants to transfer all of the contents from one computer to another computer. Migration Assistant performs the feat of preserving and transferring the interdependent, bedded-in relationship between operating system, applications and files that had built up organically over years of use.

Pollis's observation would not be expressible today in its bold original terms without incurring charges of linguistic determinism and stereotyping. Greek people are too various to classify by such lumbering criteria as individualism and collectivism. Most people are both individualists and group-orientated to varying degrees, in alternation, and according to the situation. Yet Greece undoubtedly has a very different cultural feel than Germany or the Netherlands. Recriminations flying between Greece and Germany during the current financial crisis make this clear. The IMF and other members of the Troika (European Commission and European Central Bank) attempting to stabilize the Greek economy have characterized Greece as beset by corruption, tax evasion, clientelism, and fraud (Hirschon n.d.). The "fear of responsibility" (*efthinofovía*), which Herzfeld (1992: 90, 143) identified as a besetting problem within Greek bureaucracy, may also be listed here as an indication of difference. The implicit contrast is with American or northern European governmental systems where, in theory at least, the buck stops somewhere. It is no coincidence that Mediterranean societies inspired the analytic terms "honour and shame". Post-Protestant anthropologists were, I believe, fascinated (at an unacknowledged level) by the different attitude toward guilt in southern Europe, and they zeroed in on this difference as a salient Mediterranean cultural feature.

Greece became a majority urban society only in the early 1960s, a demographic shift made more or less a century earlier in northern Europe. Traditional life began to erode quickly at this time in the face of higher education levels and social mobility, which made the emerging generation less dependent on the family. One sign of this, as identified by Renée Hirschon (2010: 300), is the gradual shift away from the celebration of name days. Approximately 70 per cent of Greek men share twenty names. To celebrate on one's saint's day, then, is to celebrate communally the eternal saint. A party would be prepared at home to which no invitation was needed since name days were public knowledge. By contrast, birthday celebrations are private and individualizing, and Hirschon's interlocutors (n.d.) explicitly recognized birthdays as a "European" practice (*étsi kánoun sto exoterikó, stin Evrópi*) – an example of European hegemony working as a gradual process over the last fifty years. I agree with Hirschon (2010: 306) that these developments point to an ontological shift from the Orthodox anthropology of the person to a Western anthropology of the individual.

A senior academic psychologist in Athens recounted to me how at first, in the 50s, Greek therapists tried to apply American models that focused on promoting individuation in the treatment of teenagers and young adults. They soon realized that this approach was not appropriate to a transitional post-war Greek context where individual psychological health could not be achieved apart from the family. Mental healthcare initiatives, such as Anna Potamianou's Mental Health Section (MHS) of the Royal National Foundation (1956-64), or George and Vasso Vassiliou's Athenian Institute of Anthropos (opened 1963), tried to take account of the new social realities in Greece. The MHS, studied by Despo Kritsotaki (this volume) combined short-term psychotherapy, group therapy, and family therapy. In so doing practitioners performed the difficult task of helping people to become independent from their families, while involving their families in their therapy. Greek transcultural psychiatry later articulated the view that in so-called "sociocentric" settings (where the individual is strongly connected to a surrounding community), therapy was more usefully oriented toward social and family relations, rather than toward individual "self-knowledge" and "self-governance" (Davis, this volume). As a Greek woman told my anthropologist colleague Renée Hirschon (personal communication): "We don't need counsellors and psychotherapists; we've got friends and family".

Group, family, and drama therapies have had a relatively good uptake in Greece over the last fifty years. Something similar is revealed by Li Zhang's ethnographic study of Kunming, a city in south-western China where people have settled on a repertoire of preferred therapies that include prominently: Cognitive/Behavioural Therapy (CBT), family therapy, and sand play, a therapy based on Jungian principles where clients make shapes in sand that are interpreted as models of the psyche. According to Zhang (n.d.), "Chinese clients lost patience when asked to spend long periods of time narrating their pasts". Ultimately, Western psychotherapeutics come in a variety of forms, and these are mixed and matched in the process of localization.

Traditional Greek Psychotherapeutics

A panoply of psychotherapeutic practices were available in Greece before the advent of psytherapeutics. The evil eye (*to máti*) caused illnesses ranging from headache through lethargy and body aches. A family member or a person from the community would diagnose it (by dripping oil into water) and cure it using exorcistic

spells. The Church accepts the evil eye and has its own prayer against it, which a priest must perform. Lay exorcism, which the Church considers a superstitious practice, is far more common. People also entertained a variety of so-called *xotiká* – spirits such as the *neráïdes* and *lámies*, which could "steal people's minds", causing them to go mad (Stewart 1991). A variety of dedicated spells and prayers existed to cure *xotiká* attacks. And finally, closely related to the *xotiká*, were the attacks of the Orthodox Christian devil, and his accompanying demons, which found openings left by the weakness of human will to cause mental illness or ruinous addictions. The cure in these cases, also valid against the demonic *xotiká*, was exorcism performed by clerics at a Church or monastery, accompanied by communion and confession if possible. All of these various illnesses placed the person in a social context where their condition could be publicly labelled and treated. Furthermore, if a *neráïda* (female demon) left a young man insane, or withering gossip (*glossofagiá*) inflicted the evil eye, it was not entirely the sufferer's fault. In fact, it was often said that these attacks resulted from the envy of others at the victim's success or beauty.

In traditional Greek communities the body was the primary vehicle for the expression of distress, giving rise to a profusion of what psychiatrists might term "somatoform disorders". These are physical symptoms not caused by any underlying medical pathology (e.g., phantom pains, Münchausen syndrome). Well-known Greek examples include *névra* or, "nerves", which is felt as headache and internal pressure to the point of boiling over into fits of shouting and throwing things; and *stenokhória*, debilitating "worry, or anxiety". To these one might also add being *matiasménos*, "in the grip of the evil eye", or *daimonisménos*, "possessed by a demonic force". An example would be the "suffering" reported by the Thracian followers of the cult of Saint Constantine studied by Danforth in his book *Firewalking and Religious Healing* (1989). Two main categories of sufferers emerged from his study: 1) those away from the community in the loneliness of diaspora; and 2) recent brides living in their husband's natal home with their in-laws. People presented with a variety of symptoms, such as mood swings, anxiety, or feelings of suffocation. They attributed their illness to a malevolent possession by the saint, which they understood as a call to revere the saint. Many joined the Anastenarides, an inner circle of devotees, who are custodians of special icons. To regain wellbeing, they venerated the saint intensively throughout the year, culminating in a ritual of fire walking on the saint's day. The saint is said to empower

them and protect them from burns. As an example of ritual healing, fire walking may be classed with evil eye un-bewitching, funeral lamentation and exorcism. All of these indigenous therapies take sociosomatic illness seriously and treat it performatively, and often publicly.

Bodily symptoms may index painful social relations. As Nadia Seremetakis showed in her study of funeral lamentation (1991, and in this volume), pain, like the lament, is antiphonal; it takes shape as others respond to it. There is a sufferer and a chorus. The complaint is shared, repeated, ratified and dissipated. Similarly, therapists such as coffee cup readers and evil eye un-bewitchers frequently take on the symptoms of the sufferers in yawns and sneezes as they process and expel the ailment. Medical cures such as aspirin are viewed as impersonal; not involving a social relationship and therefore less effective (Seremetakis, this volume).

As Danforth (1989) observed, in the USA people engage with firewalking through straightforward psychologization. They determine that they have inner fears or limitations and decide that this ritual will help them to improve as a person. In the Greek cases of ritual healing it could be said that there is little or no detour through psychologization. This poses a problem for the application of Western psychotherapeutics, first of all because these therapies are geared toward people who present as ill in psychological rather than religious terms. Much as philosophy arose in ancient Greece by replacing animate gods with abstract principles through application of the neuter article to conceptualize elements (*to pyr*, "fire"; *to ýdor,* "water"), so Western psychotherapeutics arose in the wake of Weber's "disenchantment of the world". Their precondition was the elimination of animate ideas of the emotions such as we find in the accounts of the early Church where lust, envy and despondency (*akidía*) were not only sins, but demons which attacked individuals. The management of such troubling emotions in traditional Orthodoxy involved a psychic battle against external forces, and the community largely accepted the power of this "external persecutory order" (Crapanzano 1977).

Modern psychotherapeutics reframed these demonic powers as human projections of what deeply belonged to the individual: their history and personality. Learning to submit to this new conceptualization required countenancing a personal ownership of illness, applying a hermeneutics of suspicion to the self, and involvement in the therapeutic process required exercising individual agency to effect healing. These were the new rules of the game of personhood. If the idea of a

"colonization of consciousness" (Comaroff and Comaroff 1992) is not an acceptable description of this transformation, then perhaps it can be viewed as analogous to a religious conversion; in this case, a conversion to modernity.[2]

In Thrace, one of the most rural and underdeveloped areas of Greece, psychiatrists viewed somatic "conversion disorders" as indexes of local culture; ailments brought on by cultural situations and ideas, but which were not true mental illnesses. This view is consistent with the psychiatrists' diagnostic manual (DSM), which considers "somatoform ailments" not to result from any physical pathology. An example would be the young woman described by Elizabeth Davis (this volume), who was distressed by life in her husband's extended family household, and suffered bouts that she described as "going wild". Her structural situation and symptoms resembled those of women who referred themselves to the Anastenaria – also located in Thrace. At the clinic in Alexandroupolis, psychiatrists viewed her as exhibiting "classic hysteria", such as was common in Europe in the 19th century, but which is rarely encountered in modern societies. Indeed, conversion disorders generally have been receding in the face of modern psychotherapeutics. As Davis remarks (this volume), these cases of hysteria represent the shrinking space of "culture" (read pre-modern culture) as Western modernity claims more and more territory. The ultimate goal of modern psychiatry in Greece is to eliminate these atavistic illnesses altogether. To paraphrase Freud: Where catatonia was, there depression shall be. This situation may fairly be conceived as a colonization of the Greek mind, understanding colonization in this case as the intentional replacement of local beliefs and practices with metropolitan forms.

The goal of the psychiatrists in Thrace was "to coax distress out of the body and into discourse" (Davis, this volume). This did not mean the self-knowing discourse of psychoanalysis, but rather a liberal discourse of individual responsibility. The doctors also introduced therapeutic contracts in which patients agreed to their obligations in order to continue receiving care (Davis 2012: 211). Western psychotherapeutics thus contributed to the advent of a new ontology of the person, which had been arriving for some time now as we saw in the example of name day celebrations. Psychiatry is not engineering change all by itself, but in

[2] As Jung points out in his *Psychology and Religion* (1960), the development of modern psychology rests precisely on the transition from religious explanation of mental states in terms of animate, exogenous supernatural forces such as demons and angels to explanation in terms of dynamic endogenous emotional forces described in inanimate analytic terms.

concert with other factors. Urbanization, education in Western universities, and mass tourism in Greece – these are only some of the notable developments stimulating the shift to a more individualistic ideology. To be clear, this is not an either-or situation where one is either wholly Western individualist or non-modern sociocentric Greek, but one of gradations, with plenty of steps forwards and backwards, and contradictions. The situation is non-homogeneous, or "non-synchronous" to use Ernst Bloch's term (1977). People are orientated in various non-coordinated temporal directions in the present; some cling to the past, while others energetically prepare for the future.

Dreaming: Indigenous and Exogenous Approaches

I became interested in these questions of indigenous and exogenous psychotherapeutics in the course of the project on dreaming that I recently completed (Stewart 2012). The majority of dreams that I collected were historical, dating back to the 1830s and the 1930s. These dreams of saints played out mainly in the field of religion. The subject matter did not involve illness or the need for psychotherapy. Yet, I was conducting my ethnographic research in the present and collecting, discussing and presenting my data in the Greek context that I have been describing above. Although dreams of saints were widely accepted in some quarters, others viewed them skeptically. In my own case study from Naxos, people dreamed of holy figures who instructed them to build a huge church. Construction on the church began in the late 1990s and it is almost finished. Those members of the community spearheading the actual building, however, downplayed mystical dreaming. They called themselves "dreamers", but they pointedly rationalized the term to mean that they were people with ambitions and goals. I wanted to understand how the various ways of understanding dreams sat next to each other and interacted in contemporary society.

Alongside religious dreaming where saints appear and give instructions, the other main indigenous form of interpretation is oneirocriticism, a tradition extending back to antiquity. In this system the dream is raided for certain key symbols, which have particular meaning. If you see snakes, for example, it means that you will encounter enemies; to see fish (*psária*) foretells sorrows (*lakhtára*), a formulation held together by assonance and widely remembered. In the oneirocritic view dreams predict the future: if you see a wedding, you will attend a funeral. On a

recent visit to a village on Naxos a young man told me of a dream in which his tooth fell out and then went back in again. Shortly thereafter a friend was involved in a bad car accident and he almost died but the medics revived him. Losing a tooth in a dream signifies death.

When I began my research on dreaming in Greece, many people asked me if I "believed" in dreams. What they were actually asking was: "did I believe that dreams come true – i.e., did they predict the future?" This reflects the pervasiveness of oneiromancy, but it also indicated people's doubts about it and their awareness of alternatives. Would a "Westerner" like me subscribe to the dream book approach? When I gave a guest lecture at the Panteion University in Athens I discussed this topic with the students. They said that they would prefer to have their dreams interpreted by their grandmother according to the age-old oneirocritic method, rather than by consulting a psychotherapist/analyst. In rejecting psychoanalysis the Panteion students were rejecting an exogenous psychological model, implicitly, not by identifying it as an import, or by criticizing its theory. What they opposed was the commodification and atomization of therapy. With one's grandmother, dream interpretation is free, and carried out within the home, with perhaps other family members sharing in the process. Professional psychotherapy, they pointed out, is contracted with a "stranger" (*xénos*, their telling term for a non-kin person) for a fee; it is private and individualistic. Leftism along with family cohesiveness informed their thinking.

Oneirocriticism offers one set of interpretations to fit everyone, but in practice these meanings are adjusted to individuals. By and large oneirocriticism does not specify where dreams come from; they are occult phenomena. Some people offered hesitant views on "instinct" (*énstikto*) and "premonition" (*proaísthisi*), to account for how people might know the future. In some conversations people wondered if it was not the "unconscious" (*yposyneídito*) that gave rise to dreams and they looked to me for confirmation and further discussion.

The oneirocritic approach appears to be at least somewhat psychotherapeutic in the sense that it deals with the mental imagery of individuals and helps them manage emotions such as anxiety. For this reason, oneirocriticism could be considered an indigenous psychological practice. Yet, from the view of western psychotherapeutics, it is non-psychological because it does not consider the dreams to spring from individual biographies. At the very best it could be viewed as

ineffective psychotherapy, capable at most of temporarily halting a symptom, much as hypnosis could be briefly effective in treating hysteria. Traditional therapies – and this can apply to the earlier indigenous forms of healing – work at the level of imitation and illusion, while Western psychotherapies consider themselves to address the truth of the individual subject and therefore to have the potential to effect lasting cures (Pandolfo 2000: 138).

The Orthodox Christian view of dreaming presents a different indigenous psychology within Greek culture. A saint appears to the dreamer and dictates a course of action or a prophecy. Such dreams occur every day throughout Greece where saints appear to people, advise them, and sometimes heal them. Consider the case of the Macedonian woman who began to suffer pathological levels of anxiety after marrying and moving to live with her husband in his natal home with her in-laws. Her situation went unrecognized until her brother had a dream in which he saw his sister standing on the balcony of her in-laws' house plaintively calling out to St. Raphaíl to come in and visit her (Handman 1996: 95). Feeling the strikingly powerful quality of the dream, the brother discussed the dream with his sister. By this time his sister had begun to receive psychiatric care. She came to realize that having her own home was crucial to her mental health, and she persuaded her husband to rent a small apartment where they could live alone together. Finally, in the last stage of her cure, she made a pilgrimage to St. Raphaíl's church on the island of Mytilíni and returned completely better. Her illness had involved recourse to both western psy-therapy and to the Christian tradition of saintly healing.

The prophetic dreams of the Greek Orthodox tradition share the future orientation of dreaming found in oneirocriticism, yet the Church is opposed to popular dream divination. In a recent booklet on dreams (Karakovoúni 1996) the Church criticizes those engaging in "occult" forms of dream interpretation such as oneirocriticsm. The author points out that many practitioners think that *oneirokrítes* (popular dream interpreting books) form part of Christianity and that accurate predictions indicate the grace of practitioners when in fact they are just "puppets of the devil" (*ypokheíria tou diavólou*). The author sees it as the Church's pastoral task to rescue people from their error.

To sum up, then, I have covered two indigenous paradigms of dream interpretation and noted that the one is opposed to the other. The Orthodox Christian population of Greece is steeped in both of these – prophetic dreaming of

saints by virtue of their religion, and the dream book approach, by virtue of their cultural history. The Orthodox Church would ideally eliminate oneiromancy, but it has not been able to do so despite trying over the centuries. So the dream book approach remains an unfortunate "superstition" from the Church's point of view.

Into this uneasily shared field of dreams psychoanalytic and other psychological perspectives of American or Northern European origin have entered over the last fifty years as part of the general influx of "psy".[3] One of the initial impediments to the spread of psychotherapies was the fact that the psycho- part of the word comes from the Greek word *psykhí*, meaning "soul". This unintentionally and perhaps confusingly references the domain of religion. The Church is critical of psychotherapies for not acknowledging the existence of God, angels or demons. Psychotherapists are thus unable to recognize the spiritual messages sent to humans (Karakovoúni 1996: 25). The psychotherapeutic and Orthodox Christian approaches to dreaming do, however, share the basic premise that dreams reflect an individual's habitual thoughts and practices; they originate in the self. Even if God or the devil communicates the content of the dream, the dreams actually result from the private life and morality of the individual. This is why the priest and psychiatrist Vasileios Thermos (this volume) considers the Church's orientation to be "more modern than magic" in its attention to the life of the person.

The Establishment of Professional Psychotherapeutics in Greece

The British actually founded the first mental institution in Greece when they built an asylum on Corfu in the 1830s, which then passed to Greek control when the island was annexed in 1864. The Athens asylum was founded in 1856. The mentally ill had theretofore been treated in general hospitals, cared for in monasteries and churches, or left to wander (Ploumpidis 1993: 241). No doubt they continued to be treated in these traditional ways. A Byzantinist colleague told me that well into the twentieth century mentally disturbed persons were occasionally chained up in the Hosios Loukas church (located between Athens and Delphi) in expectation that the saint's power could expel the demons causing illness. In 1862 Greece adopted mental health provisions modelled on French laws that emphasized curability, humanism

[3] There are major differences and clashes in perspective between "psy" practices such as CBT, psychoanalysis, and psychiatry. Grouping them together, however, calls attention to certain common denominators that inform all of them: individuation, the importance of individual agency in effecting cures, and the embrace of an idea of self-improvement. These core elements of "psy" contrast with the sociocentrism and sociosomatism addressed by indigenous Greek psychotherapeutics.

and the rights of the individual (Stylianidis and Ploumpidis 1989: 645). In practice, however, families tended to allow the insane to remain in asylums well out of public view to avoid stigma. After joining the EU, Greece adopted new regulations in line with European policy of providing more care in the community with the goal of enabling the mentally ill to reintegrate into society (Blue 1993: 313). Elizabeth Davis's recent book, *Bad Souls* (2012), provides an illuminating account of how this initiative is currently working out in Thrace.

