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The Uses of Psychoanalysis in the Treatment of Indian Patients

What happens when not only Vishnu in the form of an ivory statuette, but a complex and culturally rooted theory and practice such as psychoanalysis 'travels'? Can psychoanalytic ideas and practices overcome literal and metaphorical distances, as though they were being carried on Garuda's wings, and remain unchanged?

Clearly, there is a common set of human problems to which psychoanalytic methods can be applied. These include psycho-dynamic universals, such as a child's close relation to the mother or the mother substitute, sibling rivalry or dream-work. Moreover, the techniques of free association and dream interpretation, along with a therapist's intensive focusing on the patient's problems and personality, can be used independently of a patient's cultural background. Such aspects of psychoanalysis, especially when applied by an impressive and obviously also highly intuitive and creative personality such as Girindrasekhar Bose, could be quite effective even in such a cultural setting as Calcutta in the beginning of the twentieth century.

Yet, as the correspondence between Bose and Freud and Bose's own writings on psychoanalytic therapy show, there were also cultural obstacles to the transfer of psychoanalysis. Bengali Hindus' religious notions and practices, family structures, child-rearing practices and gender roles differed considerably from those of Vienna at that time. In addition to all this, culture-specific models of the patient-therapist relationship, philosophical differences such as the notion of the self or subject-object dichotomies, as well as scientific views on the importance of biology contributed to the difficulties in transferring classical psychoanalysis to different sections of Indian society.[1] In short, the statue of Vishnu could perhaps easily travel west, but psychoanalysis travelling east did not remain the same.

As will be shown in this chapter, Bose and some of his colleagues in the Indian Psychoanalytical Society created their own theory and style of psychoanalysis. The pride with which each of them presented his own findings indicates how much they identified with India's cultural past. Since their own culture was not worth much in colonial circles, it had to be elevated and demonstrated to be at least equal to, if not better than, the imposed colonial one. Thus, in a way, the colonial conditions nourished intellectual resistance to Western theories, and the challenge of juxtaposing indigenous cultural elements and Western imports encouraged productivity.

The notion of cultural hybridity does not completely account for the multiple facets of life in colonial India, and it is obvious that there was more to cultural life and mental disorders than colonial oppression. Not all of the vast differences within one culture can be attributed to the colonial impact: beyond the splits and schisms that were created and aggravated by Western hegemony, a multifaceted inner world was also moulded by gender, urban-rural, Hindu-Muslim, religious-secular, caste and class differences. Instead of transferring psychoanalysis as a whole to the Bengali conditions, Bose tried to build bridges between elements that were separated, and he aimed at an integration of these various aspects of Indian inner life. And he did one thing that Freud had obviously not envisioned in his conquistadorial day-dreams: he replaced the famous couch with a deck chair.

A Deck Chair in Lieu of Freud's Couch: The Structure of Bose's Psychoanalytic Practice

Freud's most essential piece of furniture in his practice, his couch, was covered with an oriental rug, which then represented the taste

of the conservative Viennese bourgeoisie. This is the most obvious visual indicator that Freud's therapeutic work was literally woven into the fabric of upper middle class culture of late nineteenth century Vienna. But beyond such an appropriation of oriental design and luxury, Freud's form of interaction with his patients was also intertwined with the cultural particulars of his time and social milieu.

Essential aspects of this culture were the centrality of individualism and a contractual doctor-patient relationship, rigidly structured by clock time and a fixed price for the time spent with the patient, independent of results. The therapist was, moreover, supposed to treat the patient with reserved formality, and to refrain from active interventions or prescriptions, and from letting the patient know details about his or her personal life, thus resembling a blank screen or reflecting mirror. The fact that the patient faced away from the analyst while on the couch made eye contact impossible. The patient could thus withdraw into his or her inner world without processing sensory information other than the experience of the analyst's total intellectual attention.

Whereas Freud went oriental in the decoration of his practice, Bose went occidental. Bose's deck chair literally belonged to another world. This essential piece of equipment in his practice was neither Freudian nor Bengali, but mirrored the foreign origin of this form of therapy. As the name indicates, the deck chair had come with the colonists' ships to India, and it remained a form of relaxation that was not part of the Indian tradition, but an import. With his choice of furniture, Bose's message was obvious: psychoanalysis had no, or only very few, connections to indigenous traditions. Thus, the patients were to a great extent confronted with a theory and a technique that were perceived as foreign. Yet, this was a highly attractive aspect of psychoanalysis. As journal articles and even radio broadcasts in Calcutta in the 1920s and 1930s reveal, there was no doubt an air of modernity, if not avant-gardism, associated with psychoanalysis. A look at the social background of Bose's patients confirms this. Bose's publications indicate that his patients belonged to the richer sections of Bengali society. One may say that in their socio-economic background and their Western orientation they were a mirror image of himself and other members of the Indian Psychoanalytical Society. As sources of

their income Bose mentioned, for example, successful legal practice or ownership of an estate. There were only a few exceptions: Bose mentioned a railway block-signaller and other less well off patients. But it is likely that this patient was an Anglo-Indian, as was often the case in lower railway employment.[2]

With his choice of furniture, however, Bose distanced himself not only from Indian forms of relaxation, but also from an essential element of orthodox Freudian psychoanalysis. His patients could remain in contact with the outer world, see him, and even guess what he thought about their associations. With such a setting, Bose thus established an interpersonal transparency that Freud would not have approved of, if he had known about it. The challenge for Bose was to build bridges between classical psychoanalysis, developed according to the needs and expectations of a socially and culturally very different group in Vienna, and those of the highly divergent expectations of his patients in Calcutta. From this perspective, the setting of Bose's practice symbolized European-style individualism, and not the shared experience of Bengali joint families. Bose followed an important aspect of psychoanalysis by demanding that relatives or accompanying persons had to stay outside his therapeutic practice, while he met with patients individually.

Thereafter the similarities disappeared. If a patient had been to Freud's practice before, he or she would have been surprised when entering Bose's practice. Freud's office was filled with dark and heavy furniture, thick curtains and Persian rugs and packed with close to 3000 antique statuettes—Freud's quiet audience, originating from distant parts of the world and spanning centuries of human existence. The interior of Bose's practice had nothing distracting about it. It was furnished with the most essential pieces of equipment only: a wooden desk and a chair, some bookshelves and that quintessentially colonial deck chair. Thus, instead of accommodating to plush bourgeois European taste, or to indigenous forms of relaxation, Bose made his Bengali patients relax in an Anglo-Indian melange.

As stated, the social background of Bose's patients was comparable with that of Freud's patients, who were in general upper middle class, like the therapists themselves. Yet, there were tremendous differences between Freud's and Bose's patients as far as gender aspects are

concerned. It is impossible to imagine the development of Freud's psychoanalytic theory without the many women he treated. In fact, they constituted the majority of his patients. Bose's psychoanalytical publications, on the other hand, indicate that he had comparatively few female patients. The only psychoanalytic treatment of a woman that he mentioned in some detail was of an elderly lady, and we do not know whether she was Indian or European. In Calcutta, however, the fact that Bengali women would not flock to a psychoanalytic practice was so obvious that Bose and his colleagues never even had to mention this basic difference from the experiences of their Western colleagues. Even in Westernized Bengali Hindu households, women often stayed in the women's quarters of the home. This did not mean that they suffered individually because of these restrictions. In the joint families, women could talk with each other, after lunch was served and the men had gone back to work. In such gatherings sexual matters were also expressed, and tensions found an outlet.[3]

Traditional modes of healing Bengali women or girls remained to a large extent unchanged. If a woman showed symptoms of disorder, she was escorted to attend a *vaid*, or the family guru. As Manisha Roy shows, an attachment to a guru as an informal way of coping with depression or specific problems was and remains common among middle-aged and older Bengali Hindu women. As a result of the guru's advice, an unhappy or suffering woman would go with several family members on a pilgrimage, or stay in a holy place or a shrine until either her symptoms had disappeared or no more improvement could be expected. The idea of individually consulting a strange man with the reputation of a sex doctor was unacceptable for respectable Bengali women at that time. Consequently, the relative absence of Bengali women in the consulting rooms was not an issue at the meetings of the Indian Psychoanalytical Society.[4]

Nonetheless, there was no lack of patients. The total number of persons with psychological problems Bose treated must have come close to one thousand. In his writings, he occasionally mentioned patient No. 802 or 818, and in 1933, even before the out-patient clinic at the Carmichael Medical College and the in-patient institution Lumbini Park Mental Hospital were opened, he claimed to have seen 600 patients.[5] Even if not all of them underwent extensive

psychoanalytic treatment, these numbers indicate that there was a demand for such therapy in and around Calcutta.

