
Psychoanalysis in India

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The field of repression in normal life is very much wider than is usually believed. Our ideas of morality, crime, punishment, chastity, social duty etc. all owe their motive powers to this source.

Girindrashekhara Bose (1921, p. 151)

Few practitioners in Western psychoanalytic circles are familiar with the interesting saga of the development of psychoanalysis in India. Indeed, many colleagues would be surprised to learn that psychoanalysis began in India very early (circa 1920) in the course of its history and that this happened almost independently of Freud's direct involvement. Such a dramatic advent, however, did not lead to sustained growth and popular acceptance. Indeed, a prolonged period of a marginalized, even moribund, existence followed, though the situation has recently begun showing signs of reversal. There is renewed enthusiasm for the discipline in India, and the participation of Indian psychoanalysts in the meetings of the International Psychoanalytic Association is on the rise.

These ups and downs in the history of Indian psychoanalysis are the topic of this chapter. We provide a brief survey of the nodal points in this narrative and their sociocultural background. We introduce the dramatis personae, highlight the theoretical contributions, and bring the reader up to date with some comments on the

current psychoanalytic interest in India and the people of the Indian diaspora.

GIRINDRASHEKHAR BOSE

Psychoanalysis in India began with the work of Girindrashekhar Bose, a psychiatrist who received his medical degree from Calcutta Medical College in 1910, and his master's degree in experimental psychology from the University of Calcutta in 1917. In 1921 he received the first doctor of science degree in psychology awarded in India, for his thesis entitled "The Concept of Repression." Bose's keen interest in psychiatry was preceded by his interest in hypnotism and magic. He was born in 1887, the youngest of nine children of the *Diwan* (estate manager) of a *Maharaja* in Bihar. His family moved to Calcutta after his father's retirement, where he received his schooling. He married at age 17, which was not unusual for his era, and had two daughters (Sinha 1966). Bose's family life was highly influenced by Hindu philosophy and Indian cultural traditions, including a belief in the supernatural (Kakar 1995, P. Mehta 1997).

By 1914 Bose developed his psychoanalytic ideas almost independently of Freud. Although he had heard of Freud's discoveries soon after he began his psychiatric practice, he had access only to newspaper and lay magazine articles in Western psychoanalysis, as English translations of Freud's works were not available (Sinha 1966). His technique included suggestion, recall of memories, and encouraging associations.

In 1921 Bose published a book entitled *Concept of Repression*. It is a highly interesting treasure trove of ideas. Its main thesis revolves around what Bose called the theory of opposite wishes. According to this theory, no wish exists without a counterpart in the psyche. A wish to hate is always accompanied by a wish to be hated, a wish to love by a wish to be loved, an exhibitionistic wish by a voyeuristic one, and so on. Individually, all wishes are pleasurable. Unpleasure arises only in conflict with its opposite. The mind resolves such conflict by vacillation between the two wishes, by compromise formation, or, most often, by fulfilling one of the wishes. The repressed wish, however, continues to exert its effect. It is at this point that Bose makes a suggestion that

moves his otherwise one-person model to a sophisticated two-person psychology. He declares that the repressed wish

finds satisfaction by the mechanism of identity. It is obvious that the manifest wish and its opposite latent one can not both have satisfaction at one and the same time. The latent wish, which in its manifest form, would exactly correspond to the situation of the object, finds satisfaction by the subject identifying himself with the object. Unless this identification takes place, the object's not apprehended by the psyche of the subject and remains a non-entity as far as the subject is concerned. This identity is the bond of relation between the object and the subject and on it depends the true appreciation of the nature of the object. [Bose 1921, pp. 122-123]

This remarkable passage contains the seeds of ideas regarding projective identification and intersubjectivity long before these concepts were explicitly developed in the West. Given the fact that in any interaction each partner has a subjectivity and is treating the other as an object, Bose's statement that "the aim of all reactions is to bring about a state of identity between the subject and the object" (p. 126) seems to be the unknown precursor of the relational and intersubjective emphasis in North American psychoanalysis.

Bose also gave a unique and original twist to the concept of castration anxiety. He proposed that the castration threat appears convincingly frightening to the oedipal boy not only because of its talion aspect or its narcissistic dimension but also because the wish to be a female already exists in the boy's unconscious. The push factor of castration gets combined with a pull factor of a deep, early maternal identification from which the boy had only reluctantly emerged and that continued to exert its pressure from within. Once again, the sophistication of Bose's thought is striking. Not only did it anticipate the notion of primary femininity proposed some fifty years later by Stoller (1976), it also allowed for a layered model of gender multiplicity that is a far cry from Freud's (1905, 1925) phallogocentric monism.