Psychoanalysis was brought to Greece by Greeks who had studied in Germany. Many of the early protagonists were pedagogues and they applied psychoanalysis in the counselling of troubled schoolchildren. The educators preferred Adler's optimistic approach to human potential over Freud's emphasis on sexuality and guilt. The discussion of sexuality ran up against cultural taboos, and the guilt part did not resonate with Greek people (Atzina 2004: 64). This circle of educationalists was politically left leaning and highly visible, which prompted the dictator Metaxas to shut them down in 1938. Psychoanalysis thereafter was associated with leftism – a major impediment considering the power of the political right in Greece through to the fall of the military Junta in 1974. In general there was very little interaction between psychoanalysis and psychiatry, which was a branch of neurology. Between 1946 and 1950 a psychoanalytic circle emerged in Athens led by four figures including the surrealist writer Andreas Embiricos, and Marie Bonaparte, a great promoter of psychoanalysis who had paid the Nazi ransom to get Freud out of Austria. Although she was the aunt of King Paul of Greece, she could not prevent the group from being chased into exile during the 1950s.

Psychoanalysis only established a secure basis as a profession after the fall of the military dictatorship. Beginning in the late 1970s Greek specialists such as Thanassis Tzavaras (this volume), who had studied abroad, returned. Much like the political parties in the early Greek state – known as the Russian, the French and the British parties depending on the Great Power with which they were aligned – psychoanalysts divided into French, British or American schools depending on their country of training (Tzavaras, this volume). Psychoanalysis still remains an imported mode; professional credentials can only be earned abroad. And owing to the cost of classical psychoanalytic treatment, the urban middle classes are the main clients. The stigma of mental illness (Blue 1993: 305) which previously prevented people from publicizing the fact of being in treatment for mental health has faded and over the

last decade being in analysis has become a badge of distinction in Bourdieu's sense (1986), like driving an expensive car.

To complete the picture, the first degree-granting Department of Psychology (University of Crete) did not begin admitting undergraduate students till 1987. In 1979 a law for the licensure of practicing "psychologists" was passed, but what a practicing psychologist might do was so vague that no licenses were granted until the 1990s. At that point anyone with a four-year degree could put up a shingle advertising their services as a psychologist (educational testing, social development, counselling). "Psy" had reached Greece, but carrying confusion in its wake. The government is still trying to decide what might be the requirements to be licensed to practice "psychotherapy" (Dafermos et. al.: 2006).

Dreaming and Hybridization

I return to the topic of dreaming in order to examine one particular domain where indigenous and exogenous approaches have been adjusting to each other. The introduction of psychoanalytic approaches to dream interpretation has been part of the social transition described above. In order to take up psychoanalytically informed therapies people must adjust their temporal orientation since indigenous therapies such as coffee cup reading and dream interpretation involve a divinatory, future orientation. One thinks about oneself in relation to what is forecast to happen, rather than in relation to past events that have been formative for one's personality. The American-educated anthropologist Nadia Seremetakis observed that her Freudian-influenced sensibility toward dreams was diametrically opposite to that of women in the remote Mani region of the southern Peloponnese (1991: 57). Seremetakis, whose ancestors originally came from this area, had become alienated from this pre-modern temporality through her urban upbringing, education, and long period of residence in the USA. Anthropological fieldwork provided the opportunity to re-connect with it. In her words: "The initial moment of this process involved my understanding of the total irrelevancy of Freudian logic to my dream symbology, the distance of my dreams [as an integrated member of the Maniat community] from Western and 'northern' paradigms of psychologization" (p. 233).

A similar experience of disjuncture between different psychological paradigms may hold for psychotherapeutic practitioners themselves. An American-trained psychotherapist in Athens told me that she had no difficulty analyzing the dreams of

her clients according to Freudian notions of the unconscious. She went on to remark, however, that some dreams, which she labelled "spiritual", should not be subjected to psychotherapeutic analysis.[4] As an example she related the story of a man who dreamt that rats were chasing him. A car ran him down the following week. Dreams of rats foretell death in the oneirocritic tradition. This analyst asserted that such predictive dreams, when they can be recognized, should be kept apart from psychoanalyze-able dreams. Her distinction made sense within her own socialization into Greek categories, which she shares with her clients.

This rapid determination of which dreams are suitable for psychoanalysis and which belong to another system is worth more reflection. Amira Mittermaier (2010: 186) reported that there have been television talk show programs in Egypt where people phone in their dreams. These were especially popular after the Islamic revival as people wished to explore Islamic modes of dream interpretation. A Sufi Shaykh serving as the master of ceremonies would receive all calls and then decide whether to interpret the caller's dreams himself or pass them on to a Western-trained psychologist. The Shaykh, however, had the first and last word. A similar show was broadcast from Saudi Arabia in the 1990s hosted solely by a psychologist, who interpreted all of the dreams psychoanalytically. As the show was broadcast from Saudi Arabia, however, he was not free to ignore Islamic overtones in the dreams. Occasionally he had to accept some as religious messages rather than endogenous productions of the individual mind, thus contravening a basic tenet of Western psychotherapy (Mittermaier 2010:187).

In practice today the three major paradigms of dream interpretation in Greece may be combined. Consider a dream recently collected in Thessaloniki by the ethnographer Elisabeth Kirtsoglou (2010). A woman named Niki recounted how she had dated a wealthy fellow student while at university. She could not envisage a life with him, but this remained a vague, unarticulated feeling. She herself came from a poor background. One night she dreamt of a garden and it began to rain while the sun shone at the same time. The popular Greek rhyme "sun and rain – the poor get married" (*ílios kai vrokhí, pantrévontai oi phtokhoí*) came into her head, and with it an image of Charis, a fellow student of similarly modest background. She awoke

[4] We spoke in English so I cannot be certain if by "spiritual" she was translating a Greek term based on *pyskhí* or *pnévma*, or possibly re-translating the American term "psychic." In any case, she clearly opposed this type of dream to the dreams of the unconscious that can be dealt with by psychoanalysis or derivative psychotherapies.

knowing that she could marry him. Niki's comments on the dream indicate that this was not a predictive dream *strictu sensu* – it did not say absolutely that she *would* marry Charis, although she did – but a dream that worked out the intricacy of her personal psychological predicament while imagining the future (Kirtsoglou 2010: 330).

This example suggests that lay approaches to dreaming in Greece may combine assumptions from western individual psychology with attempts to predict the future. Perhaps it should be taken as a current reading on the penetration of "psy" into Greek cultural thought. Theoretically, nothing stops Christian motifs and principles from finding a place in these dreams as well. The problem resembles that encountered in cases of syncretism or creolization where elements from exogenous traditions are combined.

Once upon a time the Christian view of dreams was an exogenous imposition onto the oneirocritic landscape of the ancients. And friction remains between these two long-standing approaches that two millennia have not been able to erase. It is not, thus, surprising to see discontinuities between recently introduced western psychotherapeutics and both of the longer standing approaches to dream interpretation. The various therapeutic systems recognize that they are different from each other, as my examples have shown.

These alternatives have not so far been resolved by the formation of stable mixtures and compromises, although the dream of Niki considered above might encourage one to begin to make that argument. Instead, I think that the three possibilities continue to co-exist in a situation of plurality. This is the condition of the average Greek person's life as they move from workplace or university, to home, to religious occasions; or from Athens to an ancestral village, or to visit a grandmother in the course of an average month. Different temporalities and different subjectivities are activated in these contexts as we saw in Nadia Seremetakis's acclimatization to life in Mani.

Perhaps we could go so far as to speak of alternative ontologies within the space of Greek society, serially inhabited through subtle transitions. Western psychotherapeutics have been in the ascendant since the 1950s; they seem to have the upper hand, but we can not be sure how matters will work out. Egypt went from a fascination with strictly psychological approaches, to an alternation between Islamic

and psychological TV programs, and Mittermaier's ethnography (2011) reveals the current vitality of indigenous Egyptian approaches to dreaming.

Ultimately the situation in Greece, as in Egypt, is unstable, with the tide flowing now in one direction and now in the other. In both places the contact with Western systems, through actual colonization or virtual colonialism (hegemony), has been proceeding for such a long time that it is now no longer a situation of modernity vs. tradition. The arrangement of psychotherapeutics in Greece *is* the state of Greek modernity, and it comprises hybrids and countervailing purifications, as in Latour's (1993) general assessment of Western modernity. Priests now train in psychotherapeutics as part of their pastoral training, and people amalgamate their futurological oneirocriticism with speculations on the role of the unconscious. It is a non-synchronous modernity marked by a pluralism that allows people to make serial recourse to various forms of therapy (Peglidou 2010: 44). In this space, Modern Greek subjectivity takes shape. And I have not even begun to address the New Age.

Epilogue

So was the Greek mind colonized or not? It depends on what one means by "colonized". I have used "colonization" heuristically, as a stalking horse to provoke critical thinking and to organize the investigation. It appears in my title followed by a question mark, and the matter remains difficult if not impossible to decide. Below I offer a summary overview and a final reflection.

In the most anodyne metaphorical sense colonization can mean simply taking over a place (e.g., "my son has colonized the living room with his toys"). Western psychotherapeutics have certainly made major inroads into Greece in areas spanning from psychiatry to family therapy, and by this token it could be said that they have colonized the Greek mind…to a certain extent. Yet these developments could also be understood to result from ambient "social change" or "globalization" rather than through the power of "psy-therapeutics" by themselves.

The definition of "colonization" given above may, however, be too weak. For many, the prime characteristics of colonization are that it involves coercion and some profit or other benefit that is extracted from the place colonized. In the Greek case this is complicated since at independence the Greek people accepted a Bavarian king and his advisors, and again during the early 1980s the country willingly entered the EU. There was no coercion and the terms were not evidently exploitative, although

Greece did take out loans and has done so throughout its history. The current economic crisis reveals that it has been in the interest of the more industrialized northern European countries to loan Greece money so that Greece may buy goods from them, advantageously increasing their market while expanding Greek debt. Perhaps this fits better into the category of economic domination rather than colonization.

In entering the EU Greece also agreed to implement European standards in many domains, including psychiatric care. The standard assumptions of individualizing "psy" thus came to Greece as part of a willing Europeanization. This situation can be called "colonization" only in the weak metaphorical sense; it was not imposed by force and there was no evident and transparent exploitative extraction of wealth from Greece accompanying the advent of Western psychotherapeutics.

The severity and duration of the current financial crisis has exposed the differences between northern European Protestant notions of the self and those found in the unreformed Christianity of Greece. If only the Greeks were more fiscally responsible, less corrupt, lazy and deceitful – northern European voices assert – then this crisis would not have happened. Protestantism stresses personal responsibility, which gives rise to internal guilt, which leads to compunction and corresponding action governed by an ideology of sincerity (Keane 2007: 209). It is often assumed that the unreformed Christianities place more emphasis on guilt because sin is acknowledged publicly by confession. In my view, guilt may fester and grow more powerful in the Protestant situation where it cannot easily be expiated in ritual. In his recent study of social life in a suburb of Rome, Herzfeld (2009: 53) points out that corruption in the form of tax evasion and the circumvention of building restrictions is informed by the system of "indulgences" within the Catholic Church. The indulgence system allowed the negotiability of sin, and the possibility of "buying off" sin through donations. The Greek Orthodox Church has developed a different ethics among the Greek population, and more research needs to be done on how Orthodox practices have contributed to the formation of ideas about guilt in Greece. The Roman example nonetheless indicates a different sensibility in the unreformed south of Europe. When Germans express frustration that Greece is not honoring its debt the operative word in German is *schuld,* which means "guilt" as well as "debt".

As the debt situation has progressed and the expectations of the northern countries have become clearer, one major reaction in Greece has been to say that if

this kind of debt management and fiscal stringency characterize Germany, then we do not want to be Germany. What is the point of having a Greece that is exactly like Germany? It defeats the point of Greece. What people are implicitly recognizing in such statements is the unreformed Christian history of Greece, which did not evolve the Protestant ethic described by Weber. The Germans and their fellow EU supporters may wish that "psy" had colonized Greece to a greater degree as it would have inculcated a deeper cultural embrace of individual responsibility and compunction. But the conditions for the growth of psychotherapeutics in Greece have not been ideal on account of the long conditioning and ongoing influence of the Orthodox Church. The Greek resistance to the EU insistence on responsibility to debt and disciplinarian austerity that we are now seeing, might, in fact, indicate a barrier to the further progression of psy-therapeutics in Greece. Even if the general public does not begin to reject Western psychotherapeutics as complicit in engineering unwanted changes in the Greek ethos, the current crisis might motivate a new resort to less professionalized and less expensive indigenous therapies or other therapies such as New Age practices (Roussou 2010).

As we have seen, the power of Western psychotherapeutics to colonize the Greek mind did not arise strictly from the effectiveness of the ideas and therapies proposed. Western therapies made advances in changing economic situations where more and more people were migrating within and beyond Greece to take up work in cities. Isolated, without readily available family support, their living situations disposed them to individualizing psychotherapies. In the 1950s and 60s it was difficult and expensive to communicate by telephone with family in one's native village. This has all changed in the last decades with mobile phones, Skype, the internet and other communications technologies. As Nadia Seremetakis (this volume; 2009: 347) has contended, the technologies of modernity in Greece have not necessarily contributed to the overall project of modernity, which would have ushered in yet more individualism and more "psy". Instead, there has been a significant "remediation" of the Greek social condition. Available modern technologies have renewed the sociocentric orientation of traditional Greece, and revitalized practices such as evil eye un-bewitching, which can now be done by telephone (Roussou 2011: 95), or Skype. This leads to the conclusion that the Greek mind is not about to be fully colonized anytime soon.

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Greek Pains: Subjectivity, Material Experience and Communication in Modernity

C. Nadia Seremetakis

My ethnographic and historical exploration of Greek culture, starting as early as 1982, has culminated in a series of books and articles, which have been formed by my abiding concern with such issues as subjectivity, material experience and communication. This presentation thus draws directly upon this material (Seremetakis, 1991, 1994, 1996, 1997, 2000, 2006, 2009).

■

Pain is a concept that synthesizes bodily and psychic experience. Despite its profound individual ramifications, pain, particularly in Greek society, mobilizes trans-individual systems of communication, meaning and value. Pain has been a socio-historical experience in Greek society; but more importantly in modern Greek culture and over several historical epochs there has been an intimate connection between the gendered experience of pain and the process of historicization.

This became more salient when I began fieldwork in Inner Mani in the Southern Peloponnese. In women's communicative practices, such as mourning rituals, but not only there, pain is not restricted to mere complaint, passive fatalism, or idiosyncratic and privatized disjuncture from the social order; rather, it is the organizing paradigm for complex systems of social aesthetics, customary law, ethics of witnessing, and the poetics of historical experience.

The communicative media of pain encountered in Maniat mourning performances, divination ceremonies, in the sensory organization of the agricultural landscape and in trans-personal concepts of the body was **antiphony**. In Greek, *antifonisi* (antiphony) can refer to the construction of contractual agreement, the creation of a symphony by opposing voices. It also

implies echo, response, and guarantee. In Greek, the prefix anti- does not only refer to opposition and antagonism but also equivalence, "in place of", reciprocity, face-to-face. Mourners in their laments claim to "come out as representative" (*na vgho antiprosopos*) of the dead (*prosopo* means face or person, and *antiprosopos* means representative). A related and emotionally laden phrase is "to witness, suffer for, and reveal the truth about" the dead (*na tone martirisoume).*

To "witness", "to suffer for", and "to come out as representative for" are narrative devices in laments that fuse jural notions of reciprocity and truth claiming with the emotional nuances of pain. Here the correspondence between truth and pain is pivotal. For the Maniats, *discoursed pain and discourse in pain constitutes truth*.

By stating that they cannot properly sing laments without the help of others, Maniat women reveal that pain, in order to be rendered valid, has to be socially constructed in antiphonic relations. Antiphony is a jural and historicizing structure. Its dyadic organization (soloist/chorus, linguistic declaration/extra linguistic and linguistic responses) guarantees a built-in record-keeping function. Antiphonic performance entails the original declarations of the *korifea* (soloist) and the repetition, response, and historicization of her discourse by the chorus.

■

Ponos (pain) is plural. It refers to a multiplicity of pains that at the moment of death cohere into a metaphor for the deceased's life and the mourner's life. Pain is the concept that determines the social character of women's labor, whether this takes place in the mortuary ceremony or the agricultural and domestic economies. Greeks understand pain as "burning" and "fire". Grief, pain, and memory burn – as do anger and eros. "Burning pain" (*kaimos*) "melts" the subject, "liquefies the self" (*lioni*, *revi*). Crying and tears as material signs of liquefaction are expressive complements to the inner experience of burning pain.

Liquefaction of the self in separation provokes a concern for storage, the recuperation of shared substance. Storage as the ordering of artifacts occurs in the spaces the other has left. One orders households and fields as

places of storage in order to leave in the present artifacts and signs of shared substance for others in the future. (This mode of sharing can be viewed as a commensal practice.) The concept of the future is always linked to that of storage as an economy of concern and care. Olive tree cultivation is a projection into the future. So is dreaming.[1]

The circuit formed by the material transfer of pain onto persons, objects and landscapes as vehicles of memory can be characterized as commensality. Commensality here is not just the social organization of food and drink consumption and the rules that enforce social institutions at the level of consumption. Nor can it be reduced to the food-related senses of taste, vision and odor. *Commensality can be defined as the exchange of sensory memories and emotions and of the substances and objects incarnating remembrance and feeling*. Historical consciousness and other forms of social knowledge are created and then replicated in time and space through commensal performances, ethics and exchange. Pain is a commensal fact, shared, consumed, circulated, and recirculated.

Commensality has been a cultural vehicle for materializing memory, history, and the bodily and acoustic metaphorization of pain, which appear as driving forces in Greek mnemonic processes. This is revealed, for example, in the semantic depth of the term *nostalghia* (nostalgia).

In Greek the verb *nostalghó* is a composite of *nostó* and *alghó*. *Nostó* means "I return, I travel (back to homeland)". *Alghó* means "I feel pain, I ache for", and the noun *álghos* characterizes one's pain in soul and body, burning pain (*kaimós*). Thus *nostalghía* is the desire or longing with burning pain to journey. It also evokes the sensory dimension of memory in exile and estrangement; it mixes bodily and emotional pain and ties this painful experience of spiritual and somatic exile to the notion of maturation and ripening. In this sense, *nostalghía* is linked to the personal consequences of historicizing sensory experience, which is conceived as a painful bodily and emotional journey.