An overall view of Bose's descriptions of his patients' symptoms suggests that they suffered from a wide range of disorders. Among the symptoms or complaints that Bose mentioned in his clinical publications were: paranoia, associated with organic physical or conversion symptoms, like sudden onset of incoherent talk, hallucinations and delusions of being watched, persecuted, poisoned, influenced by other's minds; religious megalomania; hysteria; depressions; suicidal tendencies; irritability and violent tendencies; agoraphobia and other anxiety symptoms, such as extreme concern about health, fear of death and insanity; obsessional and compulsive symptoms, such as a compulsion to look at other people's teeth, washing mania, sewing movements and rubbing of fingers. Other disorders that Bose mentioned include disturbances of organic sensations and feelings, such as a regression to childhood behaviour, and insisting on using diapers, feeling like a dog when seeing one, exhaustion, impotence, burning sensations in the head, masturbation, addiction to ganja (preparation of hemp), siddhi (cannabis), alcohol or chloroform, compulsive sexual activities, food faddism, and distribution of money to unknown people.[6] A listing of the symptoms of patients treated at the Lumbini Park Mental Hospital in 1940 and 1941, showed incidence of disorders as follows: anxiety neurosis, 64; dementia praecox, 26; mental deficiency, 20; paranoia, 10 ; neurotic symptoms, 9; depression, 8; epilepsy, 8; obsessional psychoneurosis, 7. At the psychological clinics, Carmichael Medical College, the incidence of mental disorders was: paranoia, 207; conversion hysteria, 90; anxiety hysteria, 46.[7]

What actually happened once a patient decided to come to Bose's practice in 14 Parsibagan Lane? We know that he wore an immaculately white, starched dhoti, and that he enjoyed being addressed as 'Guru Girindrasekhar'. Did the patient encounter Bose in a kind of reserved formality? Was Bose withdrawn, as Freud tended to be with his patients, or was he personable and actively involved? Some answers to these questions can be found in Bose's writings. They reveal that, as a therapist, he was not distant or withdrawn, but instead interacted actively with his patients. Unlike in classical Freudian psychoanalytic

interactions, Bose meticulously wrote down his patients' dream narratives and associations and paid great attention to the original grammatical structures.[8] He also compared this full transcript of the patients' associations with later associations, thereby marking grammatical changes, for example from the passive to the active, or the use of double negatives, as in 'not that I do not love my wife.' The fact that he noted down not only the content, but even the form of what a patient said is indeed unusual in psychoanalysis. From an outsider's perspective, this method might be interpreted both as an identification with Bose's Kayastha background, and as a result of his personal obsessive-compulsive tendencies. However, Bose asserted that by carefully observing and writing down the grammatical structure in which patients' associations were expressed, he was able to make a discovery that could be found in the analysis of almost every patient.

Bose had observed that in the course of analysis symptoms connected with a repressed element in the unconscious would not disappear even when they had been made conscious by analysis and the patient had accepted the interpretation. Concluding that all resistance had not been overcome, Bose said that the nature of the symptoms changed and the free associations of the patient and his fantasies and dreams showed the presence of an unconscious element of the opposite type to that originally unearthed. As the analysis proceeded, the opposite repressed tendency came into the conscious mind and the primary repressed element, which had been made conscious before, lost its significance or sank back into the unconscious level.[9] Bose claimed that in the process of the analysis these alterations would go on and on, but with a decreasing intensity of the opposite tendencies and an increasing frequency of oscillation, until both elements would be conscious and acknowledged by the patient. In Bose's view, it was only then that the symptoms disappeared.

The disadvantage of this procedure was that it was extremely time-consuming. Bose thus tried to induce the see-saw mechanism artificially. For example, he asked a patient to reverse the subject-object relationship in a day-dream or fantasy, by identifying with an object. Thus, the action itself would be kept functionally the same, only subject and object would be reversed.[10] Another approach was

that he would ask a patient to try to imagine the feelings of the object. He strongly emphasized that the mere unearthing of one of the pair of opposite wishes is not enough, but that the active inducement of this see-saw mechanism as a kind of forced association was essential in resolving conflicts.[11] Bose had already described the see-saw mechanism in his doctoral dissertation *On the Concept of Repression* and, in 1935, he proudly stated that he had, independently of Ferenczi and a long time before him, introduced forced fantasies as part of the see-saw mechanism.[12] In his essay, 'A New Theory of Mental Life', Bose further defended his findings: 'An analyst, who takes care to note down the free-associations of his patients, is sure to come across the see-saw mechanism as I have described it. . . . Any situation can be studied from three different standpoints, viz., those of the subject, the object and the act. If the attention of the analyst is directed solely to the act, the see-saw mechanism is likely to-escape observation.[13]

Bose's Psychoanalytic Theory

The theoretical basis of the see-saw mechanism—the theory of opposite wishes—is the core of Bose's psychoanalytic approach. He continued working on this theory from the beginning of his dissertation until the end of his life, and most of his psychoanalytical writings focus around this concept. In the mid-1920s, for example, he developed his own views on the Oedipus complex and on homosexuality from his theory. The most elaborate and complex presentation of his psychoanalytical concepts is the long paper titled 'A New Theory of Mental Life' (1933). The practical implications of the theory of opposite wishes for the therapeutic interaction are described in another essential article, 'Opposite Fantasies in the Release of Repression' (1935).[14]

Since Bose's psychoanalytic theory is based on an entirely different philosophical perspective, or world view, from that of Western thought, it is worthwhile to point to some of the most obvious differences between his and Freud's assumptions underlying their psychoanalytic

theory and practice. These are cyclic versus linear, historical notions, the view of a basic unity of all life instead of a subject–object dichotomy, and the importance of wishes instead of biologically determined drives.

The underlying assumptions of psychoanalysis are based on the dominant Western concepts of causality and linear-progressive development. In traditional psychoanalysis, the focus on the individual's unique life historical dimension and an emphasis on childhood experiences is thus a sine qua non. In line with these views is the notion that present problems are viewed in some kind of causal relationship to one's early traumatic experiences, thus within a linear-progressive flow of time. In order to achieve mental stability and health, the crucial task is thus to reconstruct or unearth, to remember and work through past events and experiences.

This was not the case according to Bose's theory and his treatment. For him, emotional problems do not necessarily have an individual historical dimension. In fact, it is quite revealing that in his theoretical writings and case studies, Bose hardly mentioned either childhood experiences or the linearity and historicity in an individual's development. Nor did he share the view that phylogeny is a recapitulation of ontogeny, although Freud's writings drew heavily on this model. The metaphor Freud used to describe his psychoanalytical technique was that of an archaeologist who digs into an individual instead of a cultural past. Bose, on the other hand, believed that he worked like an engineer who fixes circuits that are not functioning properly.[15] This metaphor reflects his Western education in science as well as his identification with Bengali Hindu traditions of conceptualizing all aspects of life in cyclic contexts.

There was another central aspect of Freudian psychoanalysis that Bose changed according to his experiences with Bengali patients and his philosophical views. Freud's psychoanalytic theory presupposes a subject–object dichotomy, a philosophical concept that has gained ground in Europe since about the fourteenth century and became the mainstream world-view by the end of the nineteenth century. As is well known, Freud arrived at a tripartite view of individual psychological functions: the id, the ego and the super-ego. The psychological implication of this concept is the perception of the individual as being in a state of tension with aspects of his or her inner world,

with other individuals and with external or internalized authorities. Another important thinker of the nineteenth century, Karl Marx, formulated his social theory based on the same philosophical traditions as a struggle between the capitalist and the working class and between mankind and nature.

Such a viewpoint contrasted with prevalent Bengali concepts of that time. As Gyan Prakash points out, in 1911 '. . . the renowned physicist and hero of the Bengali Bhadralok, Jagadish Chandra Bose, addressing a literary conference, argued for the unity of knowledge. Stating that while the West was known to compartmentalise knowledge, the Eastern aim has been the opposite, namely that in the multiplicity of phenomena, we never miss their underlying unity.'[16] Girindrasekhar Bose, too, strove for a unification of all manifestations of life. In fact, he rejected Freud's structural separation of the ego from the id and the super-ego. In 'A New Theory of Mental Life', Bose described his view of the ego as follows: 'It is the average man's "I" that feels the continuity of experience and the strivings of life. It is the great reservoir of all wishes both conscious and unconscious. It includes within itself the Freudian ego, the id and the super-ego, in fact all manifestations of mental life. It harbours within itself contradictory elements that may come into conflict with one another, and still it usually maintains the *unity* that constitutes personality.'[17] Instead of Freud's tripartite segmentation, Bose conceptualized a basic unity and interrelatedness of all that exists. Thus, for him there existed an essential bond or union between subject and object; as a consequence, his notion of the ego was that it is not in conflict with other segments of the individual's psychic structure or with the outside world, but has the potential to merge with other human and non-human beings, nature, the universe.

Based on this, such a holistically viewed subject or ego can identify with objects. Once this union is established, the ego can view the situation either from the standpoint of the subject or from that of the object. Under ideal conditions, the relationship of an individual towards objects, whether these are animate (persons, animals, plants, nature in general) or inanimate, human-made things, is such that the primary ego understands the nature of the objects by developing an attachment towards them, i.e. by realizing a secondary ego. Bose

claimed that with the help of these categories, unpleasant emotions such as fear and hatred can be understood as disturbed relationships between the primary and the secondary ego.