While these two ideas, namely the theory of the opposite wish and the boy's preoedipal wish to be female, constitute the central contributions of Bose's book, it contains valuable insights regarding many other topics of psychoanalytic interest. These range from poetry to

martyrdom, from travel to jurisprudence, and from religion to the significance of smell in emotional life. Examples include the following. "Death is painful to the ordinary man but even this is sought by a patriot or a martyr who is not necessarily pathological" (p. 54). "The beneficial aspect of exercise is always explained on physiological grounds and the psychological factor is usually lost sight of" (p. 100). "It has been common knowledge that smell has a specially close relationship with feeling and memory. A whiff of perfume would often rouse up long-forgotten memories, cheerful or depressing as the case may be" (p. 163). In a world replete with suicide bombers, fitness fanatics, and vast cosmetic and vestmental paraphernalia to evoke "retro" effects, Bose's observations sound entirely fitting indeed.

Bose also makes useful comments on treatment technique. Note the following: "It is always desirable that analysis be conducted in such a way as to avoid all excessive reactions" (p. 111). A similar attention to tact is evident in Bose's comment that during the activation of intense negative transference, "the patient needs most careful handling and it is best to avoid all further analysis so long as this phase lasts" (p. 111); clearly by "analysis" Bose means "interpretation," since he is not recommending interruption of the treatment. If true, this oscillating stance between "handling" and "analysis" is very much in accord with what, many decades later, Balint (1968) would describe as optimal technique in his book *The Basic Fault* and what Killingmo (1989) would refer to as desirable adjustments in the analyst's interventional attitude with fluctuations in the analysand's level of mental functioning.

Bose's book also comments on dreams, making an astute link between the nightly dreams and real-life writing of a play:

A dramatist, in creating his characters, has to conjure up the cravings of each and thus he gives expression to such wishes. The hero is not the only character through whom repressed desires find vent. Every character in a good drama represents some phase or the other of the author's repressed or latent cravings. So also in dreams. [p. 156]

While expressing a viewpoint that, for the Western world, will be voiced much later by Fairbairn (1952), Bose's perspective on dreams and creativity is hardly in discord with that of Freud. This brings us, full circle, back to the letters the two exchanged with each other.

THE BOSE-FREUD CORRESPONDENCE

Bose began a correspondence with Freud in 1921 and their exchange of letters lasted until 1937. It involved numerous discussions concerning the organizational and theoretical aspects of psychoanalysis (Akhtar 2001, Ramana 1964). Bose expressed his admiration for Freud's discoveries in his initial letter, stating, "Along with my friends and relations I have been a warm admirer of your theories and science" (quoted in Ramana 1964, p. 117). He sent a copy of his book with his initial letter to Freud. Freud responded to Bose in May 1921:

I acknowledge the receipt of your book on "The Concept of Repression" and am glad to testify [as to] the correctness of its principal views and the good sense appearing in it. My surprise was great that Psycho-analysis should have met with so much interest and recognition in your far country. [Quoted in Ramana 1964, p. 117]

Over the next seventeen years, the tone of the correspondence between the two men was polite, with an occasional but clear disagreement around theoretical matters, especially Bose's theory of opposite wishes and his conception of the castration threat. Freud's response to Bose's ideas was mixed, in that while he commended Bose for his insights, he was not convinced of their validity. Along with a letter dated January 31, 1929, Bose sent Freud a series of his papers on various topics, and requested that Freud draw his attention to his paper entitled "The Genesis and Adjustment of the Oedipus Wish." Freud conveyed his thoughts about Bose's ideas in the following statement in a letter dated March 9, 1929: "Your theory of the opposite wish appears to me to stress rather a formal element than a dynamic factor. I still think you underrate the efficiency of the castration fear" (Ramana 1964, p. 125). Bose responded by stating, "I do not deny the importance of the castration threat in European cases; my argument is that the threat owes its efficiency to its connection with the wish to be a female. . . . The desire to be a female is more easily unearthed in Indian male patients than in European ones" (pp. 125-126). Bose further described the relevance of his theory of opposite wishes in explaining various psychic phenomena (i.e., sadism and masochism, exhibitionism and voyeurism).

Freud's feelings toward Bose's ideas are captured well in his letter dated May 12, 1929: "I wonder what the relation of the opposite wish to the phenomena of ambivalence may be" (p. 127). While he seemed to be intrigued by Bose's efforts, he was clearly unprepared to address the cultural specifics of Bose's ideas. In a letter addressed to Bose on December 13, 1931, Freud wrote, in response to receiving an ivory statuette of *Vishnu* (the Preserver of the Universe) for his seventy-fifth birthday from Bose, "As long as I can enjoy life it will recall to my mind the progress of psychoanalysis and the proud conquests¹ it has made in foreign countries" (p. 128). It appears from Freud's comments that he, in some ways similar to some of his European contemporaries, was more interested in a theoretical conquest than in Indian mental life as elaborated by Bose and his colleagues.