In processes of historical transformation and/or cross-cultural encounter, divergent sensory structures and commensalities can come into conflict with each other, and some are socially repressed, erased, and exiled into privatized recollection and marginal experience. These dynamics indicate

[1] For an analysis of dreaming in modern Greece, see Seremetakis 1991, 1994.

profound transformations in a society's relation to material culture and to systems of knowledge bound up with the material.

My next research focused on the semantics of everyday life in modern Greece, and in conjunction with my position then as Advisor to the Minister of Health, made me more aware of the bifurcation of pain in Greek society. On the one hand there was a medicalized concept with its accompanying model of the privatized body, and on the other hand, the more transpersonal and allegorical paradigm of pain I just described. This latter was not only a residual meaning formation from pre-modern rural society but it can also be found in contemporary life: 1) in poetry, 2) in Greek popular music lyrics, 3) in the persistence of coffee cup readings and in the electrification of evil eye exorcisms that now can also take place by telephone – here the communicative metaphorization of pain is crucial to the divination process in urban centers, in making sense of everyday life experience. I will touch only on the latter two in this presentation.

The mourning ritual was part of a divinatory complex in Mani, which included practices of divination such as warning dreams, evil eye exorcisms and coffee cup readings. These once alleviated the claustrophobia of involuntary social intimacy in small-scale rural life with its panoptical surveillance. We tend to think that, as we move ahead, they are left behind. Yet, a careful look shows that they persist well in our urban and increasingly transnational setting.

Divinatory practices, such as evil eye exorcism, coffee cup reading and dream interpretation, have not been mere curiosities occurring occasionally, as they are today, but an everyday, routine practice of reading and writing the historicity of the everyday. Divination in Greece is associated with *moira* (fate); *moira* is the individual's share or allotment of positive and negative events and the expenditure of these qualitative units in the course of a life. *Moira* is tied to historicity, that is, the capacity to make history. *Moira* is debt, because signs come in advance and have to be fulfilled, that is, transformed into an event. Divination then is mastery, although not an instrumental mastery, over the events that occur in time and that are structured by time. One cannot avoid the *moira*, or qualitative time, one is assigned, but to undergo a fateful event without knowledge and recollection of *moira*'s foretelling is to experience time in a state of dispossession, as loss.

This divination of the present involves the opening of the body and its senses to exchange; to exchange messages with others (natural, human and cosmological), messages that are signs of the past and the future in the present. These embodied exchanges create links of shared substance over time.

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Arjun Appadurai (1998) ironically defines social intimacy as the spatial and interactive impingement of social strangers in discrete but shared cultural-economic spaces marked by fault lines of ethnic, religious, and gendered difference. Crisis in social intimacy can take the form of violence, material and symbolic, and culminate in what he describes as forensic exploration of the body. In Greece, in the context of an expanding urbanity with its transnational cultures and economies of scale, norms of social intimacy have shifted to the increasingly techno-visual organization of the metropolis. The latter is now characterized by somatic penetration, experiential shock, displacement, image saturation, and the atomization of the individual in a variety of networked environments.

Divination takes the form of perceptions of the somatization of social conflict, of illicit bodily penetration and manipulation at a distance that requires divinatory diagnosis and even purification or exorcism. Such symbolic violence can result from involuntary gestures of the body (both individual and corporate) and deliberate optical and verbal aggression.

Involuntary social intimacy, as the force that drives the turn to divinatory interpretations of the social milieu, has indeed become complicated in urbanity. How, then, is this involuntary and impinging social intimacy registered in the modern urban? How do involuntary and voluntary gestures such as the evil eye, coffee cup reading, and warning dreams read the semiotics of globalization as impinging upon social intimacy?

In Athens, as in all Greek cities, telephonic exorcisms have become habitual, although they are not commoditized. Exorcism is now performed by phone, and the healer expects a call back from the afflicted, verifying that the symptoms have vanished. Often healers express a strong dissatisfaction when one of their “patients” never calls back after an exorcism. People who view

exorcism as an instrumental task involving no antiphonic exchange of any sort are seen as offending the very code of communication. Exorcism over the phone does not erase the antiphonic ethic of divination. Exorcism requires witnessing, verification, and, thus, establishing a reciprocal relation over time.

Most exorcists assert that self-exorcizing is not as effective as receiving exorcism by another (and it is often impossible). Divinatory practices have been governed by antiphonic relations. They are an inscription of intimacy, based on shared substance, the ethic of "helping", and witnessing.

As I was writing this piece, my ear suddenly "caught on the radio" playing in the next room an informal talk on the persistence of evil eye belief today; I smiled at the coincidence. The program (1/16/07, Antenna, 10pm) opened the subject to discussion and phone calls began to pour in from listeners, mainly women, from all over the country, "sharing" experiences and verifying the effectiveness of exorcism. Some eager to "help" others, to alleviate discomfort caused by evil eye infliction, recited their spell. My phone rang and an elderly, distant relative of mine, who has often "blessed me" since childhood, yielded from the other side of the line: "They speak truth, but who on earth heard of giving your spell (*ta loyia)* out in public! What do they think it is, an aspirin? What value do these spells have now?"

Her reference to aspirin set the record straight. Aspirin is a medicine of a different therapeutic system; it is also cheap, not only because it costs very little money, but because it can be easily found anywhere by anybody. Giving or receiving it is no valuable exchange; not a meaning creating bond, but a routine transaction of giving or taking an item for functional use. Far from being a gesture of shared substance and reciprocity, aspirin alleviates symptoms, its swallowing leaves no marks on one's body for others to absorb. It is not a gift (that the gifted exorcist, for instance, extracts from the self to offer to another) but a utility item, and utilitarian objects have no symbolic meaning, they do not "speak". I could not avoid flashing back to those studies on the evil eye that cite spells in abundance as socio-anthropological evidence.

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Reading the coffee cup has also been a process of exchange. The cup represents the body (*soma*); it is read by its various parts (i.e., heart, mind,

eyes, and ears). Body parts are transposed onto the cup as symbols. These "points" (*semia*, sing. *semion*) of the cup represent feelings, thoughts, senses. Reading the cup is a process of exchange of these parts between the reader and the one read. Individuals can carry the signs of *moira* on their bodies, in their speech and acts. These signs function as advance tokens of the *moira* to be fulfilled or paid. They are semiotic loans from the future that are given to the present as tokens, as informational credit. The points of the body once awakened are not merely marks on the surface but are an active capacity.

The traditional antiphonic reading required a slow exploration of one's insides – going back and forth in the cup, returning to the same *semion*, point ("I will return to it", as readers say) and, at the end, a combination of *semia*, or *semadhia*, flesh out the puzzle. Space and time in divinatory plotting are narrative and iconic palimpsests, superimposed on each other; there is no linear, continuous narrative but, rather, analeptic and prelatic interpretation that is rooted in the absence of synoptic plot. Divinatory narrative emerges as a social and sensory negotiation of a constellation of fragments. That is why readings are always, in effect, re-readings of prior readings.

Involuntary movements of the body, such as sneezing or itching during or following the reading, are given verbal verification by the sneezing or itching person or the reader – "Hi, and I am telling the truth" [*ghia sou ke tin alithia leo*] – that is, by responding "hi" to the body and translating its sneezing or itching as confirmation of the truth of the reader's discourse. An antiphonic relation is established between the two bodies. The reader who sneezes or itches takes onto her body the cup, that is, the body of the other, and through the semiotic nerves that connect people, food, language, and objects, travels to the invisible. The reading of a newcomer usually started with his or her emotional life (that is, if there was or would be marriage, who the husband would be, if enemies were close.) The slow weaving of significant events in the person's life was a way of entering the other, interiorizing, and thus inserting the other in a relation of exchange of insides, parts of selves. Urban visitors who considered the practice superstitious or an attribute of backwardness and illiteracy simply remained distant and unrelated, waiting to hear the "prediction". Taking the silence of the reader as inability to predict, they left disappointed, for "the reader did not find anything".

There are different conditions and means of dialogue. A person's

inability to enter into reciprocity compels most traditional readers to refuse to read that person's cup, thus indicating that they cannot communicate with a "closed body". No doubt, for some people, globalization renders human bodies closed. In the era of globalization, transnational shared substance lacking a structure of exchange and voluntary intimacy is perceived as sheer violation of personal space. One's relation, for instance, with the coffee cup reader presupposed one's "surrender" to being touched internally while receiving the reader's intimate "confession" – a prime moment in self reflexivity. This presupposed and established a long and maturing relation.

The coffee cup reader, very much like the dreamer, did not guess but perceived. Reading engages all senses; the Greek verb *dhiaesthanome*, in English, "to guess, to have intuition, to sense", points to the exchanging senses – vision, smell, hearing, tactility (*aesthanome* means "I sense, feel", and the prefix *di-* means "cross-", "inter-"). Thus the impending or past event is transmitted and transported onto the reader's body parts. The body opens like the earth. An excavation in process. The body to be read is initially incoherent and pre-symbolic, and, by identifying points of the body, the reader reorganizes it. At the end, the reader has moved the decentered other into a new center.

The reader as witness, like the evil eye exorcist, takes on the role of the confidant who will "help" move one to the center of communication again. So does the ethnographer. They are the mediators that take a person from a state of excommunication back to one of antiphonic exchange. Wounds, like illness, for instance, are not to be displayed but confessed. And confession here, unlike a religious or psychoanalytic confession, speaks to cultures of shame and not of guilt. Shame is not a private concept; rather, it is performative, it requires an audience. As a Greek saying goes, "I walk with my forehead clean" (*perpatao me to metopo katharo*). The body writes on its parts one's internal feelings and can communicate with other body parts independent of one's volition. Coffee cup reading, then, is also a warning of a future shame.

Illness (and death), a pervasive theme in coffee cup readings and dream interpretation, is understood as something that invades a person inside and that one resists. One "fights a battle" (*dhini ti mahi*), as the saying goes, which puts one in exile, an internal exile from which one emerges as a winner or loser, thus pointing to a performative concept. If the person loses this battle,

that is, dies, he or she embarks on a trip, “the last trip” or “the long trip”, as it is said (in both colloquial and public, official language).

The reader exhibits a tender protectiveness toward the one read when the signs are bad, in an attempt to redress the ill fate at the same time that it is revealed. This is done with little exorcisms, ways of controlling pollution, such as “low voicing”, omission, underemphasizing, and even silencing the “bad” signs.

■

Coffee cup reading is still practiced today but is not as common as in the past. Given the invasion of Greece by foreign brands of coffee and foreign cafes and restaurants, Greek coffee has been marginalized and, in urban centers, is mainly drunk at home, but it is still prevalent in rural areas. Globalization transforms taste.

At some point in time, “professional” cup readings developed in the urban centers and used to be very popular. They were very profitable too. Clients usually waited to hear the “prediction” or “finding” – a relation of test of accuracy of intuition (intuition as mental abilities to foresee the future). Slowly, these readings were replaced by more “scientific” means of predicting the future, like astrology, whose practitioners found television a useful medium for maximizing profits from a distance. Thus, traditional practitioners such as coffee cup readers were pushed out of the market. Coffee cup reading returned to its original space, the inside.

One can suggest that in modernity the increase in networked communication, virtual reality, and transnational economies of scale increase action at a distance on the body. I am thinking, for example, of such events as Chernobyl and the spread of mad cow disease, SARS, environmental pollution, global terrorism, and generic urban stress. Telephonic intervention, diagnosis, and cure of the evil eye, just like computer intimacy, magnify the ability to act on the body at a distance, this time in service of the afflicted. The mediated body is transferred as shared substance, as repository of symptoms, through an electronic network from the afflicted to the exorcist, who internalizes the symptoms, that is, yawning, hearing, empathizing, through her open orifices, in much the same way she would if she were physically co-

present.

The evil eye is recognition that social life always unfolds as a symbolic metaphorical network, in which the body is simultaneously the object, the registrar and the conduit of virtual action and experience. The telephonic healing episode, with the instrument attached prosthetically to the ear and mouth, extends the afflicted self into a networked space as a virtualized shared substance; there, the afflicted is rejoined mimetically by the virtualized ear and voice and senses of the healer-auditor. In telephonic divination, the hearer re-audits the pain and diseases of the afflicted through a telephonic body that re-presents and transcribes the symptoms and their cause onto the healer's senses and orifices – a virtual reenactment that is structured as rite of exchange.

Theodicy-related practices are usually treated as inhabiting a Durkheiman somatized individual-collective dichotomy in which both the perpetrator and the afflicted victim are treated as individualized isolates, divorced from the collective and attempting reintegration through the medium of supernatural aggression or divinatory redress. Categories such as envy, aggression and evil are psychologized and reified and deployed as vehicles for de-historicizing the societies and communities in which such practices are found.

One of my goals here was to show the degree to which evil eye and coffee cup divination are practices of holistic, embedded multisensory exchange; in fact, they are practices aiming at the redress of the pained body in involuntary partition and at its re-appropriation as a metaphor of social reproduction.

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A New Approach to Mental Health Care in Post-War Greece: The Mental Health Section of the Royal National Foundation (1956-1964)/Center for Mental Health and Research (1964-1967)

Despo Kritsotaki

In 1956 the Royal National Foundation agreed to the proposition of the psychologist Anna Potamianou[1] to establish a mental health section. The Mental Health Section of the Royal Foundation (MHS) became an independent, private organization in April 1964, under the name Center for Mental Health and Research (CMHR). In this paper I argue that the MHS and, subsequently, the CMHR introduced a new approach to mental health care and played a part in the dissemination of psychotherapy in Greece. To support this argument, I describe the operation of the MHS and the CMHR up to 1967, focusing on the ways in which psychotherapeutics were received and applied by the professionals working at the MHS/CMHR. From this point of view, the pre- and post-1964 phases of the institution can be studied as a continuous period, while the year of the military coup in Greece, 1967, can be considered as a turning point, since during the dictatorship (1967-1974) CMHR activities psychotherapies in particular, were restricted.[2]

The Reception of Psychotherapeutics in Greece

In Greece, the medical, modern treatment of the mentally ill, grounded on the base lines of Western psychiatry, began to be established in the second part of the nineteenth century. Until the early twentieth century, however, this professional form of mental health care remained restricted, since it relied on a small number of medical men and institutions. The first mental hospitals were the public asylum in Corfu, established in 1838, and the private and philanthropic Dromokaitio Hospital in Athens, established in 1887. In addition, a small number of minor asylums, for example on Chios, Kefallonia

[1] Anna Potamianou graduated from the Philosophical School of Athens and subsequently studied psychology at the Sorbonne. She was trained as a psychoanalyst at the Institut de Psychanalyse in Paris, and as a child psychotherapist at the Centre de Formation et de Perfectionnement de Psychothérapeutes in Paris. She worked in the MHS/CMHR from 1956 to 1968 and from 1974 to 1978, while before the establishment of the MHS she was in charge of the Minor Guardians of the Minor's Court. Starting in 1969 she worked privately as a psychoanalyst.

[2] The shrinkage of the CMHR during dictatorship was pointed out by Pavlina Matathia in her interview with the author on 18/10/2011. Matathia was a psychiatric social worker at the MHS/CMHR from 1962 to 1992. According to her, the period 1967-1974 was characterized by a lack of inspiration, the decrease of educational programs, and the discontinuity of psychotherapies due to the nonexistence of supervisors.

and Syros, addressed the needs of local communities (Ploumpidis 1995: 166-208).

In the twentieth century the number of psychiatric services grew. In 1904 the first university psychiatric and neurological clinic, the Eginitio Hospital, was established in Athens. Additionally, during the first decades of the twentieth century at least nine private clinics operated in the Greek capital, and the first state asylums were founded in Athens, Crete and Thessaloniki (ibid: 209-221). Finally, in the 1950s and 1960s more psychiatric hospitals and two colonies for chronic mental patients were established, in order to relieve the overcrowded asylums (Fafaliou 1995: 246-247).[3]

Accordingly, we could say that in the course of the twentieth century the psychiatric approach to mental illness was becoming entrenched in Greece. It was an approach largely based on biological/neurological models (Atzina 2004: 103):[4] mental illness was perceived as a disease of the brain and the nervous system, and organic treatments, such as hydrotherapy, fever cure, insulin coma, cardiazol shock, electroconvulsive therapy, lobotomy and various pharmaceuticals were favored. Although some non-biological treatments were applied – mainly occupational therapy – such methods were generally less valued by psychiatrists than the organic ones (Karamanolakis 1997: 48-51; Fafaliou 1995: 137-141, 180-204, 209-233).

In this context, the psychotherapeutics of the twentieth century were either ignored or more or less opposed by psychiatry in Greece. For example, psychoanalysis, the reception of which in Greece has been thoroughly researched, was introduced not by psychiatrists but by pedagogues in the early twentieth century. For the greater part of the twentieth century, most psychiatrists remained indifferent or hostile toward it, and the first attempts at incorporating it institutionally were made only after the Second World War. Up until the late 1970s no strictly psychoanalytical institution existed (Atzina 2004: 33-82, 176-204, 316-324; Chartokollis 1984: 41-52; Ploumpidis 1984: 53-86; Tzavaras 1984: 195-212).

[3] The psychiatric services that were founded in Greece in the 1950s and 1960s included the Children's Psychiatric Hospital in Penteli, Attica (1958), the psychiatric hospitals in Kalamata (1961) and Tripoli (1967), and the colonies for the mentally ill in Perama, Attica, and Leros (Fafaliou 1995: 246-247).

[4] Psychiatry was academically and professionally linked to neurology well into the twentieth century. Only in 1964 were separate university seats for each discipline created at the University of Athens, and only in 1981 were neurology and psychiatry officially recognized as separate specialties (Atzina 2004: 213, 298).

Psychiatric resistance to psychoanalysis and more generally to psychodynamic theories and psychotherapeutics was paired with – and to some extent grounded in – a broader, social and cultural, antithesis. At least until the 1970s, the ways in which the self and interpersonal relationships were perceived in Greece were rather incompatible with the autonomous subject, who would turn to a professional outside the family, the Church or the close community, in this case a psychotherapist, in order to discuss personal and family matters. At the same time, as seen in the case of psychoanalysis, psychotherapy faced direct opposition on moral grounds by the Church and other conservative agents, but also on ideological grounds by the Left, especially after the Second World War (Atzina 2004: 238-240, 263-266, 297-298).