Another problem that resulted from the dichotomy between subject and object in modern psychoanalysis, in Bose's view, was the failure to really understand the mechanisms of projection and introjection. Bose concluded that the projection mechanism had been studied more than the concept of introjection, thus shedding light on the ego and leaving the objects in the dark. In his view, the guiding principle underlying all different types of wishes is the principle of unity. Bose considered all wishes as efforts toward a unification of subject and object; when these efforts are successful, pleasure arises and when they fail, pain results. With this interpretation, Freud's concept of the pleasure principle became superfluous.[18]

To Bose, psychological energies in the form of wishes were essential in human subjective life, not biologically founded instincts or drives. In his view, wishes are central to understanding any kind of human behaviour, whether it is disturbed or not. Not surprisingly, several of his publications deal explicitly with wishes. In his dissertation he had already devoted several chapters to various aspects of wishes. In his speeches given at meetings of the Indian Psychoanalytical Society, it became clear how elaborate his research on wishes had become by 1926. In fact, his schematizations of different kinds and aspects of wishes had by then developed into highly complex designs.[19]

In his most comprehensive theoretical publication, 'A New Theory of Mental Life', Bose presented the most systematic description of his view on wishes. He defined a wish as a 'peculiar psychic process—conscious or unconscious—which precedes or accompanies the tendency of the organism in its effort to change the environment so as to have an adjustment different from the existing one'.[20] Nowhere in his writings did Bose attribute any biological basis to human behaviour. According to the theory of opposite wishes it is neither pain nor pleasure that guides the wish; both of them are by-products. It is the principle of unity that determines the development and the operations of a wish.[21]

The other point of difference in relation to Freudian theory was that in Bose's view resolutions of psychic disorders cannot come about

by sublimation, but by the realization of repressed wishes. According to Bose, wishes should be gratified, as they would otherwise disrupt an individual's balance. It could well be that he maintained this view because it was an integral aspect of Bengali culture. Deborah Bhattacharyya, for example, describes in her book *Pagalami, Ethnopsychiatric Knowledge in Bengal*, the central importance of wishes in the attribution of psychic disturbances. According to Bengali folk knowledge as she reconstructs it, wishes cannot be sublimated, as drives can in Freud's theory.[22]

As mentioned before, according to Bose's theory wishes are also essentially bipolar. Based on this inherent polarity, within each wish the logical tendency arises to strive for a realization of its opposite. As Bose phrased it, 'Every wish that arises in consciousness is accompanied by its opposite which remains in the unconscious. Thus, an active wish is accompanied by an unconscious, passive wish. The wish to strike somebody is accompanied by the unconscious wish to be struck.'[23] Since both wishes cannot be satisfied simultaneously, one of them will become repressed while the other is manifest. This situation can change, with the manifest aspect becoming the repressed, and the repressed the manifest one. Besides vacillating, two kinds of wishes can also block each other in the flow of energies, for example when they are in conflict with each other. Psychoneurosis, according to Bose, is the result of a conflict between repressing and repressed forces, and the essential task of the psychoanalyst is to liberate these repressed elements, for which he applied the see-saw method described above.[24]

The basic oppositions inherent in Bose's notion of wishes are between active and passive, subjective and objective, and ego-fugal and ego-petal kinds of wishes. According to Bose, any given situation is made up of an active impulse that is an effort to modify the environment and a passive impulse that represents the wish to be modified by the environment. Within the daily cycle, sleep, for example, is the assertion of reactive tendencies after active impulses have been fully satisfied in the activities of the day. Within a life cycle an infant who is at first more passive gradually develops active wishes and represses the passive ones, which become prevalent in later years again, until death makes way for rebirth.

The second important distinction, between subjective and objective wishes, implies that nothing exists in isolation, but that everything is interrelated. This has specific social implications. For example, if one subject A strikes an object B, A is able to experience the feeling of being struck. This empathy, however, mostly remains more or less unconscious. Bose illustrated the tendency to unify subject and object with an example from the love story of Radha and Krishna in the Vaishnav literature, where it is said that Radha feels bitterly the absence of Krishna for some time and then imagines herself to be Krishna seeking Radha.[25] He also mentioned a patient who told him that whenever he wanted to bow down before the God Shiva, he became Shiva himself. Interestingly enough, this patient was not only able to identify himself with Shiva, but also with his psychoanalyst: 'Sitting opposite to me during the analytical hour he would often ask me to give him my associations. . . . he felt that the situation was reversed and that he was the doctor and I the patient.'[26] This presupposes a mutuality in the therapeutic process that would not have been approved by Freud. Bose extended this predisposition for empathy also to inanimate objects, pointing out that in disturbed people a reversal of a wish situation even with an inanimate object may occur, and a patient may then say that he became a tree when looking at one. But in regard to this kind of identification, he added that, 'Where the object is inanimate and the wish act is not reversible the opposite counter-wish seldom goes beyond the stage of latency.'[27]

Related to subjective and objective wishes is the third set of oppositions, involving the direction a wish takes in regard to the ego. He gave the example of the wish to make a gift to a person and feel that this person's sufferings are reduced, as typical for ego-fugal interests, for the direction of interest is towards the object. The wish to make a gift and feel that one is kind, however, implies the opposite, for here the direction of interest is towards the ego, i.e. it is ego-petal. Bose pointed out in the discussion of this wish pair that in an ideal wish situation, the interest of the ego should be capable of being directed both ego-fugally and ego-petally, as it is only then that the full implication of the action is understood and appreciated. Bose characterized any wish as a combination of these three oppositions,

and went into great detail describing and symbolizing the different types of wishes. He described a love wish, for example, as an active or passive heterosexual or homosexual wish that is of the objective ego-fugal type, whereas he considered a narcissistic love wish to be of the subjective ego-petal variety.[28]

'The Wish to be Female': Two Case Vignettes

Since Bose valued theoretical constructions and abstractions more than factual or empirical recordings in his publications, his few case descriptions served only as illustrations of a theoretical point and are thus not comprehensive. Another reason for his somewhat vague descriptions of cases is that Bose seemed to have preferred to present and explain cases to students and colleagues orally. The reason for this might have been that he, like Freud, had to be very concerned about the privacy of his patients. The communities from which Bose, like Freud, recruited their patients were comparatively small, and thus each of them felt obliged to blur patients' identities and not to describe their symptoms in too much detail.[29] The following two cases are the most comprehensive ones in Bose's publications. They illustrate the see-saw mechanism and other aspects of Bose's innovative therapeutic work, as well as his views on the formation of gender identity.

Case No. 212

The patient was a 35-year-old man who suffered from what Bose called severe anxiety hysteria.[30] He was in constant fear of loose stool and dysentery. This was connected with his constant apprehension of death as a result of diarrhoea. He was also convinced that his penis had shrivelled up due to a floating kidney. He had married for a second time, as his first wife had died, and one of his major fears was that his second wife might become pregnant. He was also very concerned about losing semen, and he was extremely miserly towards his wife on the one hand and showed tendencies towards lavish spending on the other.

He was so particular about order that whenever he found anything disorganized on Bose's table, he immediately set it right.

The patient's dreams and fantasies revealed concern about maternal labour and identification with women. He dreamt, for example, of passing blood instead of urine, which Bose interpreted as the patient's wish to menstruate and thus be a woman able to be impregnated. Then there were dreams of a doll whose abdomen was getting bigger and bigger until finally it is delivered of a child, or that he was taking a dead child inside a sack to throw it into the water. Other, less obvious pregnancy dreams were that he passed his stool in two or three places inside the room. The stools were slimy and were covered with thin membranes. Based on the patient's associations to this dream, Bose concluded that the idea of a child inside a membranous bag came from a picture the patient had seen in a medical book. The main breakthrough in the therapy came about when the patient recalled a childhood thought from the time when he was about seven years old and a brother was born. The patient then thought that he would have the same problems as his mother in giving birth to a child. Thereafter he gradually came to appreciate the similarity of his symptoms with those of pregnancy and maternal labour, and that he indeed identified with his mother, but had to encounter problems for his obvious lack of a fertile womb. Bose wrote that after an appreciation of his continued identification with his mother, improvement of his symptoms came about. The treatment extended over more than three years; after that, Bose claimed, the patient was completely cured of his symptoms. Bose implied that by identifying so intensely with his mother, the patient had also viewed men from a female perspective. In his view, this explains the close relationship of the wish to be female and homosexual tendencies.[31]

Case No. 441

Bose presented this case at a meeting of the Indian Psychoanalytical Society on 1 October 1930 and later published it under the title 'Opposite Fantasies in the Release of Repression.'[32] The patient was a married Bengali, aged about forty-five years. Bose described him as the owner of an estate in rural Bengal and as being fond of big game

hunting. However, for more than twenty years he had not gone a day without medicine. The patient had a private physician who was constantly at his side, and whom he had brought with him to Calcutta. When he came to see Bose, the patient was practically bedridden and had obsessional thoughts about his heart and liver, which he thought were permanently damaged. He was in constant fear of death and had palpitations and para-aesthetic sensations, symptoms of high blood pressure, sleeplessness and indigestion, and considered himself almost impotent.

In his analysis, Bose could reconstruct that when the patient was thirteen, his servant had masturbated before him and taught him to masturbate. When he was fifteen, a friend told him that this would lead to impotency. At about the same time, a maidservant seduced him. Thereafter, he neither masturbated nor had any more intercourse, until several years later an allopathic doctor prescribed for him a sex therapy with the help of an instructed prostitute to overcome his feelings of weakness and impotence. Thereafter he started another relationship with a maidservant that lasted three years, and they had two daughters together. When his physical condition had somewhat improved, he got married, but had at the same time relationships with other women. All this time, he took medicines that were prescribed for him against sexual weakness. Simultaneously, he could not get rid of the idea that his earlier masturbation and his sexual activities were responsible for damaging his heart, liver and brain, and that these problems would cause an early death. Thus, the patient felt the need to avoid all sex, which, however, conflicted with his marital and extramarital sexual desires.