Interestingly, Bose, while highly influenced by Freud's theories, had actually created an Indian psychoanalysis with separate, distinct theoretical notions. He was committed to the integration of traditional Indian philosophy with the Western notion of unconscious processes. Bose's letters reflect both a curiosity about Freud and a cautious interpretation of Freud's response to him. In a letter dated January 26, 1922, Bose wrote,

A friend of mine Mr. J. Sen—a celebrated Indian artist and an ardent admirer of yours—has drawn from imagination a pencil sketch which he thinks you ought to look like. I am sending you the original keeping a copy for myself which I would like to compare with your photo when it arrives. Needless to say he has not the slightest information about your features. [Quoted in Ramana 1964, p. 118]

On March 1, 1922, Freud replied, "The imaginative portrait you sent me is very nice indeed, far too nice for the subject. You will soon have occasion to confront it with the photo and see that the artist did not take into account certain racial characters" (pp. 119–121).

Freud and Bose never met, although each extended invitations to the other to visit him in his native country.² Bose's daughter and son-

1. Freud's use of the word *conquests* is telling. Not only does it express his ever-present longing for a "conquistador" (Gay 1988), it also reveals an unfortunate tendency of psychoanalysis to colonize other idioms of thought rather than enter into a mutually enhancing, dialectical relationship with them. Applied psychoanalysis especially needs rectification in this regard.

2. Freud did meet another, world-renowned Indian luminary, namely the Nobel

in-law, however, did meet Freud briefly during their visit to Vienna. Bose, in a letter dated October 4, 1932, wrote, "My daughter had been hearing about you ever since she was a little child and she has written to me a glowing account of her impressions about yourself. I only wish I had the opportunity of conveying my thanks to you personally." Freud responded in letter dated November 8, 1932:

I could not read your kind letter without feelings of embarrassment. In fact, I do not deserve the gratitude of your children owing to the fact that I and my daughter were full in work, my wife and her sister not speaking your language and difficulties in our household making it hard for us to invite them for meals. [Quoted in Ramana 1964, pp. 128–129]

How much of this difficulty in inviting Bose's daughter for a meal emanated from Freud's real problems and how much from inner ambivalence is hard to say. One does wonder about the latter, though, given Freud's mixed reaction to Indians in general and to Bose's theoretical independence from him in particular.

Despite their polite, and sometimes warm, correspondence, several realities in the lives of these two men contributed to their disconnection. It is not that they did not have important similarities. Both enjoyed a privileged economic background. And both worked under the yoke of ethnic oppression (i.e., Viennese anti-Semitism in the case of Freud and British colonization in the case of Bose). Yet their sociopolitical worlds stood in sharp contrast from one another, with Freud identified with European intellectual traditions and Bose with the Indian cultural ethos. Bose's theoretical ideas were tied to Hindu philosophy, whereas Freud's theories sharply questioned religious authority. Moreover, Bose was interested in the cultural specificity of the psychoanalytic idea, while Freud was devoted to formulating a universal theory

Prize-winning poet Rabindranath Tagore. Biswas (2003) has recently provided an account of this encounter (included here as Chapter 3). Freud's reaction was one of strong ambivalence. On the one hand, he said that Tagore "is a wonderful sight, he really looks like we imagined the Lord God looks" (quoted in Goldman 1985, p. 293). On the other hand, in a prejudicial remark, he wrote to Ferenczi a few days later that "my quota of Indians has now been filled for quite a long time" (quoted in Falzeder and Brabant 2000, p. 290).

of the mind. It is not surprising that these differences led to the two men forming a deeply ambivalent relationship.

THE PSYCHOANALYTIC HISTORY IN INDIA

The Origins of Indian Psychoanalysis in Calcutta

Bose founded the Indian Psychoanalytic Society in 1922 and, with the assistance of Ernest Jones, established its affiliation with the International Psychoanalytic Association in the same year. While Bose began conducting informal analyses with members of his Calcutta-based group right away, formal analytic training through the Indian Psychoanalytic Institute did not begin until 1930 (Akhtar 2001, Sinha 1966). The Indian Psychoanalytic Society consisted of fifteen original members, nine of whom were academicians in psychology or philosophy and five of whom served in the medical corps of the Indian Army (Kakar 1995).