As a result, psychotherapies were practiced only to a limited extent in Greece, at least until the 1970s. Before the Second World War, only a handful of psychiatrists had shown an interest in psychotherapy and even fewer seemed to have applied it, mainly in their private practice or in the framework of educational institutions (ibid.: 225-234; Kazolea-Tavoulari 2002: 147-148). Additionally, in the 1930s psychotherapeutic techniques were sometimes practiced by non-medical men, for example by pedagogues, mainly in cases of "abnormal" children (Atzina 2004: 58-63), i.e., children with learning disabilities or personality problems. Later, in the second part of the twentieth century, psychotherapy started to be practiced in certain mental hospitals (Kazolea-Tavoulari 2002: 154-155, 159; Fafaliou 1995: 194, 200). Approaches like psychodrama, family counseling, group psychotherapy and patients' clubs appeared gradually in the 1950s and 1960s, and became more prevalent in the 1970s, when some cases were also treated with analytical psychotherapy (Kazolea-Tavoulari 2002: 162, 265-268, 276; Atzina 2004: 298-300). Furthermore, in the 1950s a limited number of mental health services appeared, which were different from mental hospitals, such as child guidance clinics and centers of mental health.[5] These were open services, which

[5] Child Guidance Clinics started to be founded in Greece in the 1950s and became more widespread in the 1960s. The mental hygiene institutions and organizations that were founded in the 1950s included, besides the Mental Health Section of the Royal National Foundation, the Institute of Medical Psychology and Mental Hygiene, the Hellenic Association of Mental Hygiene, and the Greek Society for Children's Hygiene and Neuropsychiatry. In the 1960s, some psychological centers orientated towards psychotherapy were established: the Psychotherapeutic Medical Center of Adults, the Psychological Center of Northern Greece, and the Athenian Center for the Study of Man (Kazolea-Tavoulari 2002: 170, 179-181, 188-189, 193, 197, 199, 265, 283, 304-307).

employed psychologists and social workers, and occasionally applied counseling and psychotherapy.

The Mental Health Section of the Royal National Foundation (1956-1964)/Center for Mental Health and Research (1964-1967)

The MHS of the RNF was one of these institutions. During the period under consideration, it established a number of services, including one Child Guidance Clinic in Athens,[6] four Social Aid Centers in Athens, Thessaloniki, Piraeus and Patras,[7] and a Counseling Psychiatric Service for adults in Athens.[8] Moreover, a study and research service was put in charge of the research activities, and a service for educational programs organized seminars, group discussion meetings and lectures (Anon. 1976).

The MHS aimed at the prevention and treatment of mental illness, the prompt intervention into behavior and adaptation problems, the dissemination and application of mental hygiene principles, and the development of methods for the promotion of mental hygiene in Greece (Royal National Foundation 1964: 3-4). Later, when the MHS became the CMHR, its stated goals also included the coordination of public and private welfare and health agents, cooperation with foreign institutions and professionals, education of the public, especially of parents, teachers and priests, and the organization of research and training programs for professionals, such as clinical psychologists and social workers (Anon. 1966: 5-9). This agenda should be placed in the social and political context of the operation of the RNF, as well as in the scientific context of mental hygiene, social psychiatry, psychotherapy and social work, as these had developed mainly in France, Britain and the USA.

The Royal National Foundation

As the MHS operated in the framework of the RNF, it is important to understand the nature and aims of the latter. The RNF was founded in 1947

[6] The Child Guidance Clinic treated children and teenagers up to 18 years old, who were usually diagnosed with mental retardation, behavior disorders, psychopathic manifestations, speech disorders and epilepsy (Royal National Foundation, Mental Health Section s.d.: 7).
[7] These centers took on cases with welfare needs (e.g., needs for clothing, shelter or hospitalization), but also with personality disorders, psychoses or problems in adaptation to family, school and community life (Royal National Foundation 1964: 9-10).
[8] The Counseling Psychiatric Service for adults cared for individuals with psychiatric symptoms, personality and behavior disorders and difficulties in adaptation. It also supported former patients of psychiatric hospitals (Royal National Foundation 1964: 8-9).

with the aim of raising "the moral, material and educational level of the Greek people" (Royal National Foundation 1964: 4). It founded several agricultural and technical schools, and organized various cultural activities and educational programs for adults (mainly teachers, police officers, social workers and farmers). The RNF operated at a time – during and after the Civil War – of intense political conflict between the Right and the Left in Greece, with the latter facing constant oppression and persecution. The RNF, although a private organization, had strong links with the state, the Palace and the Church – its president was the king of Greece and its vice president the archbishop of Athens – and its aims and program were to a large extent determined by the official efforts to eliminate the "communist danger" and strengthen the nationalist and religious ideology of the Greek people (*O Ios tis Kyriakis* 2002).

The MHS ideals and activities did not go unaffected by these features of the RNF. When the MHS authorities described as their objective the promotion of normal mental, emotional and social development of the personality, and the constructive use of human potential (Royal National Foundation 1964: 3), what they understood as normal and constructive rested largely on nationalist criteria. For instance, Anna Potamianou considered "the increase of the communist vote" in 1958, when the elections had brought the Left coalition into the official opposition, as a possible effect of the low level of psychosocial maturation of the Greeks and the adjustment problems that they faced (Pipinelli-Potamianou 1961: 109-116).

Scientific Models

This consistency with the RNF notwithstanding, the MHS/CMHR was also following broader trends in mental health care. It was drawing on various theoretical models which originated in mental hygiene (the Mental Health Movement), social psychiatry, psychology, psychotherapy and social work, as these had developed mainly in France, Britain and the USA. Mental hygiene, the science of maintaining and promoting mental health, had developed in the early twentieth century under the influence of eugenics and the psychobiological approach of the American psychiatrist Adolf Meyer (Pols 2001: 369-388). After 1945 mental hygiene was incorporated into social psychiatry and community mental health, which flourished mainly in Britain,

but also in the USA and France during and after the Second World War. Social psychiatry and community mental health criticized the asylum and emphasized prevention, counseling and education, as well as care in the community. They advanced the concept of the therapeutic community, used group psychotherapy and established day hospitals and patients' clubs (Shorter 1997: 229-238).

In accordance with mental hygiene and social psychiatry, the MHS defined mental health in terms not only of the absence of illness but also of the development of positive relations with the environment and the performance of the person in social groups (Pipinelli-Potamianou 1961: 109-116). In addition, all the services of the MHS/CMHR were open to the public and its personnel presented community care as a worldwide tendency with great benefits, since the patient was taking advantage of both community relationships and professional support (Karapanou 1965: 6). A direct reference to the psychotherapist and pioneer of English social psychiatry, Joshua Bierer, was made in the discussions that were taking place in the MHS in the early 1960s, concerning the possibility of establishing group psychotherapy and a psychiatric club (ibid.: 12).

Other models of social psychiatry originated in France. For example, Froso Karapanou, a psychologist at the MHS, had taken part in the *Association d'Hygiène Mentale et de Lutte contre l'Alcoolisme du 13e Arrondissement* (Association of Mental Hygiene and Fight against Alcoholism of the 13th Arrondissement of Paris) during the years 1965-1966. This program for mental hygiene, and particularly for the care of alcoholics outside the hospital, was set up in the 1950s and combined the concept of community care with a psychoanalytic orientation (Anon. 2002). In a similar vein, the MHS/CMHR promoted along with social psychiatry a psychotherapeutic discourse and practice.

Psychotherapy in the MHS/CMHR

Although studies on psychotherapy seem to have appeared only after 1964 (for instance, Carapanos and Pipineli-Potamianou 1967), lectures by psychoanalytically informed psychologists and psychiatrists working in the MHS, or by visiting psychoanalysts mainly from France and the USA, such as Serge Lebovici, René Diatkine and Margaret Mahler, began earlier (Royal

National Foundation 1964: 15-16) and continued during the whole of the period under consideration. The interest in psychotherapy heightened in 1964, when a psychotherapy group was established. On the other hand, MHS/CMHR psychiatrists, psychologists and even social workers (some of whom were trained in psychiatric social work) applied psychotherapy (Karapanou 1965: 8), although not as frequently as other treatments.[9] It was practiced mainly in the Counseling Psychiatric Service for Adults, but also at the Child Guidance Clinic (Center for Mental Health and Research 1965: 7), in the forms of guidance work (counseling), support and discharge work, awareness work and deep interpretative work of analytic inspiration (Kalogeropoulou and Matathia n.d.: 3-4). Short-term therapies, such as support work, were more commonly used than long-term ones, such as deep interpretative psychotherapy, which was more intense and lasted longer, often for more than a year (ibid.: 8, 16). The CMHR staff argued that short-term psychotherapy suited both their limited resources and the patients' immediate needs and inability to attend fixed sessions (Karapanou 1965: 8).

Besides these psychotherapy treatments, MHS/CMHR social workers also employed other techniques similar to psychotherapy. The social worker was expected to establish a relationship of trust and understanding with her clients, and to explore the causes of their behavior (Tavlaridou 1962: 29-33). In addition, the social workers' interpretations sometimes had a psychoanalytical character. For example, in one case the social worker reported that her client had not been able to identify himself with his father because of the latter's authoritarian behavior (Anon. 1962: 121-152). Finally, the treatment offered by the social worker included counseling, even in the Social Aid Centers – although this was beyond their official purview (Potamianou 1962: 11-17) – as well as the arrangement of meetings between family members, so that they would discuss their problems (Anon. 1962: 121-152). Accordingly, although social work at the MHS did not officially involve psychotherapy (Potamianou 1962: 86-93), it was based in psychological models and theories, and had various psychotherapeutic features.

[9] The treatment in the MHS/CMHR included psychiatric surveillance, pharmaceutical treatment, social aid, vocational orientation, professional rehabilitation, physiotherapy, special education and speech therapy, and workshops that aimed to help parents occupy their mentally retarded children at home (Karapanou 1965: 8; Royal National Foundation, Mental Health Section s.d: 6). Psychotherapy was among the least frequent treatments. For example, in the Counseling Psychiatric Service for Adults, from 1962 to 1965, psychotherapy was practiced only in 46 cases (29 women and 17 men) or 10 percent of all the patients treated during these four years (Kalogeropoulou and Matathia s.d: 4-5).

Psychotherapy in Context

The psychotherapeutic ideas and methods of the MHS/CMHR may be viewed in the ideological context of the juxtaposition of modernity and tradition. In the discourse of the MHS/CMHR, tradition was embodied in the close ties and strong dependence among family members, as well as in the patriarchal model, i.e., the unchallenged authority of figures such as the father, brother, husband, teacher and doctor (Pipinelli-Potamianou 1961: 109-116). In this sense, tradition was perceived as problematic: psychologists and social workers at the MHS/CMHR observed that most Greeks were not satisfied with their family life and that family relationships were not lively or warm but constituted a burden for the individual. Although supportive, in many cases the family was seen as creating difficulties for the individual, or as unable to manage problems, such as a mental illness or pregnancy out of wedlock (Potamianou 1962: 11-17; Pipineli-Potamianou 1965). In addition, it was argued that excessive submission to and dependence on the family had hindered the psychosocial maturation of Greeks. This explained why Greeks, as the MHS/CMHR professionals argued, had difficulty participating in groups, did not undertake their social responsibilities and opposed state authority (Pipineli-Potamianou 1965).

All of these problems were thought to be highlighted or even aggravated by the modernization of Greece. The MHS/CMHR experts believed that modernization had shaken traditional social values, causing insecurity and adaptation problems: some social groups were fighting to uphold traditional values, whereas others manifested "antisocial" behavior[10] or were affected by nervous and mental diseases (Pipinelli-Potamianou 1961: 109-116). However, modernization was presented as inevitable. Thus, it was the individual who had to adjust to the changes by evolving into a rational, responsible and self-controlled subject, whose ability to contribute to the community would determine whether he or she would be socially accepted (Tavlaridou 1959: 6-7). At the same time, the MHS/CMHR authorities advocated a new model of family and community life, in which the importance

[10] The term "antisocial" described any behavior that "offended the rules of life that have been set by society" (Potamianou 1958: 9). For an interesting analysis of the term's use in connection with youth criminality in 1950s and 1960s Greece, see Avdela 2008.

of being accepted and loved was paired with the need for autonomy (Pipineli-Potamianou 1961).[11]

Mental hygiene, social work and psychotherapy were in alliance with and promoted this new, "modern", concept of the individual, family and society. Mental hygiene stressed that education about the basic human needs, the development stages, and the causes and treatment of mental problems would enable the individual to self-regulate his or her life, in order to prevent mental illness (Charalampopoulos 1961: 7-8). Schools, mental hygiene organizations and other institutions, such as child guidance clinics (see note 6), would disseminate the principles of mental hygiene, thus enabling the individual to protect himself or herself from dangers both physical (such as physical illness, fatigue and malnourishment) and psychological (such as melancholia, stress, anxiety and fear), and to develop the right psychological attitudes (for instance, discipline and self-discipline, politeness, cooperation, a sense of responsibility and respect for the law, moral values and God). Special emphasis was placed on teaching parents and teachers how to respond to the physical and emotional needs of children (ibid: 8, 16, 21-35, 45-48.)

Social work, on the other hand, acted as a powerful agent of responsible citizenship in the twentieth century, allocating the individual and the family their social duties, bestowing their rights and assuring them of their capacities (Rose 2006: 144-162). It is indicative that the MHS social workers were advised not to judge their clients' behavior, and to respect their personality and right – irrespective of sex, age and social class – to decide on their own about their life (Tavlaridou 1962: 23-28). The clients of the social services had to be made aware of the plan that the social worker thought best for their case, and not just be guided to the right decisions. Thus, the work of the social worker was contrasted to that of the priest and the teacher, which was based in guidance. Ultimately, the social worker's mission was to help the clients to realize their potential, and to mobilize external and internal powers for the "struggle of life" (Potamianou 1962: 86-93; Tavlaridou 1962: 29-33).

Finally, psychotherapy presupposed an autonomous subject but also offered a means for the formation of such a subject. Still, it had to be adjusted to Greek society and culture, in order to stimulate changes to people's lives

[11] In the 1950s and 1960s the issue of modernization was a focal point of various discourses in Greece, including those of the social sciences. These discourses shared a number of points with those of the MHS/CMHR, such as the antithesis between traditional and modern and the devaluation of the former. See Avdela 2002 and 2010.

and even more to lead to the development of autonomous personalities in relative harmony with the social environment. To this end, the MHS/CMHR professionals realized early on that they had to consider the family factor (Karapanou 1965: 6). This idea originated to a large extent with various therapy systems – e.g., psychoanalysis, which highlighted early childhood experiences, and social psychiatry, which acted therapeutically and socially not only on the mentally ill but also on their family. Yet, such theories were even more emphasized by the MHS/CMHR: it was argued that the closed circle of family relationships in Greece meant that a psychiatric problem had a direct influence on the family, placing on it a heavy weight of responsibilities and guilt (ibid.). Thus, the MHS/CMHR tried on the one hand to encourage patients' independence from the family and on the other hand to involve the family in the treatment (Royal National Foundation, Mental Health Section s.d.: 5-6, 11-13).

Another way in which the MHS/CMHR adjusted its psychotherapeutic intervention to the Greek reality was the provision of a mixture of psychotherapeutics and public welfare. This combination was believed to meet the needs and the socio-economic level of Greek society, which was seen as unprepared to accept psychiatric intervention, and which was affected by severe social problems. This meant that, especially in the lower social strata, mental health problems were unobserved or ignored, and professional help was not sought (Anon. 1968: 9). Therefore, in a sense, the MHS/CMHR employed public welfare and social work as means to expand the influence of psychiatry and psychology to a greater part of the population.

The Reception by the Public

This model proved quite effective. Numerous patients were diagnosed and treated in the MHS/CMHR services. For example, from 1957 to 1963 the Child Guidance Clinic handled 851 cases, and Social Aid Centers more than 40 thousand (Royal National Foundation 1964: 6, 9). A large percentage of MHS/CMHR patients were not usually treated by asylum or private practice psychiatry, as many of them were minors not suffering from psychotic symptoms; nor did they belong to the lower social strata. In addition, MHS/CMHR educational activities – for professional groups, volunteers and

the public – and their work with families and schools[12] multiplied its influence. Thus, we could say that the MHS/CMHR had a wide reach, which in turn meant that it had the capacity to disperse psychotherapy and familiarize the public with it.

To some extent, it seems that this undertaking was successful, since a number of patients turned to the services on their own initiative (Royal National Foundation, Mental Health Section s.d: 13; Anon. 1962: 121-152) and appeared receptive to psychotherapy. For example, in the Counseling Psychiatric Service for Adults, a number of patients under psychotherapy, especially those who were less educated, expressed their feelings easily, and developed intimate relationships with the therapist (Kalogeropoulou and Matathia n.d: 12-13).

Nevertheless, negative responses to psychotherapy were also reported. Notably, a high percentage of cases in the Counseling Psychiatric Service for Adults, almost 30 percent of those treated with psychotherapy, discontinued therapy (ibid.: 17), whereas in numerous cases psychotherapy was recommended but not undertaken. Although the patients' failure or unwillingness to attend sessions on a fixed day and time was generally attributed by the CMHR professionals to material reasons (Karapanou 1965: 8), social and cultural factors might also have been at play. Finally, resistance to and rejection of psychotherapy were reported as existing in the patients' environment. An example would be family members who were reluctant to participate in the treatment or who disagreed with the interpretations of the MHS/CMHR experts (Royal National Foundation, Mental Health Section s.d: 11-12).

Conclusions

Until the 1970s Greek psychiatry and society remained to a large extent indifferent, hesitant or hostile towards psychotherapy. Certainly, there were noted exceptions: already in the 1930s some forms of psychotherapy were marginally applied in private practice and the educational process. In addition, from the 1950s on psychotherapies were practiced to a limited

[12] For example, psychologists and social workers of the CMHR prepared psychological and social files for school students and referred to the Child Guidance Clinic students who needed a more detailed psychiatric examination or treatment (Center for Mental Health and Research 1965: 6).

degree in mental hospitals and other mental health care institutions. Nevertheless, psychotherapeutics remained marginal in Greece for most of the twentieth century.

In this context, the part played by the Mental Health Section of the Royal National Foundation and subsequently the Center for Mental Health and Research in the dispersion of psychotherapy in Greece should be taken into consideration, since the MHS/CMHR generated a psychotherapeutic discourse and applied psychotherapy. In order for psychotherapeutics to be adjusted to and disseminated in Greek society, the MHS/CMHR emphasized the social needs and problems of the time and the role of the family, favored short-term psychotherapies, and combined psychotherapy with social work and public welfare. The reaction of the public to psychotherapy, as practiced in the MHS/CMHR, has been seen to be both positive and negative. Further research in the patients' files and, ideally, interviews with the services' users would allow a more detailed and better-grounded analysis of the public's attitudes towards psychotherapy.

In any case, the novelty of the MHS/CMHR approach to mental health care should be stressed. Based on mental hygiene, social psychiatry and psychodynamics, it established open services and employed psychiatry, psychology, psychotherapy and social work to deal with an extensive range of issues, including psychoses, neuroses, mental retardation, personality disorders, problems in interpersonal relationships, difficulties in adaptation and welfare problems. In this way, the MHS/CMHR work contributed to the widening of the psychiatric and psychological purview beyond the asylum and the pathological, to the community and the normal.

Thus, the MHS/CMHR was not only concerned with mental problems. Its discourse centered on the issues of social adjustment and modernization, and promoted, through psychotherapy and social work, a modern sense of the individual as a rational, autonomous, self-controlled, psychosocially mature and socially integrated subject. In this sense, the MHS/CMHR efforts may be seen as preparing the transition from reliance on experts, to self-control and responsibility, which was to be the motto of public health in late-modernity societies (Rose 1999: 84, 88; Lemke 2001: 190-207; Vallgårda 2011:28). This autonomy and self-control, however, had to be combined with a great degree of dependence on professionals – psychiatrists, psychologists and social

workers – who were presented as indispensable for the treatment, analysis and education of the public.