Bose's interpretation of the patient's conflict was that the disinclination for the male type of sexual enjoyment had a stronger motivation, namely, an unconscious desire to be a female. Since the patient did not accept this interpretation, Bose applied such techniques as induced associations, active imaging and identifying with an object. The patient was, for example, asked to imagine himself as a woman and to try and realize a woman's sexual desires and cravings. Bose assigned this to the patient as a kind of homework, to be done also outside the analytical hours. The patient reacted strongly. He said that when the fantasy gained a grip, a peculiar change came on him.

'He seemed to lose all control over himself. . . . a feeling of depression came as if he had lost something.'[33] After this experience, the patient refused to repeat the fantasy for fear of this depression. Then, Bose asked him to conjure up the female fantasies, while identifying himself with a certain woman who used to be his lover until the patient had abstained from sexual intercourse for fear of death. The patient reported that these fantasies relieved him from his earlier tensions and that he had sexual intercourse with the woman. He later reported that he had also imagined becoming pregnant and having a child by her. These thoughts relieved his tensions so much that he could sleep without any difficulties.

However, after some time, the patient felt that he completely identified with the woman and that his male sexual desires had disappeared. The patient then became seriously concerned once again about the possible destruction of his manhood. Bose then asked him to shift back to male fantasies. Thereafter, the fantasy of being a woman was successfully repeated. When this shifting from male to female fantasies and back again had become somewhat monotonous, Bose asked him to discontinue it and to conjure up in its place all the past incidents in connection with masturbation. This too, turned out to be successful and the patient finally reported that he could enjoy masturbation. After that Bose proposed that he should think of the state he would be in when cured and of the pleasures he would enjoy with different women, which was the patient's ambition. According to Bose, the treatment lasted close to three months with seventy sessions altogether, and resulted in a return of the patient's sexual vigour and a complete disappearance of all symptoms.

Vishnu on Freud's Desk and Freud's Portrait in Bose's Office: The Correspondence between Bose and Freud[34]

The relationship between Bose and Freud, or between Freud and Bose, depending on which perspective one identifies with, was neither a guru-chela relationship, nor one of close friendship, nor even of personal interest in one another, but rather one of great cultural and personal distance.

Freud's first expression towards aspects of Indian culture is recorded by the German writer Bruno Goetz, who studied philosophy and Indology at Vienna University at the beginning of the twentieth century. In 1904, his professor had sent him to Freud, because he was worried about his student's extremely pale physical appearance. Thanks to Freud's fatherly advice to take a bit more food, his symptoms quickly disappeared, and he did not become a patient. But the student visited Freud once again, and on this occasion he enthusiastically told him about a class in which the Bhagavadgita was read. While the young man spoke about his studies, Freud jumped out of his chair, walked back and forth through the room, and then said: 'Careful, youngman careful! . . . do not get beguiled, do not get entangled. . . . The Bhagavadgita is great literature, but it is very deep and t erribly abysmal.' Freud then reminded the Goetz of one of the most famous poems in German literature, 'The Diver', by Friedrich Schiller, which tells of the beauty of the deepest waters, a lure that is eventually fatal for the diver, and continued: 'If you dive without the help of a very sharp mind into the world of the Bhagavadgita where nothing appears to be fixed and everything merges with one another, you will suddenly lose ground. . . . the Indian Nirvana is not nothing, but something that lies beyond all contradictions.'[35] Freud then continued by pointing out that Europeans tend to be enthusiastic about the depth of oriental texts, but do not really understand their meaning, lose their balance, and become mentally displaced or mad. It is interesting that in a later part of the conversation, Freud described himself as 'among other things, a scientist, who is excited by and happy to chase a problem and to slay it, like a hunter his game.'[36]

As a collector, Freud was most of all interested in classical Greek and Roman as well as Egyptian antiquities. In 1921, in a conversation with the Heinrich Gomperz, a professor of art history at the University of Vienna, and a specialist on Indian art, he admitted knowing very little about India: 'In Indian matters, I am unfortunately as ignorant as in philosophical ones, but nothing more can be done to cure that

now.[37] When the Indian Psychoanalytical Society sent Freud a statue of Vishnu along with a Sanskrit poem on the occasion of his seventy-fifth birthday, his letter of thanks, as will be shown below, did not reveal any interest in the cultural symbolism of the gifts. All that Freud did in this respect was to give the statue a special place on his desk, since it was a symbol of his conquest.

On 25 October 1926, Freud met Rabindranath Tagore in Vienna at the latter's request, and, a little while later, Surendranath Dasgupta, a professor of philosophy at Calcutta University visited him.[38] After these meetings, Freud remarked to Ferenczi in a letter dated 13 December 1926 that his 'need of Indians is for the present fully satisfied.'[39] Freud's general attitude not only toward Indian people but toward Indian philosophy remained anything but positive. In this respect, as in many others, he stood in stark contrast to Jung, the Swabian pastor's son, who projected many of his own interests onto Indian cultural traditions until he went to India in 1938.[40]

This attitude appears to have remained stable, for in a letter to Romain Rolland written on 19 January 1930, Freud commented on Rolland's enchantment with Indian culture: 'I shall now try with your guidance to penetrate into the Indian jungle from which until now an uncertain blending of Hellenic love of proportion, Jewish sobriety, and philistine timidity have kept me away. I really ought to have tackled it earlier, for the plants of this soil shouldn't be alien to me; I have dug to certain depths for their roots.'[41] David James Fisher interprets this passage of Freud's letter as follows: 'The joke reveals Freud's feelings of self-denigration, as well as the defensive reassertion of his individuality. As a scientist, a Jew who had mastered pagan cultures, and a cultivated Central European intellectual who passed judgement on artistic creation, Freud was intimidated by the "alien" realm of Indian religiosity. (Besides associating it with the id, perhaps he identified the "Indian jungle" with passivity and femininity.)'[42]

Freud's lack of interest in Indian culture, and his somewhat rude way of interacting with visitors from so far away, continued well into his old age. In a recollection of a conversation that the Bengali linguist Suniti Kumar Chatterji had with Freud in Vienna on 11 June 1935, Chatterji stated that he cited a hymn from the Brahma-Samhita, both in Sanskrit and in English. After listening to these presentations, Freud

remarked gravely, 'So.' Then Chatterji asked Freud more directly: 'I would like to put a straight question to you: What is the real thing, the permanent or abiding thing in existence? What relationship has man's life with that reality, with that permanent object? What is the final conclusion you have arrived at?' In reaction to this question, Freud began to laugh, and said: 'You see, from all that I have thought over this matter, I have found no connection between man's life and some permanent or abiding thing about which you speak. Here, on this earth, with death everything pertaining to man has an end.' But Chatterji was not convinced that Freud really meant it and continued the conversation, citing from the Gita and asking questions about his notion of the ultimate reality, reincarnation, etc., whereupon Freud repeated four times in the course of the conversation that he believed that 'nothing exists after death.' After exactly half an hour, Freud asked Chatterji to leave, because he expected his doctor to come at any time.[43] Chatterji was clearly eager to establish a rapport with Freud, but one defined by his interests, i.e. he had hoped for Freud's appreciation of the beauty and the insights of Sanskrit texts, and for a conversation on essential ontological and metaphysical questions. The Bengali's seemingly boundless intellectual passion stood, however, in stark contrast to Freud's parsimonious structuring of time into abstract, quantitative units.

From Bose's perspective, the distance between him and Freud is evident in an imaginative painting by a family friend that Bose had sent to Freud in 1922, in which Freud looked like a British colonial officer. This amused Freud; as he wrote to Lou Andreas-Salomé: 'Naturally, he makes me look the complete Englishman.'[44] Even though the drawing might have been made by a famous illustrator—Ashis Nandy suggests that it was Jatindra Kumar Sen—such a portrayal reflected that Bose saw Freud as not essentially different from the colonizer.[45]

The correspondence between Bose and Freud not only sheds some light on the personality of both men, but points to central psychoanalytical issues that are to some extent still unresolved today. Freud's reaction to Bose's revisionist concepts was at first a denial of differences, and a focus on the victorious spread of psychoanalysis to a far-off land. When Bose made it clear that his views, for example of

the Oedipus complex, differed from Freud's, and confronted him again with the undeniable differences between the respective backgrounds of their patients, Freud replied in quite an interesting and revealing way.