The objectives of the Indian Psychoanalytic Society, as outlined by its original members, included the "cultivation and furtherance of the science of psychoanalysis" (Ramana 1964, p. 114) through scientific discussion, creating facilities for work, providing lectures, and translating psychoanalytic works into English. The members of the society were actively involved through the 1940s in meeting these objectives. Two major developments in psychoanalytic practice and discourse were the establishment of Lumbini Park Mental Hospital in 1940, the first inpatient psychotherapy facility in India, and the publication of *Samiksa* (Sanskrit for "analysis") in 1947, the society's official journal in English (Ramana 1964, Sinha 1966). Bose further established psychoanalytic teaching in the undergraduate and postgraduate psychology courses at the University of Calcutta, where he served as the chairman of the Department of Psychology from 1929 to 1949. Postgraduate students and medical students also undertook psychoanalytically informed training at Lumbini Park (Sinha 1966).

Early Indian Psychoanalysts

Several Indian psychiatrists, such as Tarun Sinha and C. V. Ramana, were trained by Bose and H. P. Maity, and became actively involved

in the practice of and training in psychoanalysis. Sinha, Ramana, Mitra, and Desai, in particular, were involved in the publication of *Samiksa*, the structuring of psychoanalytic training, and the running of the Lumbini Park clinic. Following Bose's death in June 1953, S. C. Mitra and Tarun Sinha served successively in the role of president of the Indian Psychoanalytic Society. The society created a school, called *Bodhayana*, in 1949 for children with emotional disturbances. In 1959 Sinha initiated the publication of *Chitta*, a Bengali-language magazine aimed at educating the lay public in psychology and psychoanalysis (Sinha 1966).

The extent to which such initiatives influenced the lay public is unclear, but there is no question that these analysts' efforts created a lively intellectual space for psychoanalytic inquiry in Calcutta. The discourse of Indian psychoanalysts between 1920 and 1950 indicates their concern with the Indian culture, including the adaptive and defensive uses of Hindu mythology in their patients' mental lives, the study of Indian sculptural motifs such as the *lingam* as representing phallic aspects of the oedipal situation, and studies of the Hindu family (Kakar 1994). The writings of Bose and his contemporaries, while certainly influenced by Freud, were unique in that they considered the psychological lives of Indians from the standpoint of appreciation of Indian culture and traditions. In effect, Indians were subjects of inquiry and not exoticized or pathologized objects of examination. The struggle to pursue this form of inquiry into the Indian psyche has continued in contemporary psychoanalysis in India and in Western countries.

The Colonial Context

British colonialism significantly influenced the development of psychoanalysis in India, not to mention the profound impact it had on the Indian psyche at large. Two of the original members of the Indian Psychoanalytic Society, Owen Berkeley-Hill and Claude Dangar Daly, were British army officers. Tragically, both men used psychoanalysis as a vehicle of cultural prejudice and oppression in their studies of the Hindu personality (Hartnack 1987). They displayed an astonishing lack of curiosity in the experiential individuality of their Indian subjects and in the positive aspects of Indian culture. Their work, largely propelled by their wish to maintain the colonizer's superior position, contributed to what P. Mehta (1997) has defined as a "split-self representation"

within the Indian psyche; this consists of the "intrusive dominating foreign British self and the native, submissive, inferior Indian self" (p. 457). Both Berkeley-Hill and Daly published articles in *Samiksa* and the *International Journal of Psycho-Analysis* portraying Indians as inferior and infantile. They even spoke of a need for the British to take the role of enlightened parents for the Indian people. Berkeley-Hill (1921) wrote a paper entitled "The Anal-Erotic Factor in the Religion, Philosophy, and Character of the Hindus," in which he used Jones's (1918) work on anal eroticism as a springboard for describing the modal Hindu character as given to greed and hoarding besides being "insanely short tempered and vindictive" (p. 336). He stated:

No one can deny that as a general rule the Hindus exhibit a disastrous propensity to quarrel, especially in the family circle, and to this trait is added, what is still worse, vindictiveness. Reference has already been made to the miserliness, meanness and pettiness of the Hindus, and as these traits are so well known there is no call to notice them further. . . . The tendency to dictate and to tyrannise is such a notorious trait of all Oriental character that it is not surprising to find it a prominent feature of Hindu character. [p. 336]

Daly, who did not work with a single Indian patient, stated, "In the Hindu, we have a psychology that differs considerably from the European, its equivalent with us being found in pathological cases" (1930, p. 210). In an applied psychoanalytic paper entitled "The Psychology of Revolutionary Tendencies" (1930), he expressed his opinion about the Indian freedom fighters such as Gandhi and Ghosh. He portrayed them as displaying childlike reactions to their overwhelming and pathological love of India, which he said symbolized the oedipal mother. Daly added:

When we realize the nature of the Hindu's unconscious tendencies, we must see how easy it is for the young Hindu to form revolutionary groups They have engraved on their ego an ideal of the mother whose incestual love is denied them, and insatiable unconscious hate of any power that comes between them and their primitive desires. [p. 209]