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"Love Your Neighbor as Yourself": The Encounter of Western Psychotherapeutic Ideas with the Orthodox Church in Greece

Vasileios Thermos

The question of how Western psychotherapeutic ideas were received by the Greek Orthodox Church is reasonable indeed, because those ideas were produced in geographic areas that underwent a long process of modernization (Vergote 1999). Actually those ideas themselves contributed to the enforcement of modernization. This formative context for psychotherapeutics contrasted with the situation in other countries, which simply imported and applied them. So legitimate questions arise even when a European country such as Greece is examined, let alone more far-flung places.

Greek Society: A Deeply Divided Culture

Is there a Greek mind in distinction to a Western mind? Moreover, is there an Orthodox Christian mind as opposed to a Western Christian mind?[1] These questions have haunted Greek circles, secular and religious respectively, for decades, triggering passionate discussions on the issue of Greek cultural *identity*, which is at stake. The well-known ambiguity of modern Greek identity has fed incredible polarizations and still does (Yannaras 1992; Lipowatz 2008). In these debates many participants reach conclusions that seem to be less the result of sober reflection and more the products of an identity anxiety, and this has distorted attempts to arrive at a satisfactory identity schema.[2]

Greece has always been a paradigmatic mosaic of local identities, but nevertheless deeply split in terms of its emotional predisposition to the West. The current (Greek) ombudsman of the European Union describes a constant

[1] "Orthodox" in this usage is a technical term used to mean the group of Eastern Christian Churches and not a conservative attitude found in all religions.

[2] Here I am referring to ethnic and national identity as they are shaped through personal, familial, cultural, and historical parameters and experiences, and not to the particular issue of the identity cards and the inclusion of religious affiliation on them, an issue that exercised Greek society in 2000. The task of forming an (personal or ethnic or cultural) identity is often accompanied by intense anxieties, as any distortion or lack or defect of identity induces anguish and fear, thus creating a need for "self-made" solutions or temporary devices to cover the void (Bloom 1990; Caputi 1996).

tension and unstable balance between its two main streams, the “transformative” and the “obsolete” ones, in Greek society (Diamantouros 2000). What he calls *transformative* culture is inspired by the liberal values of human rights and open society, by the European spirit, by constitutionalism, by the priority of rational institutions overseen by the state. This cultural system is adopted basically by the urban population who, by virtue of their skills and resources, are able to cope with international competition. On the other hand, the *obsolete* culture suffers from a victimization mentality, favors protection and entrenchment, looks at the West with suspicion, and thinks of novelty as inimical, sometimes viewing it through a conspiracy-theory lens. This cultural orientation holds strong in the less competitive social layers amongst people who think and act defensively.

Granted that these two orientations already permeate Greek cultural and social life, it is predictable that they influence the way Western ideas are received as well. Thus Western psychotherapies have been perceived in very divergent ways, ranging from rejection to idealization. Obviously, the more the individual is involved with the modernized context, the greater the enthusiasm; the more one considers oneself traditional, the harder the reservations. I would like to emphasize here that questioning of psychotherapies does not come necessarily from a religious source. Indicative of a dispute against Western psychotherapeutic ideas inspired by a secular context might be a famous saying by late Melina Mercouri, a former actress and minister of culture: "We don't have psychoanalysis in Greece**,** you know. We are a poor people, so we have friends instead"[3], suggesting that company and chatting might form substitutes for psychotherapy. I find this statement typically simplistic and yielding to populism. It is understandable that such a statement could dispose the locals to boast about their “uniqueness”, which may render psychotherapies useless. An anti-Western front can be composed, as everywhere in Europe, from both defensive-populist extremes of the sociocultural range.

Provided that ambivalence towards the West is still vividly active in Greece even in secular contexts, one can easily imagine how much religious convictions may exaggerate this ambivalence. The (always) semi-conscious process of identity anxiety marks the Greek religious confrontation with the West, in both friendly and hostile forms. Modern psychotherapies were not

[3] http://ucsb1990.tripod.com/id19.html.

exempted from such confrontations; they were viewed by some as ambitious enough to vindicate the very "client" – namely the human psyche – which had belonged for ages, by definition, to the exclusive field of ecclesiastical life and practice. A kidnapper is always an enemy so he has to be attacked, inasmuch as he is not considered properly qualified to address a domain that possesses such a spiritual depth; this is somehow the competitive attitude of the most defensive part of the Church body (Thermos 2006).

Another portion of Orthodox people established a more comfortable and self-confident mentality in relation to modern society, taking seriously the enormous increase in social demands for psychotherapy. This group sees in Western psychotherapies a valuable means for help and healing, or even a way for paving a healthier road to a true and consistent religious life. A brave recognition one might hear from them is that Western psychotherapies can make an indispensable part of the human contribution to spiritual cooperation with God (Chrysostomos 1998; Kyriazis 1999; Thermos 2006; Paravantsos 2010).

So the issue of identity constitutes an important "locus of control", a key component, latent though it may be, in the process of deciding what to do with this strange new fruit of Western culture that is called psychotherapy. In my own view as a psychiatrist it has been more than obvious that the struggle for identity, especially when the latter is defectively structured, is capable of inducing anxiety, anger, suspicion, rage, and depression in front of the supposed competitor. It is not a coincidence that those who reject Western psychotherapies in the name of their religious faith often also oppose the citizenship of immigrants, liturgical renewal in the Church, and ecumenical inter-Christian dialogues, to mention just a few topics that mark the public ecclesiastical discourse in our country. All these issues share the challenge of novelty.

The Church as Agent of Modernity and the Church's Incompatibility with Tradition

The majority of the Greek Orthodox Church, both clergy and congregation, has historically aligned itself with the conservative axis described above, yet there have been some amazing examples of the "open" stance among religious lay people and clergy. It is not widely known that some pioneers of the

Enlightenment that emerged in Greece in the 18th century were priests and bishops (Podskalsky 1988/2005; Yannaras 1992). The awareness of the unconscious that had developed over centuries in pastoral praxis, particularly in the so-called "neptic" (vigilant) tradition and literature,[4] combined with an openness towards scientific inquiry, dating as far back as the Church Fathers of the fourth century, probably motivated a part of the Orthodox Church to welcome novelty in the field of psychotherapy. The very process of spiritual confession itself, instituted in pre-modern times, makes quite a resistant "modern" moment that crosses twenty centuries of traditional society, as it allows a strictly personal context and resort of the individual, which is covered by confidentiality and cannot be controlled by any other third party, no matter how oppressive the family or the community may be.

To do justice to our recent history I have to admit that the Church with its theology has not adequately influenced Greek folk mentality, at least not so much as one would expect after 2000 years of Christianity. "Modern" moments, like confession, proved inadequate to definitely win the war with pre-Christian (and obviously pre-modern) elements. Local pagan traditions, transformed by socio-economic factors, still affect Greek society and make it partially "water-proof" to the Christian message (*Synaxi* 1998). I personally have occasionally experienced difficulties in trying to persuade faithful congregants during confession, or just mere discussion, to do something that is consistent with the ecclesiastical way of life, while these individuals insist instead on doing what their parents or even grandparents told them. Quite often I cannot identify many drops of Christianity inside certain inter-generationally-transmitted customs, but it seems that my interlocutors do not hesitate to claim such practices as properly Christian. For example, old women may ask the priest to provide them with holy water (*agiasmos*) which they intend to pour into the coffee or the water that their son or daughter or their spouse will drink, unknowingly, in order to stop conflicts in their marriage or to heal aggressive behaviors. It is obvious that the desired goal here should be reached through proper and explicit discussions between the couple, or by resorting to counseling and psychotherapy, ideally combined with prayer and spiritual life.

[4] "Neptic" tradition/literature/guidance is a term used since the early Christian centuries to depict the ascetic practice of vigilance and watchfulness (νῆψις), which eventually contributes to further self-knowledge and purity (Kornarakis, 1982; Ware, 2000). Because of its concern with delicate areas of the psyche the neptic tradition has extensively dealt with the unconscious and thus makes an excellent link between classical Christian spirituality and contemporary psychotherapies.

What seems intriguing and discouraging at the same time is that what I am struggling to suggest in counseling, while deriving from theology, is much more attuned to contemporary needs and attitudes than its local competitor, which may consist of superstitions or be rooted in a magic mentality. In other words, it is not infrequent that a priest becomes exhausted trying to instill "more modernity" through pastoral practice and counseling; these are moments when the Church becomes a factor of modernity that undermines folk traditions! Indeed, some scholars have suggested that although Christianity has traditionally been correlated by the academic community as incompatible with modernity, actually it has historically been a precursor of modernity by introducing a linear conception of time instead of the circular one or by emphasizing individual responsibility instead of the collective one, among other contributions (Vergote 1999; Lipowatz 2008; Thermos 2010). To the degree that this is true I assume that the *traditionalism attributed to the Church is a product of certain cultural receptions and uses of the Christian message rather than an inherent theological ingredient*. In any case, the mixture of Christian and local elements is old enough to seem now unitary and thus confusing and disorienting.

My interpretation of this local retention of traditional non-Christian beliefs is that traditional explanations are founded basically on *myth*; on a mythological way of thinking, which makes a perfect anti-anxiety medication, however short-term its effect. To be exposed to a historical way of thought, which means we are responsible for ourselves and for many of our malaises, exposes us to huge anxiety. To attribute suffering to demons, to the "evil eye", or to magic or hostile acts of the others, elevates us to the noble situation of innocent victims and recalls archetypical identifications that allow us be entitled to divine protection (*Synaxi* 1998). Let us not forget that the vast majority of people who approach priests are not interested in their religious transformation but in plain advice or mere soothing. So I would like to explicitly declare that folk and traditional practices aiming at any kind of healing do not necessarily reflect ecclesiastical morality, as the former are usually inspired by a "mechanical" quick fix ideal in which God is perceived as a mere instrument of change, whereas a Christian stance would call to a responsible addressing of God as part of a spiritual dialogue and relationship.

Thus I find it crucial to admit here that the Greek people's attitudes toward Western psychotherapeutic ideas are actually inconsistent. We had better think of it as a "patchwork", not only in the same family, but in the same individual as well. This attitudinal inconsistency is not a "privilege" of societies which developed in the margins of modernity; the well-known "New Age" movement, extensively prevalent in the West, offers a good example. "New Age" mentality is a peculiar cultural product: a huge part of its content is pre-modern, yet the process of filtering and blending old religious traditions to selectively make one's own dish is typically postmodern. From such a perspective, the "New Age" mentality may indicate a kind of psychological regression.

What are the methods the Church uses to offer healing? First of all prayer, both individualized and ritual (through services and sacraments). Then confessing sins and receiving divine forgiveness may have psychotherapeutic results as well. Asking for advice and receiving counseling contributes to intrapsychic and interpersonal healing, too. In this spiritual ecclesiastical context healing is defined not as merely acquiring more functional interpersonal relationships and reducing distress, but as a real undoing of acting passions (Kornarakis 1982; Chrysostomos 1998).

But some do not consider these modes enough. In the provinces, or even in certain parts of big cities, a priest frequently faces requests to read prayers against magic or the "evil eye", which are considered responsible for marital or premarital conflicts of a couple, for repeated accidents and illnesses, for interrupted or unquiet sleep, for psychosomatic symptoms, for professional failures, etc. Some priests respond to people's demands, whereas others refuse and ask for more information about the personal history in order to give advice. By doing so these latter, priests, who collect such personal details, actually attempt to bring a contemporary attitude to bear by making a diagnosis of the problem, a diagnosis that would embed *three crucial "therapeutic" components: the very facts, rational explanations, and personal responsibility*.

The Religious Ambivalence toward Psychotherapies

When I started out as a priest, I was assigned a parish in a town near Athens where the vast majority of people originated from mountain villages. Having been brought up in an urban context, I was surprised at having been

frequently requested by parents or grandparents to recite some prayers over a child who spoke or moved about while sleeping. I had to confront the question: "Why is only this specific domain of life being selectively influenced by demons so that it needs special prayers?" I later realized that this practice has been customary in traditional social layers, in evident contradiction to the psychotherapeutic line that emphasizes other causes as potential generators of anxiety or fear as, such as, for example, family interactions.

One Saturday evening a young married couple visited me at my parish with the woman suffering from excessive anxiety. She had been breathing quickly and heavily for the last few days, and the internist found nothing pathological so he attributed it to psychological reasons. They came to me with the demand to receive anxiolytic medication, knowing that I am a psychiatrist as well.

In the discussion that followed I persisted in trying to determine if there had been any recent traumatic event. They told me there had recently been a miscarriage but, nevertheless, they thought they had coped well with it psychologically since they were young enough to try again. After my persistent search for any other previous traumatic events they recalled an abortion that had taken place some four years earlier when the time was not considered appropriate for marriage. So what was eventually made clear was a triumphant vindication of Freud's famous words, "the return of the repressed", as the second involuntary loss activated the primary traumatic feelings of both loss and guilt.

Their expectation was for a quick fix of the trouble, against the enemy that is called "anxiety", without a personal involvement in the diagnosis and treatment. *To shape the desired personal involvement another self-image and self-awareness are required.* However it is likely that for some people this honest and mature self is potentially already there hidden, in which case an invitation to both repentance and psychotherapy would be willingly accepted.

As expected, the same divide that crosses society, and which I described above, is noticed as far as individual attitudes towards Western psychotherapies are concerned. At the level of people, we can discern certain inconsistencies.

For example, a positive attitude is underwritten by the subjects' growing longing for personal narratives and for willing listeners, which facilitates the

construction and wellness of subjectivity. Also, a considerable proportion of those who resort to therapists present with a (conscious or unconscious) demand, or quest, for individuation and emotional emancipation. This proves to be even truer for children and adolescents who can take advantage of the therapeutic process to complete a restricted or inhibited individuation.[5] This individuation is accomplished by means that can be content-like (the aim itself of therapy) and process-like (confidentiality).

Although individuals who cling to more traditional values that have not been eradicated by membership in the educated middle classes may share the same need for a personal narrative, they may seek a non-professional listener: a relative or friend. They may reject professional helpers by rationalizing that "they don't know" or "they may harm", or devalue therapy as an unnecessary luxury. Sometimes they enter the process willingly but with misplaced pre-modern expectations; this is true especially of parents who expect that the therapist will help their child or adolescent to remain submissive to them or to the collectivity, religious or social.

Nowadays the trend in Greece is that an open attitude among religious persons is gradually prevailing over a defensive one, and that the ecclesiastical organization is coming gradually closer to secular therapies. Some signs of this shift are the advent of: a) "Pastoral Psychology" and "Psychology of Religion", which have been taught in the Theological Schools of Greece for some decades; b) the fact that psychologists and psychiatrists (mainly faithful ones) are now extensively invited to join ecclesiastical parents' groups or ecclesiastical radio shows to talk about family and other pedagogical and interpersonal issues; c) psychological training for clergy has been progressively recognized as a necessity and has been practically applied, although not systematically; d) referrals from priests to psychiatrists and psychologists keep increasing; and e) a very small number of clergy seek therapy for themselves.

Recently, clergy and lay clinicians, as their publications increase, have suggested that the appropriate position of the Orthodox Church towards

[5] What I see as interesting here is that in the vast majority of cases it is the mother who calls me for an appointment to see the child. Obviously this is part of the dominant role mothers play in Mediterranean societies, where they have been socially assigned to find solutions by sharing the problems, in contrast to the fathers, who have been socially assigned to find solutions by themselves; otherwise they are labeled as not potent enough. In any case, their initiative exposes mothers to Western psychotherapeutic methods more than fathers, so it is worthwhile to further explore how this exposure is elaborated. Is it (or does it turn into) a genuine female openness to modernity or does it remain an isolated behavior motivated by maternal responsibility?

Western psychotherapies should be in the middle, between the two extremes. They propose it should become neither that of an enthusiastic follower, thus preserving a critical approach, nor of a defensive opponent who turns to fundamentalism. They say that psychological theories reflect a genuine and noble concern with human suffering and should be appreciated because they are generated by the creativity of human beings who are created "in God's image and likeness". They add that Orthodox Theology in its uniqueness must be in a continuous dialogue with scientific ideas for a mutual fertilization (Loudovikos 2003; Thermos 2006; Paravantsos 2010). Some others are positive but with reservations theologically informed (Kornarakis 1989; Zizioulas 2006).

In Greece now there are a small number of psychiatrists and psychologists who have been ordained as priests. In the beginning their mission was quite difficult; they found themselves under suspicion from both sides. I personally can recall that initial suspicion together with a gradual relaxation and progress towards trust after familiarity was established. But there are still conservatives who accuse us of betraying the real Christian Orthodox message and of having unconditionally surrendered to the threatening West (Vlachos 1995). They seem to be fighting against what they perceive as a potential colonization of the Greek mind.[6]

The opposite extreme is also represented, by those who aspire to unconditionally apply Western psychotherapeutic ideas in a rather technocratic way while absolutely ignoring the local contributions to human understanding. Maybe this attitude is part of a general pervasive "colonization" of the mind for a number of subjects, who prefer to be loyal to cultural trends outside the country. I cannot see in this attitude but contempt for and underestimation of their local inheritance. In any case a degree of tension between the most Westernized and the most traditional groups is expected to remain forever.

[6] Some of them have suggested that we Greek and Orthodox should develop our own local psychotherapeutic modalities, thus rejecting imported ones. This proposal should be inscribed into the wider issue of "indigenous psychologies" that have in recent years come into fashion (see indicatively Kim, Berry, 1993; Kleinman, 1995; Robbins, 1996; Hwang, 2004; Allwood, Berry, 2006; Kim, Yang, Hwang, 2006; Lawson, Graham, Baker, 2007) in the West, although the religious versions promoted seem less scholarly and scientifically elaborated. The problem those opponents do not acknowledge is that their idea is not consistent: if adherents to religion in Greece rely on their own indigenous psychologies then what could prevent other locals in exotic countries from developing their own indigenous therapies which obviously lack effectiveness? Since the traditionalists consider all other therapies as potentially harmful, how can they reconcile their proposal with its generalization? What if, say, in the Far East they tried to cure mental disorders with traditional techniques, most of which are religiously informed? A basic problem with this idea is a lack of generalizability.

The Self at Stake

Vicky, 23, is under psychotherapy. She frequently reports dreams knowing that this is part of the work. One day she says: "I saw I was with many children. My mom says it is a sign of luck and wealth." Of course we had the opportunity to analyze the dream in relation to her life; but this is a typical example of how traditional folk hermeneutics frequently appear in that very "Western" moment known as a psychotherapeutic session.