The exchange began in 1921, when Bose sent Freud his dissertation with an accompanying letter stating that he had been a warm admirer of his theories and science, and that Freud's name had been a household word in Bose's family for the past decade. Freud's reply basically acknowledged this book, the principal views of which he found correct, and stated that he was elated that his concepts had spread to such a distant land and culture. But since Bose's work was not just a copy of Freud's concepts, the correspondence took a different turn. On 31 January 1929, Bose sent Freud thirteen psychoanalytical articles of his, including 'On the Reliability of Psychoanalytical Findings', 'Nature of Wish', 'The Genesis of Homosexuality' and 'The Genesis and Adjustment of the Oedipus Wish'. In the accompanying letter that he sent with these articles, he wrote: 'I would draw your particular attention to my paper on the Oedipus Wish where I have ventured to differ from you in some respects.'[46]

Freud's reactions to these publications were rather ambivalent. He basically defended his own theory against this deviation, but tried to balance his criticism: 'I have read all of your papers. . . . You directed my attention on the Oedipus Wish especially and you were right in doing so. It made a great impression on me. In fact I am not convinced by your arguments. 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. . . . On the other side I never denied the connection of the castration wish and the wish to be a female nor that of the castration fear with the horror of becoming a female. . . . But I confess I am by no means more convinced of the validity of my own assumptions. We have not yet seen through this intricate Oedipus matter. We need more observations.'[47] However, in schoolmaster's style Freud also pointed out a mistake Bose made in one of his articles: 'It is interesting to note that the only mistake I could discover in your popular essays relates to the same points. There you say that Oedipus kills himself after blinding which he never did. In the scientific paper you give the story correctly.'[48]

Bose's answer to Freud dated 11 April 1929 showed not only his self-confidence, but also his awareness of cultural differences. Indeed, he questioned Freud's assumption that his concepts had transcultural validity: 'Of course, I do not expect that you accept offhand my reading of the Oedipus situation. 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 female. The real struggle lies between the desire to be a male and its opposite the desire to be a female. . . . *My Indian patients do not exhibit castration symptoms to such a marked degree as my European cases. The desire to be a female is more easily unearthed in Indian male patients than in European.* . . . The Oedipus mother is very often a combined parental image and this is a fact of great importance. I have reasons to believe that much of the motivation of maternal deity is traceable to this source.'[49]

Although in 1929, when Freud wrote his reply to this letter, he was working on cultural and religious topics, he did not seem to be interested in discussing the representations of patriarchal and matriarchal social structures in the individual, as symbolized by their respective deities. Maternal deities were—unlike the patriarchal figure Moses—never at the centre of Freud's attention. He withdrew more or less from the correspondence by answering in an unusually short letter: 'I am fully impressed by the difference in the castration reaction between Indian and European patients and promise to keep my attention fixed on the problem of the opposite wish which you accentuate.'[50]

One would expect this to be the end of the correspondence, especially in light of Freud's negative attitudes about India. In fact, one can imagine him joking with Jones, or somebody else, in private that he should now work those awful Indian goddesses into his concepts. Sudhir Kakar, for example, mentioned that M.R. Anand told him in a private conversation that Freud had said to an Indian patient who sought him out for consultations, 'Oh, you Indians with your eternal mother complex.'[51] However, the correspondence took yet a different turn, this time at Freud's initiative. On 1 January 1933, after he had received another essay by Bose, probably 'A New Theory of Mental Life', he wrote a long letter to Bose. This letter, compared with the previous ones, was less competitive, almost warm-hearted.

It reveals especially Freud's regrets about his earlier lack of genuine interest in Bose's psychoanalytical work, and contains an honest assessment of his opinion of that work, especially his lack of emphasis on dynamic and biological concepts. Here are some excerpts:

The first letter of this new year goes out to you. I did study the essay you were so kind to send me and am deeply impressed by it. The contradictions within our current psychoanalytic theory are many and deep, and I reproach myself for not having given attention to your ideas before. . . . As regards my own judgement which you ask for, I can only give you first impressions which are of no great value. It needs more time and effort to overcome the feeling of unfamiliarity when confronted with a theory so different from the one professed hitherto and it is not easy to get out of the accustomed ways of thinking. So don't take it amiss when I say the theory of the opposite wishes strikes me as something less dynamic than morphological which could not have been evolved from the study of our pathological material. . . . Nor could I make the concession that the biological viewpoints in our psychology are out of place. But I am not ready yet to stand up for my objections. *I am still bewildered and undecided. I see that we did neglect the fact of the existence of opposite wishes from the three sources of bisexuality (male and female), ambivalence (love-hate) and the opposition of active-passive. These phenomena have to be worked into our system* to make us see what modifications or corrections are necessary and how far we can acquiesce to your ideas.[52]

In his appreciation of Bose's theory, Freud omitted comment upon Bose's important views on subject and object, which form the theoretical foundation of his see-saw mechanism, and therefore misunderstood Bose's concept of ambivalence. But it is obvious that he took Bose much more seriously in this letter than he had before. By reproaching himself for not having given attention to Bose's ideas earlier, Freud, in fact, implied that in the past eleven years of their correspondence he was basically interested in gaining another foothold for psychoanalysis in the world. It is questionable, nonetheless, whether we can consider it to be progress that Freud did not reject Bose's deviating views in a dogmatic way, but expressed an increasingly liberal attitude; for he only considered taking those pieces out of Bose's theory that he could appropriate without having to change anything in his own theory.

However, it seems that Freud's proposal, if it was ever serious,

was never carried out. In the final letter dated 25 October 1937, written not in English like the previous ones, but in German, he mentioned the uncertainty of life inherent in his age, and concluded with a renewal of his conquistadorial wishes: '. . . psychoanalysis is young and will certainly progress uninterruptedly till no doubt can exist about the value of its contribution to the science of psychology.'[53] Shortly thereafter, on 31 October 1937, Anna Freud wrote to Bose a friendly letter, concluding with an expression of her interest in coming to India one day: 'I wish India were not so far away, so that some time I could come and take part in your work there.'[54] Some months later, the Freud family had to emigrate. Freud died in London on 24 September 1939.

The correspondence between Bose and Freud reveals that each of them viewed the other through the stereotypical prism of his own social background. Bose's attitude toward Freud appears to have been influenced by his view of the British who worked in the colonial bureaucracy in India. Characteristic of this attitude is a self-confident insistence on Bengali Hindu differences in relation to European attitudes. This was the view of Europeans with which Bose grew up in his society, so he did not find it difficult to contradict the famous Freud so openly. Just as Bose tended to look at Freud as a representative of the European colonial powers, Freud also tended to look at Bose in terms of a colonial relationship. Basically, Bose was useful to him as an agent to spread knowledge of psychoanalysis. As the correspondence shows, the content of Bose's scientific contributions hardly mattered to him, and Bose's work remained less than marginal to the debates in the International Psychoanalytical Association.

Both Freud and Bose shared the experience of living in a bicultural setting. Freud assimilated as much as possible to German bourgeois culture, but at the same time never denied his Jewish background.[55] Bose was rewarded with high positions in the British Indian academic world, but remained loyal all his life to Bengali Hindu traditions. There were, however, vast differences in the lives and work of the two men. Bose and Freud took their alliances with another, dominant culture in different directions. Despite anti-Semitic discrimination, Freud blended into German-Austrian culture and society to a much greater extent than Bose could with that of the British in India. The specific

conditions of colonial Bengal made Bose conscious of a cultural heritage that was not completely deformed or even destroyed by Muslim and British overlords. The strong nationalistic tendencies of Bose's time, proclaiming that British colonialism in India was in its last phase, also contributed to subjective feelings of cultural identity and a sense of belonging to the majority. Thus, Bose's writings offer examples of the ways in which the colonial situation stimulated anti-colonial cultural resistance in the form of conscious efforts to express and affirm particularistic, culture-specific concepts instead of claims for universality.

Freud, on the other hand, had to accept the situation of minorities who knew that they would never feel like a fish in water unless they assimilated, and thus shook off their specific cultural heritage. Moreover, his social background was that of a family of petty traders from a small town in the margins of the Austrian empire. When Freud was three, his parents moved to Vienna and, they had to live with a growing family of finally eight persons in a tiny rented dwelling in a slum.[56] It remains unclear whether his father had any income except from charity and relatives. As the eldest son, Sigmund Freud had to postpone his marriage until the age of thirty because he had to support his mother and younger siblings. Under such conditions, his quest for cosmopolitan scientific knowledge offered a way of integration into the dominant culture. Through the formulation of transculturally universal laws, he could achieve a feeling of equality, if not socially, then at least ideologically.

The socio-cultural differences between Freud and Bose are also reflected in other aspects of their work. Whereas Freud claimed to have found universally applicable truths, Bose not only refuted this cosmopolitan claim, but explicitly pointed to the specific importance of political aspects in his discussions of psychic disorders. In 1923, at the height of revolutionary political activities in British India, Bose's definition of mental disease, for example, specifically exempted martyrs and patriots: 'If we assert that whatever is against the preservation of [the] individual is a diseased condition, we are confronted with the same type of difficulty. The sense of morality and duty often leads us to self-destructive actions, e.g. the feeling of the patriot or martyr.'[57] In a later speech, in 1931, he made the point in a more

general way: 'The distinction [between normal and abnormal mental states] is more or less an arbitrary one necessitated by the demands of society.'[58] Although Freud included cultural and socio-political aspects in his writings, he did not conceptualize them as radically as Bose did.

Differences between Bose and Freud are most clearly expressed in their perspectives on gender issues. In early Western psychoanalytic writing and practice an explicitly woman's perspective was hardly found. The results of such an asymmetrical perspective among Euro-American psychoanalysts were either the negation of specific aspects of women's psychology, or paternalistic if not misogynistic views, such as the attribution of penis envy or an underdeveloped super-ego to women. Freud's anxious question, 'what do women want?' points to the destabilization of women's social and sexual roles in Western society, and the resulting male fear of women's uncontrollable potential as reflected in hysteria. In opposition to this, the gender-specific evaluations that appeared in Bose's writings included positive identifications with women, such as the idea that men have feminine wishes to bear children.