Having thus "established" Hindu infantilism as the basis of the Indian freedom movement, Daly found it logical to recommend that the British act as parents for them. He even felt that psychoanalysis could help the British adopt and maintain this role:

It is only by a deep study of the psychology and needs of the Indian people, and the application of the knowledge obtained by psychological research, that the British government can hope to continue to rule them to their best advantage in the present, and perhaps guide them to final liberation from their psychological fixations in the future. [p. 197]

What is striking in all this is the utter unawareness of distortions arising from a racist countertransference, confusion of group with individual psychology, and the disregard of actual sociopolitical variables in an oppressed people's rebellion. In all fairness, however, it should be acknowledged that in 1930, when Daly's paper was written, psychoanalysis was too intoxicated by the discovery of the unconscious, and omissions of the sort mentioned above were hardly rare. Yet the prejudicial attitude is difficult to overlook. As a result of it, such writings come across as having more to do with British imperialism and its racist propaganda than with genuine psychoanalytic study. They also reflected the author's defensively contemptuous reaction to the Indian independence movement, which threatened their identities and existence within India.

Despite such prejudices, the British analysts served as links between the Bengali intellectuals of Calcutta and the International Psychoanalytic Association based in London and Vienna. Berkeley-Hill, in particular, was involved in the training of second-generation Indian psychoanalysts, and became the president of the Indian Psychoanalytic Association (1927–1938). And yet, the details of Berkeley-Hill and Daly's relationship with the Indian psychoanalysts remains a bit unclear, which is not surprising given the precarious nature of any open discussion or opposition expressed against analysts' ideas. They represented the ruling class, after all. Their writings on Indians were likely not discussed at any significant length in the meetings of the Indian Psychoanalytic Society. Hartnack (1987) points out that Bose, in an obituary of Berkeley-Hill, wrote that he would be missed by the "mental sufferers" of India, but he did not mention himself or any other sane Indian in this context.³

3. Bose's irony closely resembles Freud's remark regarding the Gestapo. Upon being asked to declare in writing that he was not inconvenienced by the Gestapo in any way, Freud is known to have written that the Gestapo has been good to him, wryly adding that he "can most highly recommend the Gestapo to everyone" (Gay 1988, p. 628).

THE CONTEMPORARY SCENE

Postindependence Psychoanalysis

The gradual decline of psychoanalysis in India, after its independence from the British in 1947, was at least in part related to the extensive poverty, resulting from prolonged colonial rule, the country's partition, and war. Sinha (1966), in his account of the development of psychoanalysis in Calcutta, stated that the major problems in the spread of psychoanalytic ideas were encountered immediately after World War II, in part due to restrictions on food supply and physical mobility. In describing the situation in Bengal, he stated, "Thousands died and many fell victim to mental disorders. There were no arrangements to house them or to treat them with care or medicines" (p. 436). Commenting upon India's partition, he wrote that "refugees started swarming in and around Calcutta and many of them became mentally sick. There was an acute economic crisis in the Society" (p. 437). With the increasing need to attend to these external realities, the physical and emotional resources involved in the practice and teaching of psychoanalysis became even more limited than before.

By the mid-1950s, psychoanalysis, as developed by Bose and the pioneering first and second generations of Indian psychoanalysts, had entirely lost its foothold in academic psychiatry. More unfortunately, there was a demise of originality in psychoanalytic thought specific to Indian mental life. Kakar (1994) noted that the number of Indian analysts (thirty) in 1994 remained more or less unchanged in the previous fifty years.

Several contemporary analysts of Indian and non-Indian descent have speculated on the decline of interest and/or rejection of psychoanalysis in postindependence India (Akhtar 2001, Kakar 1995, P. Mehta 1997, Roland 1988, Sinha 1966). One reason for the ambivalence entailed the anticolonial feelings of the early twentieth century Indian intellectuals, who wished to maintain their distinctly Indian identity. Many of them emphasized spirituality and metaphysics, affirming the Indian identity and even implying superiority over Western materialism (Kakar 1994). The writings of European analysts on the Indian psyche, which lacked a genuine appreciation of Indian culture, further fueled the rejection of psychoanalytic ideas. Indeed, there is

little disagreement on the pervasiveness of colonial and anticolonial intentions in the discourse on Western and Indian psychology (Kakar 1994, P. Mehta 1997). One recent example is Kurtz's (1992) book on the impact of multiple mothering on character formation in India. According to him, a modal Indian child develops easy attachments to other female figures in his environment because the mother-child physical closeness in India is not accompanied by a deep emotional bond between them. Kurtz does not recognize that lack of bonding with the mother does not lead to a movement toward healthy socialization with others. It breaks the heart of the self and results in narcissistic withdrawal, if not schizoid regression. The assertions Kurtz makes appear racist and incredible. He states, "During the period of physical contact, there is not the same sort of attention or mirroring as would be expected in the West to accompany intense physical contact or breast feeding" (p. 100); "healthy, empathic mirroring seems to be entirely absent here" (p. 252). Such assertions appear