Dreams offer a paradigmatic field for comparing cultural models, as they induce interpretations that reflect different systems of subjectivity. The typical supposition behind the dreams' hermeneutics in traditional Greek society is the idea that they indicate either something which is going to happen or initiatives that the subject should undertake in order to accomplish a project. By contrast, modern psychological interpretations, especially psychoanalysis, usually suggest that through dreams unconscious desires and conflicts are depicted. So the latter values the individual that is supposed to be open to his or her personal history; the former just protects the specific collectivity frame that is meant to dictate the individual's proper acts. In fact, *in traditional societies the collectivity itself is the actual interpreter of the dream in a kind of a self-fulfilling prophecy, which serves to sustain and strengthen the given social order. In this endeavor the given grandmother or elder who interprets becomes a proxy of the inherited cultural cognitions, in order to buffer and stabilize an interpersonal constellation with the purpose of its self-preservation.*

It is reasonable to assume that a variety of self-images exist across the religious and secular constellations. Much ink has been spent conceptualizing the difference between the human image ("anthropology") of Christian Orthodox Theology and that of Western culture. Although the term "self" was frequently used in early Christian resources it did not then gain the technical meaning we know today; instead the word "person" (*prosopon*) is found extensively in theological terminology offering a specific model of human nature that is distinct from the Western "individual" (Zizioulas 1977, 2006; Ware 1987; Thermos 1998; Ziakas 2003; Papathanasiou 2004). The term "*prosopon*" derives from ancient Greek and it received its theological content between the fourth and the seventh centuries in the hands of Greek Fathers of the Church such as Basil, Gregory, Athanasios, and Maximos. Complementary elaboration was added in the

fourteenth century by Gregory Palamas and in the twentieth century by elder Sofronios of Essex. An interesting discussion continues today triggered basically by Christos Yannaras, Theodoros Ziakas, and Stelios Ramfos.

Theologically some of the person's characteristics have been described, like communion, inner freedom, integrity of psychic functions, and depth. Since communion can be easily confused with community and thus collectivity, many misunderstandings have risen here. Inner freedom must be considered as linked with the person of God and His freedom. Integrity of psychic functions includes equilibrium between intellect, affect, and will. Depth also should not be identified as mere emotionality but has to be viewed as closely linked to the core "constitutional" layers of existence which in the New Testament are praised as "precious".[7] All characteristics of the person compose what has been theologically described as its privilege: to have been *created in God's image and likeness*.

Theology as a discussant in this interesting dialogue has been active from an early time as is epigrammatically articulated in the following excerpt: "It is widely believed that contemporary ways of psychological help are products of modern times... while the classic pastoral tradition dealt with the same issues and similar techniques, albeit in a different terminology and symbols.... It considered the same conditions as necessary to facilitate psychological change: empathy and an unconditional positive attitude.... Texts show that ancient pastors understood and applied many techniques of behavioral therapy, like observations, goal planning, positive or negative enforcement. Moreover classical pastoral theologians embraced many key elements of psychoanalysis, such as the dynamics of repression, the therapeutic value of freedom from the mastery of superego, the mediation of conflicts between impulses and superego by the ego, the awareness that faith may be a projection of needs, and creative sublimation" (Oden 1996).

Attempting to identify aspects that psychoanalysis and Orthodox theology share, I would mention the reality of the unconscious, the constitutional approval of emotions and desire, the emphasis on love relationships as the remedy for pathological narcissism, the need for resolution of inner conflicts, the favoring of sublimation of passions, the survival of the "good object" through the

[7] 1 Peter 3:4.

archetype of the Resurrection, among other elements. Also I would add the importance of the dyadic relationship with the analyst (reminiscent of the role of an Orthodox *staretz*: elder, guide), the mechanisms of defense which are extensively analyzed by ascetic literature, the vision of inner freedom as an aim to pursue, the importance of sexuality as the inclusive general urge for life, the recognition of aggression and sexuality as central psychic forces, the crucial role of self-knowledge and empathy, etc. (Kyriazis 1999; Loudovikos 2003).

As for aspects that other modern psychotherapies have in common with Eastern Orthodox pastoral practice I could include the cultivation of good thoughts (*logismoi*) as a cognitive "therapy", behavioral techniques that aim to eliminate bad habits, and systemic thinking in trying to understand. In sum, the seeds of what later developed as an articulated modern psychotherapy can be found in ancient patristic literature, although this had not been articulated or recognized as such even by priests themselves (Thermos 2006, 2010).

* * *

To conclude, a different human image really exists in the Orthodox Church, yet it is not that easy to discern, first because it is not taken for granted but *gradually discovered as the individual makes spiritual progress*, and second, because the genuine theological concept of the proper human image usually gets *mixed with and mistaken for the human images of various Eastern collectivities*. Indeed, the fact that Orthodox Christianity traditionally coincides with a certain geographical distribution does not help; it may give rise to confusion for both outsiders and insiders, which poses a danger, in my opinion, to ecclesiastical identity as it blends it with local ingredients, thus making the religious turn essentially secular! (For those who believe that the Church is nothing more than a cultural product there is no problem; for theologians like me, however, who distinguish between the core of theology and the local cultures where it is applied, the difference is indispensable).

In other words, a different image of the human person is certainly present in Greek folk psychologies, but it does not coincide with the theological one. I definitely would not speak of "a colonization of the Greek mind" by Western psychotherapies. Probably the basic reason for this is that there is no such thing as a coherent "Greek mind", in the light of those serious identity wars still active, but instead a mosaic of Western and Eastern traits in varying doses for each

subject. The search for "collective behaviors" can be disorienting (Bloom 1990). It is equally true, however, that concepts which Western psychotherapies bring with them have already fertilized Greek minds (in plural) and seem to promise interesting mixtures. To me the most fascinating and useful product of this encounter will be that which will stem from *a joint elaboration of psychotherapeutic ideas and theological ones* (Kyriazis 1999; Thermos 1999, 2006; Paravantsos 2010).[8] This encounter seems exciting and promising, not as a matter of intellectual curiosity, but as an exigency for a real improvement of caring services.

Nevertheless, a further analysis of the Christian Orthodox self-image is quite meaningful despite the difficulties presented in practice by the nuances in its content described above. After all, *to hold a theory of the human image is not merely descriptive but nonetheless simultaneously normative* (Ziakas 2003). Which model of the self is at stake influences both the interpretation of psychopathology and the therapeutic proposals suggested; it can affect even interpersonal relationships. I offer here another real example:

Helen is 18 and her parents approached me asking to help her after an attempted pharmaceutical suicide. She had found it difficult to differentiate from her parents, especially when confronting a devoted mother with a strong personality. Trying to please them she could not define her own personality. The entire family participated for years in a "philosophical" group to promote self-improvement. When the psychotherapeutic process reached the point of Helen's religious life and after I tried to investigate the link between her relationship to God and her relationships with other persons, she exploded in astonishment: "I have been taught for years in the group that God is not a person and now you are totally undoing my conviction!"

To me this declaration provided good evidence that the nature of our private or public theology affects the process of constructing our subjectivity. An impersonal notion of God cannot support a view of a clear self-image and establish a solid personal identity distinct from others. In general, any differentiation in the construction of the subject and his or her relationships creates a relevant array of expectations on behalf of the subject and thus allows

[8] To my knowledge the only work in the Orthodox world that attempts to explore the differences in the vocabularies of theology and the psychological sciences and to bring them into a meaningful correlation is the book of monk Chrysostomos (1998), which I think should be translated. See also Thermos (1999).

different psychopathological outcomes to emerge or disappear (Lefley 1994; Pepitone 1994; Robbins 1996). So it has been my conviction that adopting a theologically consistent lifestyle, although unable to substitute for psychotherapy as I have explained earlier in this article, is capable of having an essential preventive impact on mental health.

Thus Western psychotherapeutic ideas are invited into an honest dialogue, which urges them *to admit their religious ancestors*, a process which asks for a friendlier stance. Besides, Orthodox Christian Theology is being called to recognize in them a familiar "neighbor", as they amplified and systematically developed areas of Christian teaching that were preserved for centuries (Delaney & DiClemente 2005; Thermos 2010). So a unique challenge lies before both of them, to see each other neither as enemy nor as stranger, and to mutually work on the discovery and revival of the elements that Christian faith and Greek roots share with Western psychotherapies.

The appearance and establishment of Western psychotherapies presents an excellent opportunity for Theology to identify traditional remnants (ideas and practices) that have erroneously been considered as its "ambassadors" while undermining it, to denounce them and cleanse spurious theology off them; to acknowledge a familiar interlocutor in psychotherapeutic ideas, and to discover points of kinship and resemblance, and eventually to apply its constitutional commandment, "love your neighbor as yourself". And, as we know, this love by no means removes boundaries between the loving parts.

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Sketches for a Modern Greek Oedipus

Thanassis Tzavaras

This paper concerns the reception of psychoanalysis and psychoanalytic psychotherapy in Greece both by the relevant institutions and by private patients. For the modern Greek native speaker, the meaning of the term "psycho-analysis" is obvious: it refers to an analysis of the psyche, analogous to a "urine analysis". As for the term "psyche" in its current usage, it can refer equally to an expression of sentiment, as in "I love you, darling (*ψυχή μου*)", to psychology and psychic problems, as well as to the "soul" of religion, Aristotle and Descartes; it can also mean "heart" or "guts" in expressions such as "the players put their heart in their game". In common everyday practice, patients would rather visit a psychologist-psychiatrist than a neurologist-psychiatrist; this differentiation implies their reservations towards medication and their fear of the widely stigmatized asylum-based psychiatry.

After studying in Athens, my wife (a psychologist and social anthropologist) and I spent thirteen years studying and working in Paris. We were both analyzed in the tradition of the Lacanian School. 1978, the year of our return to Greece, marked the end of what we could term "the first historical period or the prehistory of psychoanalysis in Greece". Freud's thought had been introduced to Greece through a variety of publications that appeared between 1910 and 1940, authored mainly by progressive, left-wing teachers trained mostly in Germany. The prehistory of psychoanalysis began in 1935, when the French-educated surrealist poet Andreas Embiricos settled in Athens and started a psychoanalytic practice. Until the late 1950s psychoanalysis was practiced by three people in Greece: Embiricos and the psychiatrists G. Zavitzianos and D. Kouretas. It was those three, under the guidance of Princess Marie Bonaparte, who created the first, short-lived, psychoanalytic group, which was dissolved in the early 1950s for various reasons (see Tzavaras 1984).

We cannot speak of an organized presence of psychoanalysis in Greece until 1977 or even 1985, in spite of the interest expressed (especially by young people)

during the military dictatorship, through various translations of psychoanalytic works, mainly inspired by the ideology of Freudian Marxism. 1977 saw the creation of the Society of Psychoanalytic Psychotherapy, as a branch of the homonymous British Society. The Study Group of the International Psychoanalytic Association (IPA) was established in 1984-85. Until then, various forms of psychotherapy were practiced in Greece without a specific institutional framework, while psychoanalysis was practiced by some psychiatrists who had been trained abroad. Group and family therapy were introduced from the USA during the 1960s, and later developed into versions of systemic therapy. Behavioral therapy was introduced in the 1980s and the various forms of cognitive psychotherapy in the 1990s.

At this point, I should note that, until the 1980s, the only kind of philosophy taught in Greece was that of the ancient Greeks, mainly in the form of ancestor-worship. The universities did not include psychology and the accompanying disciplines in their humanities curriculum. Between the worship of antiquity on the one hand, and the Greek Orthodox Church on the other, the space left for the free circulation of other ideas was almost non-existent. As for antiquity-worship, we still find many instances of it, since many Western European and American writers also subscribe to it, in tandem with many Greeks who resist Freudian psychoanalysis.

As for the Christian Orthodox resistance to psychoanalysis, I should start by noting that it is easy to see how religion still permeates everyday life in Greece. All you have to do is tune in to Programme 3 of the National Greek Radio at 8 a.m.: the day begins with the signature tune of the National Greek Radio Service, based on a popular folk song (*I Used to Be a Shepherd*). Right after that, you will hear the religious chant appropriate for the time of year, followed by the National Anthem. “Work, Religion, Fatherland”. If we add “Family”, we get the essence of the slogans favored by all the fascist regimes of twentieth century Europe.

I could spend hours talking about the relationship of Greek Orthodox faith to psychology and psychoanalysis. Let me just say that Jung, who had a marginal influence in Greece, was a *persona grata* in religious circles; Adler, whose thought influenced education and the Scout Movement, as well as para-ecclesiastical organizations, was widely appreciated in Greece; while the sex-obsessed Freud was anathema for religious writers. Let me just add that the 1940 declaration of

the Christian Scientists' Association attacks Darwin and Freud exclusively [We are currently witnessing a widespread phenomenon that has made best sellers of works adopting a psychoanalytic point of view, such as the books of the brilliant American writer Irvin Yalom and his local counterparts Sideris and Matthew Josaphat. It is tempting to compare the audiences flooding to their lectures at the Athens Concert Hall to the masses of the faithful swarming at the holy shrines of the Virgin of Tinos and Soumela].

Let us now attempt to shed some light on the implementation of the principles and the ideas of Freudian psychoanalysis in Greece at the turn of the twenty-first century:

Until fairly recently, all Greek psychologists, psychotherapists and psychoanalysts had been trained abroad, especially in France, Germany, Britain and North America. Therefore, every psychoanalyst returning from abroad was also a potential representative of the School in which he had received his training. Therefore, it would be pointless to attempt a synthesis of "Greek psychoanalysis", since this would only lead to sectarian disputes of varying intensity. In 1984 a group of psychoanalysts belonging to three different generations contributed to the volume *Psychoanalysis in Greece*. This volume, an attempt at constructing an identity for modern Greek psychoanalysis, included very interesting contributions, but naturally did not result in a synthesis between Greece and modern Greek culture on the one hand and psychoanalysis and psychotherapy on the other. (I referred to this issue when I presented the Greek translation of Edward Said's *Freud and the Non-European* and in a lecture I gave at the University of Cyprus on "Central European Freudianism and other cultures", as well as when I presented the unexpected Greek translation of *The Black Book of Psychoanalysis* [which sold very few copies, anyway]).

The title of this lecture on a Modern Greek Oedipus was inspired by M.C. & E. Ortigues' *African Oedipus*. As early as the beginning of the twentieth century Freud's contemporary Kraepelin admitted (in spite of his organist theory of psychosis) that schizophrenics in Munich were different from schizophrenics in Java, paving the way for Intercultural Psychiatry. Those who do not believe in the absolute value of universals, in the universality of the concepts and theories of psychoanalysis, must be alert in order to adjust their clinical work, not to the

quirks of every individual, but to the cultural relevance of psychoanalytic concepts.

As far as I know, psychoanalysis and all related psychotherapies were never officially recognized in Greece, and therefore expenses for psychotherapy are not covered by any Greek health insurance agency (as opposed to what happens in Britain, France, Italy and Germany). Whenever a psychoanalyst headed a psychiatry department in a public institution, university hospital or state hospital, I know of no instance when they managed to implement a comprehensive program of psychoanalytic or other psychotherapy.

The absence of insurance coverage for psychotherapy means that it is exclusively conducted in the private sector. As a result, only someone who is knowledgeable, financially solvent and a resident of Athens or Thessalonica has access to psychoanalysis. The American idea that psychoanalysis is a luxury good is pervasive in the upper-class neighborhoods of our two major cities, and there is no serious assessment of the cost of a therapy. Therapists, depending on their education, social class and political sensitivity, either choose to ignore their patients' real financial situation, or pretend to be social workers, charging patients according to their actual income (in any case, patients are never working-class).

I am not implying that a psychoanalyst should conduct a therapy based mainly on the patient's social provenance. However, some practical parameters of everyday life do persist, in spite of the analyst's neutrality and the analyzand's positive transfer. Here are some typical examples: 1) A maid in a rich upper class home, a self-educated and very neurotic lady who was looking after the family's children, was sent to my surgery by her bosses after a typical crisis of hysteria. This highly intelligent and very hysterical woman insisted that, for our collaboration to be fruitful, I would have to charge her according to the income of her bosses, and not according to her own meager salary. 2) The very decent young psychiatrist who was doing his best to train with me in a psychoanalytic relationship found himself doubting his own honesty (especially concerning his relationship to pharmaceutical companies) when his father (an honest civil servant) demolished the house that he had illegally built (we should not forget that there are about 1.5 million illegal buildings in Greece). 3) The highly intelligent elderly lady who worked extremely hard as a door-to-door saleswoman was shocked when I suggested that she write down the stories that she narrated with

such talent as part of her therapy. She resisted the idea but finally complied, and three of her stories have already been published in a major literary review. I shall conclude with two more general observations: 4) Religious people have a complicated attitude toward psychoanalysis, and the fact that psychoanalysis is perceived in certain circles as "sex-obsessed" doesn't help. Therefore, when, in more than one case, I was consulted by religious patients who, when I asked them whether they were really religious replied "yes and no", I thought it better to give them the phone number of a confessor, so that they could sort out their religious issues first. One of these patients, a woman who, in spite of her religious beliefs, had pre-marital sexual relations, complained to me after visiting the priest because he demanded that she do penance for this "sin". The priest, of course, was doing his job, but the patient blamed me for sending her to him in the first place. In other words, many religious people are not quite sure what the cause of their emotional problems is, and whether they would be better off talking to a confessor or a psychoanalyst. 5) Last but not least, I should mention the tortuous relationship of the adherents of various branches of the left with psychoanalysis. The only thing that is clear is that dogmatists of every hue (traditionalists or revisionists) are mortally afraid of psychoanalysis, whereas the surgeries of certain psychoanalysts (who have been branded as "progressive") are full of disillusioned revolutionaries pining over their lost causes.

To cut a long story short, the social visibility of psychoanalysis in Greece is limited by definition for the following reason: Greek society is a society where everyone knows everyone else, and where it is hard to distinguish between the friend, the relative, the political indoctrinator, the teacher, the priest, and, finally, the psychiatrist and the psychologist. We shall have to wait a long time before we witness a true flowering of psychoanalytic thought and organized practice in Greece. This can only happen when, and if, education in philosophy, the humanities, social anthropology and, of course, psychology, reaches a higher level. When Greece is finally able to produce its own psychoanalytic thought and not simply import models or even dreams from abroad.

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The Problem of Culture: "Tradition" and "Reform" in Greek Psychiatry

Elizabeth Anne Davis

This paper is drawn from my field research in Greek Thrace, where I studied psychiatric reform and community-based care from 2001 to 2004. The paper presents a self-reflexive and distinctively Greek dialogue between anthropology and psychiatry on the concept of culture. In Thrace, a region long known for its heterogeneity in language, religion, and ethnicity, I inevitably confronted the concept of culture in clinical encounters with patients from local minority communities: Turks, Pomaks, Gypsies, and Pontii, among others. I have written elsewhere about the kinds of difference from normative Greek culture marked as clinically significant in those encounters.[1] Here, instead, I examine "modern" clinical conceptions of "traditional culture" that guided the evaluation and treatment of rural patients, regardless of their communal affiliations.