Bose's philogynistic pronouncements, i.e. the 'wish to be female', the occurrence of castration *wishes* and the absence of castration *fears* among his patients, are obviously rooted in the cultural context of his time and milieu. Bose himself offered a cultural explanation for his findings in his correspondence with Freud when he mentioned that he believed '... that much of the motivation of *maternal deity* is traceable to this source.'[59] Kakar provides a related cultural interpretation on this theme: 'My main argument is that the "hegemonic narrative" of Hindu culture as far as male development is concerned, is neither that of Freud's Oedipus nor of Christianity's Adam. One of the more dominant narratives of this culture is that of Devi the great goddess, especially in her manifold expressions as mother in the inner world of the Hindu son.'[60] How this pantheon of goddesses relates to everyday life and particularly to the 'inner world' of individuals remains, however, an open question.

Other dimensions of gender differences between colonial Bengal and turn of the century Europe included the cult of the motherland in the form of *Bande Mataram*, in contrast to masculine nationalistic

notions, such as the cult of the fatherland. Moreover, the gendered family dynamic differed widely. Bengali men had to experience day after day not only the humiliation of their political and social dependence from the colonial rulers, but also their emotional dependence, especially on their mothers, at home. The result was an unrepressed bond of Bengali men of all age groups with their mothers. The joint family households, which were still predominant in Bose's time, potentially provided women with more power and protection than the bourgeois nuclear families that prevailed in Freud's time in the West. In the latter, girls were dependent on their fathers, and women on their husbands. The first and most famous psychoanalytic case, 'Anna O.', is the classic example of a confined, intelligent woman who first acted out her rebellion against the male-dominated world in hysterical symptoms, and later expressed her anger in feminist social protest and pioneering social work. Bertha Papenheim's almost catatonic passivity in the late nineteenth century turned into remarkable energy after the turn of the century, after she managed to liberate herself from bourgeois women's role models and became a feminist.[61] Her biography is famous, but not unique. In the early twentieth century European women began to participate more actively in public life, while men's roles remained structurally basically the same.

The resulting relationship between social change and gender differed considerably between India and Europe. In India, the changes that came about with colonialism concerned first of all the men who were closest to the colonizers. As a result, Bhadralok men had to adjust to new social roles for which there were hardly any models available, while women's roles changed less abruptly, even in the most Westernized Bengali households.

This does not mean that the women's quarters were completely shielded from the colonial impact. As Milly Cattell, a British governess in the zenana of a rich Bengali joint family, wrote in her memoirs: 'An old Brahmin lady once said to me: (It was just after the Midnapore Bomb Outrage and we had been talking in the Zenana of the Political Unrest in Bengal.) "Ah, Miss Saheb, Angrez (English) and Hindus are like milk and ghee (clarified butter), hard to mix." "Yes, mother, but ghee and milk do mix, don't they?" I replied. . . . Such were the

thoughts which voiced themselves in the Zenana in the soft morning air whilst vegetables were being prepared for the mid-day meal. Silence fell. Then an idle one asked: "But which one will come to the top, English or Hindu, ghee or milk?"'[62]

This example shows that discussions on political issues were not confined to those spaces where men met. But the colonial impact on women remained an indirect one, whereas Bhadralok men were forced—or free, depending on one's interpretation—to move between Bengali and Western culture. Women were in general confined to their quarters, where the changes that came with colonialism were usually heard about, but not experienced directly. Men, on the other hand, oscillated between the female-dominated Bengali private sphere and the public sphere ruled by British men, between spaces attributed to be pure and spaces thought to be contaminated, between indigenous spirituality and cosmopolitan secularism. A wish to be female can thus also be interpreted as a desire not to be tainted by colonialism, to belong to a world imagined to be all Bengali, thus untouched by the stresses and conflicts induced by foreign rulers, or as an imaginary withdrawal into a presumably ahistorical pre-colonial time, where the contemporary demands for change were not an issue.

Recent work of social historians confirms Bose's findings. Sumit Sarkar, for example, finds an oscillation in the behaviour of members of the Bhadralok, including 'a deliberate feminisation as opposed to active masculinity.'[63] Sarkar suggests that this and other behaviour, such as introspection, nostalgia or passivity, can be understood as a reaction to the experience of a blockage that resulted from colonial restrictions: 'The Bhadralok, excluded anyway from the privileged male occupations of military and political command and successful independent entrepreneurship, and relegated to dull and lowly clerical jobs, were perhaps expressing a "muffled defiance".'[64]

Although Bose uncovered a 'wish to be female' among Bengali men, he did not reinforce these tendencies. Instead his psychoanalytic therapy aimed at restoring and strengthening a masculine identity. In fact, in questioning, confronting and besieging authorities, Bose was more radical than Freud, who wrote as the motto of his 'Interpretation of Dreams': 'If I cannot bend what is above, I will move what is below.' This line of thought applies most clearly to Freud's

view on the resolution of the Oedipus complex, which in his opinion requires submission to the father's authority. Bose's view was the opposite. With regard to this central aspect of Freud's theory, Bose wrote in 1924: 'I do not agree with Freud when he says that the Oedipus wishes ultimately succumb to the authority of the super-ego. Quite the reverse is the case. *The super-ego must be conquered.* . . . The Oedipus [conflict] is resolved not by the threat of castration, but by the ability to castrate.'[65] In the course of his life, he obviously altered his position, for in 1945, he wrote: 'My idea is that under normal conditions of development Oedipus wishes are not adjusted by yielding to the castration threat of the superego as has been supposed by Freud but by overcoming the obstruction imposed by the hostile father and mother images and the subject's final *identification* with them.'[66]

As has been pointed out, Bose's relation to his Bengali social environment and Hindu cultural traditions is reflected in other aspects of his theory. He emphasized the unity of all life and matter. As Sudhir Kakar phrases it, there is a 'relational mode of relating with significant others . . . Hindus are constituted of relationships; all affects, needs, and motives are relational and their distresses are disorders of relationships—not only of relationship with their human but also with their natural and cosmic orders.'[67] Freud, on the other hand, tended to conceptualize human beings and all life and matter as in conflict with and alienated from each other. In line with prominent European traditions of the nineteenth century, including Marxism, Freud's individual (ego) is in permanent conflict with itself (the id and super-ego), as well as with other human beings and with nature.

Another important point of deviation between Freud and Bose is clear from their correspondence: the notion of linear progress. Freud criticized Bose for his lack of a 'dynamic perspective' or, in other words, for his disregard for the one-dimensional causal view and the temporal dimension to which Freud adhered. With his focus on Western scientific traditions, such as post-Darwinian thinking, Freud was not interested in the different notions underlying Bose's concept of wishes, its circuits and inherent oppositions, which are equally 'dynamic', but within an entirely different framework.[68]

Confronted with the challenge to explore the 'dark' continents of their time—the unconscious, women, and the non-Western world—Freud focused on the first, admitted his difficulty in theorizing on women, and remained uninterested in an intercultural exchange of his findings that went beyond a confirmation of his own expansionist strivings. Unlike anybody before or after him, Freud enlightened aspects of the unconscious. However, his work on women and on other cultures reflected prominent stereotypes of his time by presupposing that European men are the measure to which all human beings are to be compared. It was not a time when voices of the objects of study could expect to be listened to, except in very narrowly defined ways. Thus, just as Freud was too bound by the social norms of his time to overcome contemporary misogynistic views, he did not question European hegemonic attitudes, and so his psychoanalysis remained Eurocentric. He thus missed the chance to learn from colleagues abroad who were sympathetic to his ideas, and who could have contributed to clarifying the 'dark aspects' in his own theory.

As early as in his first journal article, 'On the Reliability of Psychoanalytic Findings' (1923), Bose had claimed that no psychoanalytical interpretation can be absolutely certain, and that therefore any psychoanalytic theory should be constructed with the utmost care. In this article, he also pointed out that psychoanalysts can at best arrive at probabilistic conclusions, as the elements of their study are not objects of direct observation. Consequently, he warned those psychoanalysts who 'do not hesitate to dogmatise on their findings and regard them as "settled facts" even when the analysis has been of a very cursory nature, . . . to weigh the evidence very carefully before asserting anything definitely.'[69] One of Bose's primary motives for addressing with these questions with such concern seems to have been his experience with racist psychoanalytical interpretations.[70] Perhaps Freud made a conquest by having the psychoanalytic activities of Bose and his circle recognized as being in line with those of the International Psychoanalytic Association. However, as this reconstruction of Bose's work shows, his psychoanalytic theory and practice, based on his cultural background and that of his respective patients, were not truly conquered.

Psychoanalytic Elements in the Work of Other Indian Psychotherapists

There is no doubt that Girindrasekhar Bose was the leader of the Indian Psychoanalytical Society. But it is perhaps revealing that he did not create anything that could be called the Bose or the Calcutta School of Psychoanalysis. He was an individual whose personal radiance mattered at least as much as the application of his psychoanalytic theory. No other Indian psychoanalyst had such an impact on the development of the association, nor was anyone else similarly active as a clinician and or as productive as a writer. In fact, only a few other members of the Indian Psychoanalytical Society practised psychoanalysis before independence. These include D. Satya Nand, Ismael Latif, K.R. Masani and S.K Ahmad, whose work will be presented in this section.