contrary to (a) common sense, (b) the instinctive behavior of higher mammalian mothers, (c) Carstairs's observations of numerous Hindu mother-infants dyads, (d) my own informal, though numerous, observations in this regard, (e) Kakar's and Roland's analytic reconstructions, (f) the Hindu myths of profound mother-child love, (g) idiomatic expressions in many Indian languages (e.g., *Aankh ka taara* in Hindi, suggesting that a baby is literally the gleam in the mother's eye), and (h) the portrayal of mother-infant dyads in countless Indian paintings from antiquity to the present. The striking picture presented by Kurtz, of a "disjunction between physical ministrations and emotional attention in Hindu mothering" (p. 51), comes from descriptions by Western anthropologists who have largely witnessed poverty-ridden households. And are the distracting pressures of poverty to be equated with lack of love? [Akhtar 1997a, p. 1017]

It is this sort of attitude that alienated (and, continues to alienate) Indian thinkers and academics from psychoanalysis. Yet another reason for the rejection of psychoanalysis in India had to do with the divergent attitudes toward religion inherent in the Indian and the Freudian psychoanalytic contexts. Western psychoanalysts interpreted religious experience in terms of psychopathology, compensations, and compromise formations (Freud 1927, 1930). Such antireligious sentiment stood in

sharp contrast to the pervasiveness of religious or spiritual practice among Indian analyst and analysands alike. In fact, as Roland (1988) pointed out, many leading contemporary Indian psychiatrists who most vehemently reject psychoanalysis are involved in Indian spiritual practices.

The West–East psychoanalytic discord also arose from the powerful individual and collective orientations of the two societies, respectively. In the West, autonomy and separateness are upheld as ideals to strive for, while in the East, premium is placed upon attachment and interdependence. In the West, the matter of sociological theoretical concern is “optimal distance” (Akhtar 1992a, Escoll 1992, Mahler et al. 1975) and in the East, it is “optimal closeness” (Edward et al. 1981). As a result, the Indian ideal of interdependence on one’s family, especially the mother, gets devalued in classical psychoanalytic models. Freud is known to have said in exasperation to an Indian patient, “Oh, you Indians with your eternal mother complex!” (as quoted in Kakar 1994).⁴ The individual versus collective frameworks have technical implications as well. Western patients, regardless of the intensity of their transferences, almost always “remember” that their analyst is not actually a relative of theirs. Indian patients, in contrast, frequently relate to the analyst as an extended family member or guru who is not only personally involved in the treatment process but is also integral to their actual lives outside the treatment setting (Kakar 1995).

Together these three factors (revolt against colonialism, pervasive involvement of religion in life, and an overall collective bent of psychological experience) led to a gradual decline of psychoanalysis in India. The early tension between psychiatry and psychoanalysis, initiated by Bose himself, became further entrenched with the rise of biological psychiatry throughout the nation, especially because it was less challenging to the Indian cultural beliefs. And yet, small pockets of psychoanalytic interest survived here and there. Actually there is some evidence of a renewed interest in discipline across the nation.

4. One wonders how Freud would respond given an opportunity to reflect upon the contradiction between his exasperation over Indians’ love of their mothers and his own lifelong devotion to his mother, often at the cost of excluding his wife and children during his visits to her (Gay 1988).

Regional Differences in Practice of Psychoanalysis in India

Indians are markedly heterogeneous with respect to geography, race, language, religions, and customs. G. Mehta (1997) has aptly called India a “land of fabulous contrast,” where every river, lake, and mountain is the repository of divine mythologies of the Hindus, Muslims, Christians, Buddhists, Sikhs, Jains, Parsis, and Jews alike. It is a common experience for many Indians who visit a different region of India to feel like foreigners, due to differences in language, food, and customs. The contradictions of India are numerous, and the ability to live with them is encompassed in one’s identity as an Indian. It is not surprising, then, that the practice of psychoanalysis by analysts also has distinct forms in different parts of India.

This began with the migration of several Bengali analysts from Calcutta. Two of the leading psychoanalysts of the Indian Psychoanalytic Society, Desai and Ramana, moved to Bombay and the United States, respectively, between 1934 and 1955. The institute in Calcutta continued to struggle under the heroic leadership of Hironmoy Ghoshal, who recently passed away, and D. N. Nandi. There are younger individuals like Jhuma Basak and Varsha Bhansali who, along with others, continue to strive for the preservation of psychoanalysis in Calcutta. *Samiksa* is still in publication, and the Calcutta analysts are making valiant efforts to learn and grow by participating in International Psychoanalytic Congresses.