A Classic Case

The week I began working in the psychiatry clinic at the General Hospital of Alexandroupolis, I was asked to give an introductory presentation to the entire staff, outlining the research I planned to pursue during my time there. This was the moment when it was settled, rather without my consent, that my study of cultural factors in mental illness meant I would be working primarily with "Muslim" rather than "Greek" patients. After the meeting, Dr. Solomou, the clinic director, called me into her office to discuss a case that she said might be interesting "from a cultural point of view". She introduced me to Minaver, a young covered woman who had been admitted to the clinic the previous day for progressive "hysterical crises".[2] Solomou spoke to me for her, though Minaver had finished middle school and, I discovered later, knew the Greek language well.

[1] See Davis 2012.
[2] The word she used, "*krísi*", denotes a range of medical problems, including epileptic seizures and manic outbursts.

Solomou named Minaver's ethnic and religious affiliations, explaining that of the three main Muslim groups in the area, she was "neither Gypsy nor pure Turk". She belonged to the third group, the Pomahomadan,[3] who had "their own traditions".

Now thirty years old, Minaver lived in the same small village where she was born, in the hills north of Sapes. She told us – intimating ambivalence about their constancy – that her husband and mother-in-law had been staying in her room at the clinic since her admission: *They're the ones who brought me here. They won't leave me.*[4] She had apparently suffered several episodes when she went "wild" (*ághria*), shrieking and rending her clothing, then fainting. Afterward, she would remember nothing; and so she, like her doctors, relied on reports from her family about these symptoms. Her file showed no organic illness or history of psychosis, though she had been admitted to the clinic once the previous year for depression, accompanied by headaches, dizziness, and numbness in her hands. Since then, she had taken the sedative, Xanax, but had not sought counseling with a therapist; she said it was too difficult to leave her family and travel to a health center where psychiatric services were available.

Later that morning, I attended a clinical interview with Minaver conducted by Achilleas, the resident assigned to her case. His diagnostic work turned on the portrait of her home life that he drew out with gentle questions, punctuated by unhurried lulls. He explained to me later that he usually approached Muslim women patients this way, since they were often "closed off" (*klistés*) and easily intimidated; he employed other strategies with other patients. In the interview, Minaver told us she shared a small house in the village with her husband and two teenage sons: *My in-laws live next door, and they're very involved in our life. My parents live nearby, too, but not as close. I've been married since I was 14. That's normal where I live. We had two children right away. But we decided not to have any more, for economic reasons. My older son is 15 now. I'm so happy he'll be getting married soon. When my daughter-in-law comes to live with us, I'll finally have a girl to keep me company at home.*

When Achilleas pressed her, Minaver admitted that she sometimes felt overwhelmed by her responsibilities at home, and lately had been especially "distressed" (*stenochoriméni*) on account of her mother-in-law. Achilleas offered

[3] This term is a shortened form of *Pomak Mahometan*, a term used less frequently than simply *Pomak* to designate a reputedly Slavic ethno-linguistic group with ancestral ties to Bulgaria and political ties to Turkey, comprising about 30 percent of the Turkish-speaking Muslim population of Thrace.

[4] Here and throughout this paper, I reserve direct quotation for speech that I have reproduced verbatim; I use italics to paraphrase or recollect speech that I have reconstructed from detailed notes.

to speak with the old woman about this, but Minaver implored him not to: *She'll know I complained about her, and it'll only make things worse for me*. Instead, Minaver asked to go home, insisting that she was well now, and that her children and husband needed her. Yet she feared that she might have another spell: *Doctor, what is this illness I have? I used to be fine. I don't understand what's happening to me.* Achilleas assured her that it was nothing to be scared of: *We all have problems and worries in life. You're having trouble handling the pressures you face at home, and your crises are like explosions of all that bottled-up pressure.* He told her she could manage these episodes, and even prevent them, by learning how to adapt to the pressure in a healthier way.

Achilleas agreed to discharge Minaver that afternoon, so long as she promised to rest once she got home. He wanted her to avoid child-care and housework for a few days, and in the future, to "learn to say no" to the excessive demands her family placed on her. Minaver promised to take it easy. She was released, the day after her admission, with an appointment for neurological exams and a check-up with Achilleas the following week. He prescribed her more Xanax and a controlled hypnotic medication, warning that she should only take the latter when she needed to rest; he did not want to exacerbate her problems with a chemical addiction.

Minaver's "spells" emerged from this diagnostic interview as symptoms of a classic hysterical crisis. Dr. Solomou, who used the word "classic" to describe this case as a page out of Freud, told me that hysteria in this form was "not often seen these days", even in a place as "remote" as Alexandroupolis. The patient's social profile – female, housebound, semiliterate, rural, poor – linked her symptoms to a tradition prior to modernization in Greece, a history of mental illness before psychiatric reforms were implemented, starting in the 1980s. Nerves (*névra*), depressive panic (*stenochória*), and fugue; loss of motor control, consciousness, and memory: these symptoms were the signs of a traditional culture whose conservatism was amplified, in Minaver's case, by its affiliation to an isolated minority community. The doctors did not take these signs as symptoms of a discrete psychiatric syndrome that would yield to therapy, though in a different context they might have portended the onset of depression or psychosis. Traditional culture shaped the symptomatic expression of this warning – but in the clinic, at the threshold of modern mental disorder, symptoms of hysteria signified culture more than illness.

Culture and Dependency

This paper addresses the problem of culture in Greek psychiatry through the lens of national psychiatric reform. Planned, funded, and overseen largely by the European Union, psychiatric reform was one of many social programs adopted by Greece as a condition of its accession to the EU in the 1980s. As elsewhere, psychiatric reform in Greece has aimed to shift treatment from custodial hospitals to outpatient settings.[5] Their liberation from institutional care has required patients to undertake daily practices of self-medication, self-examination, and self-control in order to avoid relapse and hospitalization, and to enhance their own health and dignity. Challenged in this way to help care for themselves, these patients have struggled to function in communities that often seemed as much sources of mental pathology as sites of refuge – especially for those marked as members of minority or immigrant groups.

These broad changes in psychiatric policy and practice describe a generic and highly mobile apparatus of reform that has accompanied movements of political liberalization worldwide since the 1950s. The particularity of the Greek case is a question that has guided psychiatric reform since well before its official inception in 1984; earlier reforms in France, Great Britain, and Italy provided the scale by which Greece's progress since the 1980s could be measured by the EU Court of Auditors. Yet a distinctive story of reform in Greece is told by the academic psychiatrists who run its public institutions. This narrative originates in a brief historical moment when Greek politics and medicine occupied the same progressive path toward health and freedom. It is a tale of alienation and political awakening among doctors during the dictatorship (1967-74) who, afterward, activated their ambition of transforming the state and the way it fulfilled its responsibilities to its most vulnerable citizens.[6] Psychiatric reform appears in this narrative as both a paradigm and an allegory of modernization.

Many newcomers to the psychiatric profession in the 1970s arrived with an investment in the human rights of patients and a commitment to the practice of critical psychiatry originated by their radical counterparts in Great Britain and Italy. Members of this generation – now professors of psychiatry and senior

[5] Madianos 1994; Blue 1991: 335, quoting Mavreas 1987; Davis 2012.

[6] See Madianos 1994 for an authoritative account of Greek psychiatric reform from within the academy. Blue 1991 records a condensed version of this narrative, which the author gathered from senior psychiatrists at four major hospitals in Greece in the late 1980s. I heard it from clinicians at Alexandroupolis as well as the B' University Clinic at Stavroupolis Psychiatric Hospital in Thessaloniki, one of the major clinical engines of reform, where I worked in the summer of 2000.

clinicians at important state clinics – told me they had chosen the psychiatric specialty precisely because this "backward" branch of medicine had the worst reputation for abuses of power. A new "interest in the freedom and rights of the individual", itself partly engendered by the dictatorship, impelled these new specialists toward a radical reform of state care.[7] In the late 1970s, this freshly politicized cohort of doctors put together a number of policy proposals and pilot projects for new psychiatric services targeted to the underserved rural populations of Macedonia and Thrace. These efforts yielded the country's first day hospitals and community mental health centers.[8] They also produced a mass of demographic and clinical data that drove and shaped the establishment of the National Health System in 1983.[9]

For the psychiatric academy in Greece, the first and dominant mode of professional modernization during the process of reform was the production of local psychiatric knowledge, as against the mere translation of psychiatric texts and techniques from elsewhere. This did not, in the beginning, yield a body of biological or clinical knowledge that might constitute a local contribution to the global science of psychiatry. Instead, the professional authority of the Greek cadre of academic psychiatrists was largely invested in their expertise on Greek culture, society, and economy: the field of obstacles, such as stigma and illiteracy, which threatened to impede community-based care. A new humanitarian ethos in the profession denigrated the "old" Greek psychiatry for colluding with these obstacles of custom to produce dependency on state hospitals for the custodial internment of the mentally ill.

This framing of local culture as an obstacle positioned Thrace as a national laboratory of psychiatric reform. The poorest region in mainland Greece, the most rural, the most eastern, and the most "backward", Thrace presented the greatest apparent need for reform. Early experiments in community-based care therefore targeted the region, creating alternative services in the public and the private sectors, years before policy changes transpired at the national level. Its patients and doctors formed the country's first community mental health care network of day hospitals and counseling centers, and the first psychiatry clinic to be established in a general hospital.[10] This was at the General Regional Hospital of

[7] Blue 1991: 339.
[8] Ibid., 332–33.
[9] Ierodiakonou 1983a, 1983b, 1983c; Ierodiakonou with Iakovidis and Bikos 1983; Paraschos 1983.
[10] Blue 1991: 332-3, 350, 371; Ierodiakonou 1983b.

Alexandroupolis, a small facility attached to the medical school of the University of Thrace, where I conducted much of my field research. The inpatient psychiatry clinic was opened in 1978 to treat patients for brief periods of no more than a month, and to support their well-being outside the clinic through regular outpatient supervision. By 1981, in addition to treating residents of the city, the hospital operated mobile units throughout the eastern countryside of Thrace, from Samothraki to Orestiada, providing care to patients in their homes and at rural health centers.

The radical transformation of psychiatric care in Greece – and especially in Thrace, where few psychiatric services had existed prior to reform – demanded not only massive financial investment in training and infrastructure, but also participation and sensitivity on the part of the communities that would host discharged and other outpatients. Programs for raising public awareness about mental illness were thus frequently written into reform legislation. The story of Greek psychiatric reform is, in this sense, also a story of cultural change: of a modernization in values that would locate Greece in the developed rather than the developing world, from an epidemiological point of view. Greek reformers in the early years took as one of their principal obstacles the conservatism of traditional Greek culture and its penchant for stigmatizing and isolating the mentally ill.[11] As a humanitarian project, reform demanded a withdrawal of this traditional culture and the advent in its place of political liberalism – or, as I often heard it called, "rights culture" (*politismós dikaiomáton*) – as the grounds of a superior and global morality. Resistance to this more tolerant morality was commonly attributed to cultural differences between the urban, educated psychiatrists who formed the vanguard of reform, and the rural communities whose most marginal members they treated.

These reformers, in accord with Mediterraneanist anthropologists of an earlier time, contended that a traditional "culture of shame" in Greece disposed patients, especially women, to deny the psychological nature of their medical problems and to express them instead through the unwitting complaints of their bodies.[12] These illnesses, known as conversion disorders, marked the extent to

[11] See Arvaniti et al. 2009 for a study, conducted by members of the psychiatric staff at the hospital clinic in Alexandroupolis, on the persistent problem of stigma toward the mentally ill, even among health workers and medical students at the General Regional University Hospital of Alexandroupolis.

[12] See, for example, Ierodiakonou 1983a, 1983c; and Ierodiakonou with Iakovidis and Bikos 1983. A more recent study on psychological problems presented by Christian and Muslim patients at a primary healthcare clinic in Iasmos, Thrace, conducted in 2000 by psychiatric personnel from the General Hospital of Alexandroupolis, ventures this familiar explanation for the high

which traditional culture resisted modernization. Thus, as chronically ill patients were discharged from state hospitals, the communities into which they assimilated became, themselves, objects of a different kind of reform. At the same time, therapists introduced psychotherapy into individual treatment, forging an explicit link between patients' rights and responsibilities, on the one hand, and psychological (as against somatic) symptoms, on the other – urging clinical distress out of the body and into the discursive domain of therapeutic persuasion.

It is important to note that this discursive domain is not the field of speech in a psychoanalytic sense, where the subject comes to occupy a first-person position from which to claim authorship of desire, and release it from symbolic expression in symptoms. The "discursive" sought by psychiatric reformers belongs, instead, to a liberal model of subjectivity, which confers consciousness, coherence, transparency, and intentionality on the patient. In this model, speech is not the elaborate cipher of a patient's unconscious psychic conflicts; rather, it is the realistic statement of her thoughts and feelings, to which she has more or less open access. In the clinics of Thrace, the relationship between this kind of patient and her psychiatrist bears little resemblance to the psychoanalytic relation. This is partly due to the very limited influence of psychoanalysis on psychiatry there, historically. But the difference is also due to the ascent of a liberal imaginary of the patient as a citizen, endowed with human and civil rights, and the capacity to respect therapeutic agreements.

Patients in Thrace were slow to enter this discursive domain, according to early studies of the new community-based services conducted by Dr. Charalambos Ierodiakonou and his team, the first psychiatrists appointed to the new hospital clinic in Alexandroupolis in the late 1970s.[13] Holding to their rural epidemiological profile, these patients typically presented physical complaints to their nascent psychotherapists, and expected laboratory tests and medications in return. Attempting to dismantle the somatic rubric of these encounters, therapists met only with mistrust and resistance, and they "gradually came to the conclusion that during the first four to five days the patient had to get what he expected, if

rate of somatoform symptoms in this patient population: "Patients in Iasmos consult their GP almost exclusively for somatic reasons, even though a substantial portion of them suffer from mental health problems. Somatization may partly explain why psychological problems as reasons for consultation were so rare. The higher mean score among Moslems on the *somatic complaints* subscale . . . may be explained by the fact that the more traditional, poorly educated groups tend to focus their attention and worries on bodily signs indicative of a medical condition. Poor knowledge of psychological terminology may lead to a somatic, metaphoric way of experiencing, or at least describing, psychological distress" (Androutsopoulou et al. 2002: 292).

[13] Ierodiakonou 1983a, 1983c; Ierodiakonou with Iakovidis and Bikos 1983. See Davis 2012 for a discussion of his research and interventions in Thrace during the 1970s and 1980s. I met and interviewed Charalambos Ierodiakonou at AXEPA, the psychiatry ward of the General Hospital of Thessaloniki, in June 2000.

confidence toward the doctor was to be built".[14] The "main problem" in establishing therapeutic relationships with such patients, then, was to "avoid strengthening somatization" in those early days. Gradually, the "psychogenic" theory of physical illness – explained by therapists and demonstrated by other patients whose health had improved with psychotherapy – would come to be "more acceptable", and subjects would begin to verbalize rather than summarize their mental distress.[15]

In these early negotiations, rural patients reportedly displayed a "lack of initiative" in their treatment, and "dependency" on their therapists. According to psychiatrists working in Thrace, this passive disposition was nurtured by the emphasis in rural Greek society on the institution of the family. Many patients, who remained within the controlling orbit of the family and the "social superego" through which it organized rural life, presented "individuation and maturation" problems.[16] Confronted with their immature passivity, therapists were obliged at first to meet their patients' expectations and take an "active role": to gain patients' trust and cooperation by mobilizing their inclination to submit to authority. Ierodiakonou observed that therapists would need gradually to "withdraw from the active position", without provoking mistrust, and to encourage patients to assume the responsibility for their health that they had been "project[ing]" onto their caretakers.[17]

Studies on community-based care in Thrace through the 1980s document a growth in this sense of responsibility among patients. Many even began taking an active part in the health care network, referring themselves and other patients to the outpatient clinic at the General Regional Hospital of Alexandroupolis. During the first year of community mental health care in Thrace (1980–81), one local treatment team observed a 23 percent increase in the number of patients returning on their own initiative to the outpatient clinic for follow-up care, signifying "an awareness of the need for periodic reevaluation of the patient and his family".[18] During the first three months, the number of patients seeking treatment at the clinic on the advice of other patients increased by 36 percent, and that number more than doubled during the remainder of the first year. These

[14] Ierodiakonou 1983c: 547.
[15] Ibid., 546–47.
[16] Ibid., 549.
[17] Ibid., 548.
[18] Ierodiakonou 1983a: 231; Ierodiakonou with Iakovidis and Bikos 1983: 521.

trends indicated to reformers a "development of trust" toward therapists among the rural population, as well as a "destigmatization" of mental illness itself.[19]

These population metrics, which pervade the Greek psychiatric literature of the 1980s, do not straightforwardly represent a rise in voluntary outpatient care as against involuntary inpatient care. In fact, the total number of psychiatric patients in Thrace who received voluntary *and* involuntary treatment increased during this period. The narrative of reform that mobilizes these numbers to mark a trend toward self-directed patient care obscures the absolute expansion of psychiatric care, whose meaning to that trend is actually quite ambiguous. But it also obscures new forms of patient dependency yielded by the shift from hospital- to community-based care: the transformation of what is known as "hard chronicity" in mental illness, characteristic of custodial institutions, into the "soft chronicity" more typical in outpatient settings.[20] The documented rise in patient responsibility in Thrace thus does not necessarily index therapeutic progress. What it necessarily indexes is the proliferation of relationships between therapists and patients – even through the persistence of forms of pathology, such as conversion disorder, that are poorly suited to self-directed treatment in the community.

Lost People

In the early winter, a few months after Minaver found herself at the hospital, I attended a seminar on post-traumatic stress disorder (PTSD) that Dr. Solomou was giving at the clinic for the residents and staff. Citing the DSM, she presented what she called "new developments" in the psychiatry of trauma. She laid out for us the etiology of PTSD in discrete events of shock, as well as its neurological pathways, its affective and behavioral symptoms, and the preferred methods of psychodynamic and pharmaceutical treatment.

The following week, I met Sofia, a Pontian immigrant in her late fifties, during one of her regular visits to the outpatient clinic.[21] Her junior psychiatrist, Manolis, introduced us, explaining that Sofia had suffered from depression ever since she had fled Chechnya eight years earlier, when the war began. With the

[19] Ierodiakonou with Iakovidis and Bikos 1983: 521.
[20] See Basaglia 1987: 283.
[21] Pontian immigrants from former Soviet states are – at least in the popular imagination – distinguished among new migrant populations in Greece by their Greek ancestry and Greek Orthodox affiliation. Eftihia Voutira, citing a report from the Ministry of Macedonia and Thrace, estimates that 140,000 Soviet Greeks had emigrated to Greece by 1995, when state policy shifted from "welcoming" to "containing" Pontian immigration from the FSU (Voutira 2006: 396, 398). The total number of Pontian immigrants to Greece from the Former Soviet Union was estimated at 160,000 by 2005 (Voutira 2006: 398; Edgar et al. 2004: 111). About one-fifth of them settled in Thrace (Edgar et al. 2004: 111).

patient standing silently beside us, Manolis told me, *she was traumatized by the war, and she hasn't recovered yet.* He arranged for me to meet privately with Sofia after her next appointment at the clinic.