D. Satya Nand

Satya Nand's book, *The Objective Method of Dream Interpretation Derived from Researches in the Oriental Reminiscence State*, was published in Lahore in 1947. Satya Nand, a retired major in the Indian Medical Service, had been in training analysis with Berkeley-Hill between 1934 and 1936. Since both Berkeley-Hill and Satya Nand had been in the IMS, it is likely that they met through their common connection to the military, and not through the Indian Psychoanalytical Society. After independence, in the 1950s, Satya Nand was head of the Department of Psychiatry at the All India Institute of Medical Sciences in New Delhi.[71]

The dedication of his book to his parents, and 'to their boundless faith in the past and future intellectual supremacy of India', reveals Satya Nand's national pride, and an anti-colonial stance that his analyst Berkeley-Hill would not have shared. Satya Nand also explicitly distanced himself from Freud's cultural-religious background: 'Being a Jew, both consciously and unconsciously, he [Freud] believed in primal sin. The prototype of the infant Adam sinned against his Father, the God, and married the woman who came out of himself, a form of incest. The Oedipus idea.'[72] Satya Nand characterized his own work,

on the other hand, as without bias, objective and following strictly the postulates of scientific method.

Satya Nand's pretentious style of writing and of presenting his findings, however, weakens the claim that the book was objective and scientific. He included, for example, oversized dream diagrams, charts and spectra that make the book seem—on first impression—to be an astrologer's handbook. His innovation, which he called an 'oriental method of dream interpretation', was the introduction of a technique of reminiscence, which he called the 'samadhi state'. His technique consisted of asking the patient to concentrate actively and to remember facts related to words and situations depicted in a dream. Over and over the analysand had to associate to elements of one particular dream. After all associations and memories appeared to be collected, Satya Nand introduced his innovation in the therapeutic process: he asked the patient to summarize the dream elements and then compared this summary with the first version. Satya Nand did not communicate the original summary of dream elements to the analysand, nor did he discuss the variation of these two versions. He simply asked the patient to deal with the various dream elements until the latent structure was evident.

The main content of Satya Nand's book consists of two dream analyses that illustrate his method. One example is a dream of a twenty-one-year-old, educated woman who had been married for three years to a wealthy businessman, but remained childless. Satya Nand summarized the results of the dream analysis as follows: her main difficulty was that she remained childless. Her mother-in-law was reported to be persuading the husband to remarry so that he would have children. The dream analysis also revealed that before her marriage, she had been attached to Nehru and his movement and had been keen to propagate socialism among college and school girls. With his method, Satya Nand reconstructed that these early interests had led her to become critical of her husband's business, for he was, as Satya Nand pointed out, a supporter of capitalism. In the course of their marriage she had, however, taken up other interests, and it was only the threat of having to perform her role as a mother that actualized her old political dreams. The possibility of a broken home, however, also worried her, and she did not know what to do.[73]

It is astonishing how much Satya Nand's analysis of just one dream appears to have revealed about the woman's personality and her conflicts. It is also remarkable that Satya Nand did not seem to have tried to give her advice, or influence her overtly in any direction. Thus we do not know what this young woman actually decided to do, or whether she succeeded in doing what she wanted to do.[74]

Satya Nand's book did not create waves, but it was reviewed in international psychoanalytical publications. Anna Freud wrote in the *Psychoanalytic Review* that the author introduces much new material from various sources, but 'one does not get the feeling it is too well assimilated.' Nevertheless the concluding evaluation was positive: 'certainly this volume cannot be ignored by analysts interested in psychoanalytic theory and practice.'[75] In his review of the book in the *International Journal of Psychoanalysis*, Herbert Rosenfeld was more sceptical. He criticized especially Satya Nand's lack of awareness of the significance of resistance, and questioned Satya Nand's claim that he did not influence the patient since he refrained from any interpretation. Rosenfeld concluded: 'It seems to me that the main reason for the author's claim that his method is objective is that he refrains from any interpretation. Objective in this sense would mean entirely subjective from the patient's point of view. But as the analyst puts such pressure on the patient to remember and as he views critically parts of the dream and later on the summary, the end result is of course influenced by the opinion and the attitude of the analyst.'[76]

In many respects, Satya Nand's work is symptomatic of analysts in training who tend to devote all their time and energy to analysing themselves and a few others. His method thus reflects a lack of contact with therapeutic realities and is rather impractical for a full-time psychoanalyst. Nonetheless, although it cannot be considered to be the decisive method of dream analysis, his approach, once stripped of his ideological presentation and his perfectionist claims, might actually be a new therapeutic contribution.

Ismael Latif

Before independence, and before he founded his own psychoanalytic journal, Ismael Latif, then Director of the Child and Youth Guidance

Clinic that was part of the Department of Psychology at the Forman Christian College in Lahore, published some of his case studies in the *Indian Journal of Psychology*. In the 1947 issue of that journal, he presented the case of a twenty-seven-year-old Muslim of a well-to-do family from an agricultural district of the Punjab. The patient's main symptom was a functional inability to play sitar and tabla. Both were instruments that he loved to play, and he considered this handicap to be more serious than other symptoms. These were: headache, mental confusion, loss of attention and memory, insomnia, loss of appetite, general depression and heart palpitations. The patient was pleased to learn that drugs and injections did not form a part of the treatment, as he had for a long time been treated by Western-trained medical doctors and hakims, who had prescribed these.[77]

The patient's associations revealed that he had hated his father and had developed death wishes against him. Latif interpreted the patient's feelings towards the father as Oedipal, especially since the patient felt that his father used to be cruel to the patient's mother. Three months after the worst fight between father and son, which was not resolved, the patient's father died. Thereafter, he suffered from feelings of guilt and regretted not having been reconciled with his father before his death. He became so disturbed that he went to several Muslim theologians, and to Wahabis (members of a puritanical Islamic sect). Finally he joined a group of fakirs, with whom he lived in a graveyard about one hundred miles away from his home, until his brother discovered him there two weeks later.

Concerning the patient's sexual behaviour, Latif mentioned that during his school life, and later, he had freely indulged in auto-erotic, homosexual and heterosexual 'irregularities', as Latif called them. His frequent visits to prostitutes led to a phobia of syphilis. After these bouts of sexual indulgence, usually brief periods of pious devotion and rigid sexual abstinence followed, during which he would conscientiously pray and consider becoming a religious recluse. However, during the periods of sexual abstinence and religious devotion, he was haunted for a day or even longer by a variety of images, such as the first letters of the Urdu alphabet, an inkpot, his sister's nasal passage, a bucket, a book, the number three, the horizon, the passage of his own ear, and ploughing and sowing seeds. The

patient's own interpretation of these thoughts was that these images represented evidence of a diseased brain and incipient insanity. When a hakim did indeed diagnose a nervous debility due to nocturnal emissions, and prescribed the use of a brain tonic and some powders, he panicked, and went from one physician to another.[78]

With the help of free associations, Latif found out that the patient had learnt to play the sitar and tabla against the will of his family, as they associated music with disreputable women singers and dancers. But the patient was so enthusiastic about playing the sitar that he learned to play it extremely well. He spent hours, and at times the whole night, playing the sitar alone in his room. Although he had acquired an impressive proficiency, he never performed in public. After his former tutor visited him and applauded him for his extraordinary skill, the motor inhibitions of his finger started until he was unable to touch the strings of the sitar. Shortly thereafter, his ability to play the tabla also came to an end. The only instrument that he could continue to play was the harmonium, which made Latif believe that it was neither the family's disapproval nor the religious taboo against playing instruments that caused the patient's problems. The inhibition was obviously functional, as the same finger, which in spite of all his efforts could not touch the strings of the sitar, could repeat the same movements on the desk in Latif's consulting room.

Among the patient's free associations to the word sitar were a vulgar street song in which a stringed instrument represents a woman's body, and a vulgar pun in which playing this instrument is synonymous to sex with a Sikh woman. Latif therefore hypothesized that the sitar must represent in the patient's unconscious a female sexual partner. In his view, this also explained the patient's wish for privacy while playing the instrument. Similarly, Latif concluded that the tabla, which the patient learned to play only with mediocre proficiency, represented in the patient's unconscious the buttocks of a boy. Latif claimed that with the patient's insight into the dynamics of the causes for this inhibition, the symptoms disappeared: 'because of the symbolic significance of these instruments to his unconscious, he was sexualised to his very finger tips. Consequently, his ego was forced to renounce this function,

since it represented to him the performance of a forbidden sexual act.'[79]

Like Bose, Latif emphasized the importance of psychoanalytic treatment in the patient's mother tongue. He claimed that in this case, the use of Punjabi proved to be a blessing in that it facilitated the flow of associations on the part of the patient and insight on the part of the therapist.

Indeed, the importance in the psychoanalytic interaction of empathy for the cultural milieu in which a patient grew up and lives, becomes evident when we look at another case vignette by Latif. In 'A Contribution to the Study of Conversion Hysteria', published in the *Indian Journal of Psychology* in 1939, he described four Hindu women patients of different ages, who suffered, among other symptoms, from insomnia, anorexia and a vague apprehension of death, and who wore around their necks amulets they had obtained at a Kali temple. He was obviously not happy about the women's identification with a Hindu deity, since he remarked: 'It was with the greatest difficulty that I succeeded in persuading them to give up the use of wearing the Kali amulet.'[80] One wonders whether he would have dared to persuade the young Muslim in the course of the therapy to distance himself to that extent from his Muslim religious-cultural heritage, which was most likely Latif's own as well. This passage resembles Berkeley-Hill's attempt to convince his British patient not to fall victim to Indian pandits. It also reveals that cultural impositions were found not only in the British colonial context, but also among different sections of Indian society.