A second analytic training institute was established in 1945 in Bombay (now Mumbai), with the leadership of the Italian analyst Emilio Servidio. Bombay also became the home of the Psychoanalytic Therapy and Research Center, and the Indian Council on Mental Health, a psychoanalytically oriented school and college counseling center. While the Calcutta (now Kolkata) analysts identified themselves as classical Freudians, the dominant orientation of the Bombay group is one of object relations, specifically the work of Melanie Klein and Wilfred Bion. This group is represented by Aiveen Bharucha, Manek Bharucha, Sarosh Forbes, and Shailesh Kapadia.⁵ It has held a few collaborative meetings

5. For a complete listing of qualified psychoanalysts in various parts of India, see *Membership Handbook and Roster of the International Psychoanalytic Association* (2003, p. 603).

with their Israeli and Australian colleagues. Some of its members (e.g., Kapadia 1998) have published papers of clinical interest employing notions from ancient Hindu mythology.

The few psychoanalysts that are in New Delhi are a mixed group. Mallika Akbar and Madhu Sarin are clinically devoted, while others, for instance Ashok Nagpal and Ashis Nandy, are mostly academically and sociologically inclined. Sudhir Kakar, the most widely published and internationally known psychoanalyst of India, has moved from New Delhi to Goa. He is largely Eriksonian in orientation, with a strong influence from social sciences. His oeuvre is simply too vast even to list here. Suffice to say that he has published extensively and meaningfully on personality development, sexuality, youth, love relations, Hindu-Muslim conflict, and mysticism within the Indian context (Kakar 1990a,b, 1991a,b, 1993, 1996). After Freud, Kakar is the only analyst throughout the world to receive the highly coveted Goethe Prize; this was bestowed upon him by German Federal President Roman Herzog on March 22, 1998, in the Goethe town of Weimar, Germany.

In Ahmedabad, B. K. Ramanujam, drawing from Freudian theory, has made significant contributions in psychoanalytic work with children and families at the Bhikubhai Manekbhai Institute of Mental Health. It is worth noting that the B. M. Institute provides low-cost psychoanalytically oriented treatment to patients, which has been made possible through the funding of the eminent Sarabhai family (Akhtar 2001, Roland 1988). Two practicing analysts in Ahmedabad, namely M. M. Trivedi and Smita Gouthi, are members of the International Psychoanalytic Association.

Kakar (1995) attributes the strong influence of Klein and Bion's ideas on the work of the Bombay analysts to the high degree of westernization in Bombay. He also suggests that classical models of psychoanalysis tend to be either rejected in their entirety or accepted without critical examination and utility within the Indian context, reflective of the aftermath of colonization. The universalistic bias of many Indian analysts, according to Kakar, is related to patients' reluctance or refusal to seek help through analysis. Kakar's work is likely to parallel the smaller group of analysts and psychoanalytically oriented psychiatrists and psychologists who constitute a middle ground between the classical analysts and the biologically oriented psychiatrists in India. These

individuals, primarily trained in Western countries, are well versed in contemporary psychoanalytic theory, make efforts to understand the Indian psyche in its own right, and modify modes of psychoanalytic therapy to help Indian patients. Consequently, they are defining new professional identities as Indian analysts (Roland 1988).

Moving Beyond the Colonial and Anticolonial Discourse

Psychoanalysis in India continues to be in a formative state. There are several areas of inquiry, specific to the Indian context, that need further psychoanalytic investigation, including the impact of linguistic and religious differences on the shaping of the psyche. There has been a lack of attention directed to issues specific to women, and the role of poverty and other sociopolitical conditions in one's mental life. Furthermore, colonial terminology continues to prevail in the psychoanalytic writings on Indians, by both Indian and non-Indian analysts.

These gaps in Indian psychoanalysis may in part reflect a relative absence of the contributions of intersubjective perspectives, which emphasize the unique constitution of the analyst, patient, and their relationship (Mitchell 1988). In his classic early study on high-caste Hindus, Carstairs (1957), while acknowledging the potential impact of his Scottish background on his role as an interviewer/observer, does not truly elaborate the relevance of this issue in his findings. Similarly, most Indian analysts, in their written works, have not discussed the significance of countertransference in the analytic process. The further examination of the relational aspects of the analytic encounter would be particularly relevant in the Indian context, in light of the limited applicability of a homogenized Western psychoanalysis to the distinct aspects of Indian society.

THE DIASPORA ANALYSTS

Not only did psychiatry become increasingly phenomenological and psychopharmacological in India, Indian psychiatrists living abroad also followed the same path. Few Indian psychiatrists of the diaspora pursued psychoanalytic training. The reasons for this seem varied.