Later that morning, I asked Manolis whether it might be a bad idea for me to meet alone with Sofia. I referred to the seminar on PTSD that he and I had both attended the previous week. If Sofia were suffering from PTSD, I suggested, she might be re-traumatized by my inexpert questions about her experiences during the war and her flight from Chechnya. But Manolis dismissed PTSD, insisting that Sofia's was a straightforward case of depression: *I thought she'd be interesting for you because of her culture, not because of her symptoms*.

And so I met with Sofia. In our session, she was reticent and terse. I gathered that she had agreed to meet with me only to oblige Manolis. *I like him well enough,* she said, *but I really don't think I need a psychiatrist. Talking doesn't help*. Mostly she suffered from migraines, though her pain did not respond to the migraine medication prescribed by a neurologist she had seen early on, before she was referred to psychiatry. The only pills she took now were antidepressants and sedatives, which helped with her arrhythmia. *Sometimes I feel my heart pounding inside my head. My headaches are so intense that I go out of my mind. I go wandering; I don't know what I'm doing. At those moments, I'm drawn to the sea* – an idiom for suicide.

Sofia had spent most of her life in a Greek village near Grozny. Her husband had died young, leaving her to raise their only child alone. *My family didn't give me any support. But I always felt safe in the communist system. The state took care of the people. When I left, the state was breaking down. People were losing their jobs, the buses stopped running, and the violence was just beginning. I saw a lot of things*. Sofia witnessed the Russian army enter Grozny and the masses fleeing in panic. She had come to Thrace because she knew that many Pontii were settling here; it was common knowledge that the state was offering jobs and free land to those who could demonstrate Greek ancestry. But when she arrived, she found nothing but scorn and resentment among the local Greeks. *I never learned modern Greek. In Chechnya, we all spoke Pontic at home and Russian in public. But my language is just one defect [elátoma]. I'm a foreigner here.* She said the local Greeks perceived her not only as a communist – a disastrous affiliation in the wake of the Greek civil war, at least in this notoriously conservative region – but also as a throwback to the "lost people" of Ottoman Greece, tainted by Turkish

rule. *I have no people here, outside the church, which is mostly elderly folk. But I don't have the will to start over again, somewhere else.*

Sofia's somatic symptoms appeared to her psychiatrist as an archaic disguise for the mood disorder from which she was really suffering, caused in some loose sense by the traumas of war. Yet what she expressed when she spoke about her distress was not an unassimilated event of shock or violence, as trauma theory would have it, but rather a displacement: a tear in the communal tie of tradition that she had expected to bind her to mainland Greeks, and that should have made a homecoming out of her devastating migration to Thrace. If her headaches and fugues expressed her rupture from this tradition, they also attached her body to it, acutely and immediately. They attached her likewise to her doctor, to whose authority she continued to submit these symptoms, despite his refusals to acknowledge them. Manolis contended that her depression could be resolved with psychotherapy, if only she could learn to "talk about her experiences", and to accept the difficult task of adjusting to her new environment. To me, he suggested that perhaps Sofia was "projecting" her own discontent onto the local people, who then returned it to her instead of welcoming her into the community.

Body, Mind, Language

At the hospital clinic, Dr. Solomou was the leading proponent of transcultural psychiatry.[22] The year I arrived, the training curriculum she had developed for the new cohort of residents included a textbook on the subject just published by Miltos Livaditis, a colleague with extensive clinical experience in Thrace, who often gave seminars at the hospital. Remarking in his introduction on the unique conjuncture in Thrace of psychiatric reform and the "cultural diversity" of the population, Livaditis locates Greece downwind of a new political and cultural consciousness arising in psychiatry elsewhere:

> One of the factors that determine the quality of mental health services is the cultivation of an anthropological way of thinking among the staff. Our contemporary social context makes it incumbent on everyone involved in mental health services to recognize and accept the particular cultural-ideological identity of the person one is dealing with, and to think carefully about how this

[22] See Mezzich et al. 1996; and Gaines 1992 for comprehensive collections on contemporary transcultural psychiatry and its influence on psychiatric practice internationally.

> can affect his life, his behavior, and the clinical picture he presents… In many societies, especially in North America and the European Union, a rich dialogue on these issues began decades ago, a dialogue that has often been critical of the prevailing ideologies and conditions [of mental health care]. This dialogue has imprinted itself, though only up to a point, on official psychiatric reason and its systems of classifying psychical disorders such as the DSM-IV, which underscores the usefulness of cultural factors in diagnostic and therapeutic procedures. In Greece, these issues are not often discussed.[23]

Livaditis's book, *Culture and Psychiatry*, can be read as an incitement to just such a discussion. The text outlines a psychiatric context for culture, a concept he explicitly borrows from the field of anthropology. Though he draws throughout his text on international scholarship in transcultural psychiatry, citing clinical literature as well as anthropologists from Ruth Benedict to Arthur Kleinman, his views gain their most distinctive authority from his clinical experience with minority cultures in Thrace: Turkish, Pomaki, Gypsy, and Pontian.[24] He devotes considerable attention to patients from these "sociocentric" communities – those characterized by hierarchical social and family ties, by "referential/relational selfhood", and by the indirect expression of personal experiences and emotions.[25] In his view, patients from these cultures require a conceptualization of responsibility that is invested in the group rather than in individual subjects. He thus advises psychiatrists to orient therapy with such patients toward interpersonal relations and family dynamics, rather than toward individual "self-knowledge" and "self-governance".

In these reflections on cultural difference in clinical encounters, Livaditis keeps to the cross-cultural approach outlined in the DSM-IV. After the first nine hundred or so pages, the text presents Appendix I, a glossary of culture-bound syndromes associated with mental pathology or dysfunction in non-Western

[23] Livaditis 2003: 14–15.
[24] Ibid., 14.
[25] These indices reappear in a study, coauthored by Miltos Livaditis, on Christian and Muslim patients seeking primary health care at a rural clinic in Iasmos, Thrace (about 70 kilometers from Alexandroupolis): "The area is characterized by a high degree of traditionality, i.e., strong family and community bonds, well defined, long-standing social roles and responsibilities, gender-based discrimination with restricted autonomy for women" (Androutsopoulou et al. 2002: 286).

cultures.[26] In the manual, these syndromes are counted as distinct from the local, culturally-mediated expression of standard mental disorders classified in the main text of the DSM, though they might share some symptoms. The glossary of culture-bound syndromes, like the rest of the DSM, aims to be descriptive rather than prescriptive. But since many of the disorders listed here entail conversion symptoms, the glossary can be read as a corrective to the ethnocentrically prescriptive nature of the category, "somatoform disorder", presented in the main text. There, *somatoform* names a class of clinical mental disorders characterized by distress or impairment from physical symptoms not caused by a "general medical condition". This class contains a variety of disorders, such as pain disorder and hypochondriasis, introduced with the caveat: "The symptoms listed in this manual are examples that have been found *most diagnostic* in the United States".[27]

Much work in the medical anthropology of Greece has focused on somatoform symptoms more diagnostic of Greek than American patients.[28] This research has contested the status of somatic symptoms, such as nerves (*névra*) and depressive panic (*stenochória*), as culture-bound syndromes. Instead, these symptoms are presented as cultural idioms of emotional distress attributed, by patients as well as by anthropologists, to restrictive and arduous sociopolitical conditions of life. For the most part, the idioms themselves – including bodily pain, numbness, dizziness, heart palpitations, insomnia, and amnesia – do not differ cross-culturally; what differ are the normative conditions under which patients, typically poor women, put them to use in communicating their distress. The symptoms do not, in this literature, signify a distinctively Greek clinical profile, but rather a standard somatoform symptomatology, expressed in numerous and disparate cultural contexts outside the modern urban West.

Though the concept of somatization was prevalent in Arthur Kleinman's early research on neurasthenia in China,[29] in his later work he describes somatization as an "ethnocentric" term used by Western psychiatrists and anthropologists to describe the bodily expression of mental illness – ethnocentric because the "psychological" symptoms that characterize mental illness in the West

[26] American Psychiatric Association 2000: 897–903. See Charles C. Hughes's critique of the classificatory and terminological assumptions undergirding "culture-bound syndrome" in the (then forthcoming) DSM-IV, and the positioning of its Appendix I as an "afterthought" (Mezzich et al. 1996: 289–307).
[27] American Psychiatric Association 2000: 487; emphasis added.
[28] Blue 1991; Danforth 1989; Dunk 1989; Lock 1989, 1990.
[29] See Kleinman and Kleinman 1985.

are “decidedly uncommon” in the rest of the world, yet occupy pride of place in purportedly international psychiatric nosology.[30] Elsewhere, Kleinman proposes the more complex term “sociosomatic” to describe the somatic mode of symptom formation as “an idiom of interpersonal distress” that reflects patients’ embeddedness in “political and social processes” foregrounding the body.[31] The study of “embodiment” in medical anthropology presaged this departure from the reductive psycho-medical rubric of somatization.[32] Prominent here is the work of Nancy Scheper-Hughes, who locates the “embodiment of distress” in “somatic culture”: that is, culture that “privilege[s]” the body in both phenomenological experience and interpretive meaning, constituting a way of life for many subjugated people whose bodies are inescapably the subject of their labor, the currency of their interpersonal dynamics, and the site of their suffering.[33] From the vantage of this critical medical anthropology, “nerves” are, themselves, an artifact of the psychiatric medicalization of poverty, hunger, and structural inequality.[34]

In their research on the medicalization of Greek immigrant women’s experience in Montreal during the 1980s, Margaret Lock and Pamela Dunk show that a Canadian state policy of multiculturalism had the effect, in medical settings, of ascribing this sort of somatic culture to Greek immigrants. They argue that commonplace tropes of cultural difference – immigrant/host, rural/urban, traditional/modern – facilitated the cultural diagnosis of somatoform disorders such as “nerves” in Greek immigrant women, just as it sanctioned institutional indifference to the gendered anguish of their home lives and the exploitation of their labor.[35]

In his book, Livaditis cautions against such stereotyping of “traditional” social groups and subordinate classes, especially women, in whom somatization is

[30] Kleinman 1988: 14.
[31] Kleinman 1995: 9, 10–11.
[32] See Csordas 1994.
[33] Scheper-Hughes 1992: 185–86.
[34] Ibid., 196; Lock 1993: 142.
[35] Lock 1989; Dunk 1989. I take some distance here from the critique of medicalization proposed by anthropologists of “social suffering,” who seek to address suffering without personalizing it in the psychological individual or pathologizing it in the constructions of biomedical rationality (as, for example, Kleinman [1995: 38, 177] sees the social effects of political violence treated as posttraumatic stress disorder). This critique preserves the distinction between political and medical etiologies so as not to reduce suffering to the institutional discourses of the state (as Veena Das [1995] shows in her work on the Bhopal disaster and other events of social trauma in India; see also Kleinman 1997: 318–19). This antinomy, however, establishes the condition for obfuscating equivalences: mental illness may appear primarily as an index of political crisis, while political crisis takes the social form of mental illness. These equivalences account, in my view, for a tendency in this literature to diagnose medicalization itself as a symptom of structural inequalities and social dysfunction in modern states, rather than viewing mental illness (such as conversion disorder among rural outpatients in Thrace, for example) as a failure of the distinction between political and medical causes and effects.

often viewed by psychiatrists as an index of psychological "primitiveness" or "immaturity".[36] In his discussion of conversion and somatoform disorders,[37] Livaditis presents the consistent finding of a historical decline in "classic hysteria" across Europe, from its heyday at the turn of the nineteenth century to the post-Second World War period, a trend that holds for Greece as well.[38] He observes present-day cross-cultural differences in conversion symptoms, noting that these symptoms usually appear in "modern" societies only among patients with severe psychological problems, while in developing societies they remain available to a broad range of psychologically "healthy" persons. To account for this observation, he reproduces the popular "anthropological" argument that "cultural schemas of meaning" affect both the manifestation and the interpretation of summarized symptoms. He attributes some cross-cultural differences in somatization to the variable social "legitimacy" of "intellectual" vis-à-vis bodily forms of expression. However, he also credits some part of the observed discrepancy to changes or differences in diagnostic proclivities: for example, the historical shift in Western psychiatric nosology from hysteria to mood disorders, and contemporaneous cross-cultural studies that compare depression in the United States to neurasthenia in China.[39]

In an interview conducted during the final weeks of my stay in Alexandroupolis, Dr. Solomou placed this "anthropological" view on somatization into a historical framework of cultural change. Over the course of her 20 years as a therapist in Thrace, she told me, she had observed a general shift in symptomatology, "from the body [*sóma*] to the mind [*nous*]". This was most obvious in neurotic illnesses such as depression, she said, which had replaced conversion disorders in all but a few of her patients. But she had also observed the shift among her schizophrenic patients, who showed a decrease in catatonic symptoms – lack of affect and will, tics, stasis – and a corresponding increase in cognitive symptoms, such as paranoia and delusions. From a public health perspective, she told me, this historical change was unfortunate, since catatonic symptoms were more easily treated with medication, and they elicited less social stigma and better care-giving from family and community members. Solomou

[36] Livaditis 2003: 451–52.
[37] Ibid., 444–64.
[38] Livaditis (2003: 449) cites a longitudinal study in Aegean outpatient clinics that showed a decrease in the rate of hysteria from 6 percent of cases in 1948–50 to 3 percent in 1969–71.
[39] Ibid. Though Livaditis does not cite him directly, this comparison is central to Arthur Kleinman's early work (see Kleinman and Kleinman 1985).

suspected that the prevalence of catatonic over cognitive symptoms in "traditional societies" accounted for the truism in international health research that schizophrenia has a better prognosis in the developing world than in the industrial West – where Greece was, by now, securely located.[40]

Conclusion

Some 20 years into the process of psychiatric reform in Thrace, I sought but failed to find a coherent framework of local beliefs and practices that might make mental illness and healing intelligible outside the medical paradigms of pharmacology and psychotherapy, or the ethical paradigm of personal responsibility promoted in community-based care.[41] What I did find outside those paradigms was conversion symptoms, tracing the receding edge of traditional culture in the clinic. Traditional culture appeared in the diagnostic frame as but residual evidence of a historical change in mental illness that had yet to be completed. But psychiatric reform, as the condition of that change – in which patients learned to collaborate with doctors in their own restoration to health and freedom – at the same time re-animated a traditional moral authority among psychiatrists. Even as they struggled to liberate mental illness from bodies and channel it into speech, therapists in Thrace instrumentalized this authority to enlist patients in the project of personal responsibility, paradoxically putting the submissiveness of their patients to use in cultivating their autonomy from clinical care.

Psychiatric reform has demanded from rural patients a new psychology: a faculty of subjective accountability yielded by their conscious reflection on their illness and their reasoned aspiration to the goal of responsibility. Only symptoms occurring in that subjective space could be addressed by the new forms of psychotherapy and responsible self-care introduced by reform. Yet the body, the surface of that subjective space on which conversion symptoms are written by the psyche, is not a stable entity even within reform discourse. When patients diagnosed with conversion disorder take medication – vitamins, analgesics, antibiotics, anticonvulsants, beta blockers – to treat their bodily symptoms, and

[40] Kleinman comes to a similar, and similarly guarded, conclusion (1988: 48). Corin (2007) cites the finding of the International Pilot Study of Schizophrenia – "that the course and outcome of schizophrenia are more benign in that part of the world [India] than in Western societies" – as a point of departure for analyzing the role of Hindu "myth models" in articulating schizophrenic "limit-experiences" among patients in Chennai (289, 289, 300).

[41] As, for example, Loring Danforth (1989) discusses the worship of Saint Constantine and the dancing-firewalking rituals of the Anastenaria in Macedonia; and as C. Nadia Seremetakis (1991, 1993) treats the mediation of pain and grief in mourning rituals practiced by Inner Maniats.

the medication fails to relieve them, these failures confirm their doctors' suspicions that these symptoms are *erroneously* corporeal expressions of problems that are fundamentally psychological in nature. But in contemporary practice, in Greece as elsewhere, the bio-psychiatric imaginary of neurotransmission and genetic predisposition conceives the body as the true source and site of mental illness – even if it is expressed not in somatic but in cognitive, ideational, affective, or behavioral symptoms. In etiological terms, this bio-psychiatric conception of mental illness is a complex reversal of conversion disorder. The difference consists not in a new prioritization of the biological body, but in a new relationship between that body and language: a transformation of the hysterical body, which converts psychological distress into bodily symptoms, into one for which communication and medication are coefficient means of self-regulation.

When a patient with conversion disorder enters the bio-psychiatric scene in which this reordering of body and language has taken place, her disorder is intelligible only as a cultural archaism.[42] Conversion symptoms gained new legibility in Thrace in terms of the emergent discourse of patient responsibility: it was against the resistance of such "traditional" pathologies that moral and clinical reform could be accomplished, and patients weaned from their apparent dependency on the authority of doctors. Conversion symptoms appeared as refusals to psychologize, and thus to accept responsibility beyond the clinical surface of the body into a more ambiguous moral and cognitive interior communicated through speech. In their fleeting and fragmentary quality of experience, these symptoms eluded reflection; in their displacement to the body, they eluded psychological expression; and in their submission to the authority of doctors, they eluded the personal control of patients.

I take these conversion symptoms as signs of tradition in a different sense: not as regressive refusals of modern psychiatric care, but as summons to an alternative ethics to that of liberal "rights culture" and its moralism of responsibility achieved through reflection and decision. In patients with conversion disorder, tradition undergirds a counter-moralism communicated through the mute symptoms of their bodies. In presenting their pains, their dizziness and numbness, their fugue and amnesia, rural patients put themselves in

[42] See João Biehl's (2005) discussion of the pharmaceuticalization of psychiatric care after deinstitutionalization in Brazil, which has in many cases taken shape in the drastic overmedication of patients as a form of chemical dependency.

a moral relation of dependence on their doctors, recalling them to their traditional responsibility as healers of the biological and social body.

In Thrace, it is rural bodies, affiliated with traditional culture, that have come to assert this dependence. Epidemiologically, the profile of conversion disorders such as Minaver's and Sofia's is shared by rural Greeks, Turks, Pomaks, and Pontii, appearing to many psychiatrists in Thrace as a symbol of their common history – an embodiment not of ethnic, national, linguistic, or religious divisions, but rather of generic conservative tradition, persisting on the margins of national modernization.

Conversion disorders thus evince the mutual entanglement of psychiatry and anthropology in representing tradition and culture in the clinics of Thrace. When it comes to the formation, the presentation, and the treatment of psychiatric symptoms, "traditional culture" is not a domain beyond the clinic that might shed autonomous light on the local experience of mental illness in Thrace. It is, instead, an itinerant and highly adaptable clinical instrument circulating between otherwise disparate institutional spaces and fields of knowledge, enabling vital stakes to be claimed by doctors and patients in their moral contestation over who is responsible for the mentally ill.

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