First, Indian physicians have generally come from joint families and, as children, have grown up with a large number of relatives. Such lack of aloneness in childhood, while having immensely salutary effect on personality formation, is not infrequently accompanied by lack of self-reflectiveness, a quality necessary for developing interest in psychoanalysis. Second, the minds of Indian physicians seem to have a split in the "hard" and "soft" aspects that deal respectively with scientific and spiritual and/or artistic matters. The latter aspects either are expressed in personal (and not professional) lives or emerge only during the later phases of life span in the form of meditation and religiosity. This split also precludes interest in psychoanalysis. Third, till recently the American psychoanalytic profession did not act in an encouraging fashion toward Indian psychiatrists and this also resulted in the latter's disinterest in the field. Fourth, the paucity of Indian role models within the psychoanalytic profession might also be a contributing factor here. Finally, the highly expensive requirement of personal analysis in the course of analytic training might also have played a discouraging role. [Akhtar 2002, pp. 1-2]

Fortunately, this trend of Indian psychiatrists avoiding psychoanalysis is reversing. Many are now deciding to obtain psychoanalytic training in the Western countries of their residence. They seem to be following in the footsteps of the few but outstanding Indians who emigrated to England during the 1940s and 1950s and became psychoanalysts. This group includes Masud Khan, Narain Jethmalani, Prakash Bhandari, and Harwant Singh Gill. Arriving in England in 1946, Khan trained in psychoanalysis and rapidly rose through the ranks and became a towering, if controversial, presence on the British psychoanalytic scene. Hobbled by emotional and physical ailments of his own, Khan nonetheless became the associate editor of the *International Journal of Psycho-Analysis* and, at least at the beginning of his career, was a highly sought-after analyst and supervisor. A gifted and prolific writer, Khan published numerous papers, which have been collected in four books (Khan 1974, 1980, 1983, 1988). His contributions, especially his paper on cumulative trauma (1963), his relationship with the great British psychoanalyst Donald Winnicott, and his tragic professional downfall have become a part of psychoanalytic legend (Cooper 1993, Limentani 1992, Sandler 2004). Khan's fame and notoriety aside, British analysis also saw Gill's (1982, 1987, 1988) papers dealing with clinical and developmental issues as well as the principled clinical and didactic contributions of Baljeet Mehra and Kamal Mehra.

Moving across the Atlantic, one encounters eleven practicing analysts of Indian origin in the United States and three in Canada. The former group consists of Salman Akhtar, R. Rao Gogineni, Rajiv Gulati, Shireen Kapodia, Saida Koita, Purnima Mehta, Monisha Nayar, Dwarkanath Rao, Satish Reddy, Bhaskar Sripada, and Dushyant Trivedi. The latter group consists of Jaswant Guzder, Madhusudana Rao Vallabhneni, and Dushyant Yajnik. While most of them have provided outreach services to the Indian community, taught in psychoanalytic institutes, and contributed to psychoanalytic literature, it is Akhtar who has been most prominent in this regard. Among his important contributions are his papers on optimal distance (1992a), pathological optimism and inordinate nostalgia (1996), immigration (1995b, 1999a), forgiveness (2002), and terrorism (1997b, 2003a). These papers, alongside his earlier contributions to the understanding of personality disorders as well as his other contributions, have been gathered in five books (Akhtar 1992b, 1995a, 1999a,b, 2003b).

Besides the United States, England, and Canada, there are three other countries with practicing psychoanalysts of Indian origin. These are France, Germany, and Australia, where Shama Hirdjee and Harbans Nagpal; Tapasi Gupta; Dev Aterya and Shahid Najeeb; respectively, practice.

CONCLUSION

We have offered this wide-ranging survey of the events and dramatis personae in the history of Indian psychoanalysis with three aims in mind. First, we wish to familiarize Western psychoanalysts with a lesser known facet of our field's evolution. Second, we want to remind Indian readers of the remarkably early advent of psychoanalysis in their nation; this is not to kindle maudlin nostalgia but to reopen the mental space that had existed earlier for new imagination and conceptual growth. Finally, our hope is that the cross-currents between psychoanalysis and Indian thought that we have merely mentioned here might become foci of attention from others. We hope that this chapter will stir further psychoanalytic interest in themes that were dear to Bose (ambivalence, early identification with mother, the role of poetry in relieving mental anguish, man's desperate need for his fellow beings, and death's integral relationship with

life) as well as themes that pertain to cross-cultural relativism of psychoanalysis. All this, we think, might lead to a greater cultural elasticity in psychoanalytic theory and technique. In a world with rapidly intermingling demography and cultures, such broadening of psychoanalytic concepts would be indeed welcome.

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