In 1953, Latif, then the most active psychoanalyst in the newly founded Republic of Pakistan, started a *Journal of Psychoanalysis* there. However, only four volumes appeared, mainly because he emigrated to Britain, and no one succeeded him in coordinating such activities. Latif's psychoanalytic work in the Punjab would make an interesting study by itself. When he arrived in England in the mid-1950s, he carried with him two big boxes of case material that he had gathered in twenty-two years of work with Indian and Pakistani patients.[81] In a letter to Jones, dated 13 July 1955, written during his trip from Lahore to Britain, he requested help and guidance in establishing a psychoanalytical practice in London.[82]

K.R. Masani

A case study from the Child Guidance Clinic of the Tata School of Sociology, Bombay, described by Anjilvel Matthew, was communicated to him by K.R. Masani.[83] It shows that despite all the cultural differences mentioned in the previous sections of this chapter, there are psychodynamic universals, such as sibling rivalry. Case B No. 5 was an only child until she was about three years old. After the birth of her brother, she began to get spells of vacant staring lasting a few seconds that seemed to be accompanied at times by loss or dimming of consciousness. In the Child Guidance Clinic, where Masani observed her behaviour, he noticed that she carefully selected a male doll out of several male and female dolls and '. . . out of a selection of many bright coloured paints, she chose a dirty dark brown one. . . . She poked the brush in the child's eyes and forcibly thrust the brush against its nose; finally, she took the male doll and put it in a sink and projected a stream of water on to it.' When Masani asked if she loved her baby brother, she shook her head from side to side and gave a look indicating no, and when he asked her what she was doing she replied: I am drowning the baby. This case vignette provides evidence of the psychoanalytical orientation of the psychiatrist Masani, but does not reveal how this girl was actually treated. The girl's problem of sibling rivalry clearly is universal, but perhaps the treatment is not.[84]

S.K. Ahmad

Unsuccessful treatments reveal at least as much about therapeutic procedures as successful ones. Therefore a case that was not a success will be summarized here. S.K. Ahmad, who published this case study in 1947 in the *Indian Journal of Psychology*, described his patient as a widely read student, extremely intelligent and with an impressive knowledge of literature, art and politics, who took part in social activities, but in Ahmad's opinion without real engagement. The patient summarized his problems in one sentence: 'The sleep walking, premonitory dreams, nightmares, anxiety attacks and expectant dread, desperate loneliness and compulsive behaviour all are elements I am made of.' He had read psychoanalytic literature, but proudly challenged the validity of Freudian concepts. At the beginning of the analysis, the patient boasted, for example, that the treatment he was to undergo would decide the future fate of psychoanalysis. Ahmad's analytical procedure included free association, controlled association and dream analysis. But his therapy could not penetrate into the deeper layers of the patient's mind, as the resistance that set a thick fog in between the conscious and the unconscious could not be dissolved. The patient came regularly to the therapeutic sessions at first, but at the end he did not come at all.[85]

The most interesting aspect of this publication is that, in contrast to Bose's or Latif's case descriptions, the therapist could not gain the patient's trust. The relationship consisted mainly of competition and open resistance from the patient. However, unlike Berkeley-Hill's or Latif's patients, these problems did not derive from the different social or cultural backgrounds of patient and analyst. Rather, it was a competition between two highly educated, Westernized men that prohibited the establishment of an unspoken, but nevertheless real hierarchy between psychoanalyst and patient. Perhaps the patient saw through the thin layer of the therapist's Westernization, and for this and possibly other reasons doubted his proficiency.

As the next chapter will show, the issue of cultural identity also came to the surface in Indian psychoanalytical writings about political, social, cultural, philosophical, religious and spiritual issues.

Notes

1. Cf. Sudhir Kakar, 'Psychoanalysis and Non-Western Cultures,' *International Review of Psychoanalysis*, 12 (1985), 441–8.
2. G. Bose, 'Sex and Anxiety,' *Samiksa*, 6 (1952), 191–200, here 200.
3. Manisha Roy, *Bengali Women* (Chicago: University of Chicago Press, 1975).
4. For a description of various non-Western psychotherapeutic treatments, see Sudhir Kakar, *Shamans, Mystics and Doctors: A Psychoanalytic Inquiry into India and Its Healing Traditions* (New York: Knopf, 1982).

5. Bose, 'A New Theory of Mental Life,' *Indian Journal of Psychology*, 8 (1933), 37–157.
6. Bose, 'The Genesis and Adjustment of the Oedipus Wish,' *Samiksa*, 3 (1949), 236–7, 240; 'The Paranoid Ego,' *Samiksa*, 2 (1948); 'Mechanism of Defiance,' *Indian Journal of Psychology*, 20 (1945), 15–30, here 29.
7. Bose, 'Seventh Annual Report on the Working of the Psychological Clinic at the Carmichael Medical College, Belgachia', *Indian Journal of Psychology*, 15 (1940), 92; 'Religion and Mental Disorders,' *Indian Journal of Psychology*, 19 (1944), 193–5, here 193.
8. Bose, 'A New Theory of Mental Life,' p. 87.
9. Ibid., p. 88.
10. Bose to Freud, 31 January 1929, in T.C. Sinha, 'Development of Psychoanalysis in India,' p. 429; 'Opposite Fantasies in the Release of Repression,' *Indian Journal of Psychology*, 10 (1935), 29–41, here 34–5.
11. Ibid., p. 35.
12. Bose, *The Concept of Repression* (Calcutta: G. Bose, 1921), Preface; 'Opposite Fantasies in the Release of Repression,' p. 31.
13. Bose, 'A New Theory of Mental Life,' p. 103.
14. Bose, 'A New Theory of Mental Life'; 'Opposite Fantasies in the Release of Repression'.
15. Bose, 'Analysis of Wish,' *Samiksa*, 6 (1952), 1–11, here10.
16. Gyan Prakash, 'Science between the Lines' in Shahid Amin and Dipesh Chakrabarty (Eds.), *Subaltern Studies IX: Writings on South Asian History and Society* (Delhi: Oxford University Press 1996), p. 78.
17. Bose, 'A New Theory of Mental Life,' p. 154.
18. Bose, 'Analysis of Wish'.
19. Bose, 'A New Theory of Mental Life,' pp. 37–152; 'An Aspect of Freudian Thought,' *Indian Journal of Psychology*, 15 (1940), 97–108; 'Pleasure in Wish,' *Samiksa*, 6 (1952), 53–69.
20. Bose, 'A New Theory of Mental Life,' p. 154.
21. Ibid., p. 156.
22. Ibid., p. 89; Deborah P. Bhattacharyya, *Pagalami: Ethnopsychiatric Knowledge in Bengal* (Syracuse: Maxwell School of Citizenship and Public Affairs, South Asian Series, No. 11, 1986), 140–7.
23. Bose, 'Opposite Fantasies,' pp. 32–3.
24. Bose, 'A New Theory of Mental Life,' p. 101.
25. Bose, 'Ambivalence,' *Indian Journal of Psychology* 13 (1938), 1–11, here 12
26. Ibid.
27. Ibid., p. 12.
28. Bose, 'Pleasure in Wish,' p. 57.

29. Bose, 'A New Theory of Mental Life,' p. 154.
30. Bose, 'Genesis of Homosexuality,' *Samiksa*, 4 (1950), 66–85, here 83–5.
31. Ibid., p. 85.
32. Meeting of the Indian Psychoanalytical Society on 1 October 1930, in 'Report of the Indian Psychoanalytical Society,' *International Journal of Psychoanalysis*, 11 (1930), 354–5; 'Opposite Fantasies.' pp. 36–41.
33. 'Opposite Fantasies,' p. 40.
34. Because Bose made copies of his letters to Freud and carefully kept Freud's letters to him, it is possible to reconstruct aspects of their correspondence. In 1956, at the request of Anna Freud, Bose's widow Indrumati Bose gave the letters to the Freud archives. Thereafter, parts of the correspondence were published by the Indian Psychoanalytical Society, in the *Journal of the American Psychoanalytical Association* and in the *International Journal of Psychoanalysis*. See Indian Psychoanalytical Society, *Bose-Freud Correspondence* (Calcutta: 14 Parsibagan, 1964); C.V. Ramana, 'On the Early History and Development of Psychoanalysis in India,' *Journal of the American Psychoanalytic Association*, 12 (1964), 110–34, here 113–34; and Tarun Chandra Sinha, 'Development of Psychoanalysis in India,' *International Journal of Psychoanalysis*, 47 (1966), 427–39, here 428–39.
35. Bruno Goetz, *Das ist alles, was ich über Freud zu erzählen habe. Erinnerungen an Sigmund Freud* (Berlin:Friedenauer Presse, 1969), pp. 7–8. Translation: C. Hartnack.
36. Ibid., p. 9.
37. A reference to this conversation on 21 January 1921 is in *The Diary of Sigmund Freud 1929–1939. A Record of the Final Decade.* Translated, annotated, with an introduction by Michael Molnar (London: The Hogarth Press, 1992), p. 115.
38. On Tagore's travels in Germany see Dietmar Rothermund (Ed.), *Rabindranath Tagore in Germany* (New Delhi: Max Müller Bhavan, 1962) and Martin Kämpchen, *Rabindranath Tagore and Germany: A Documentation* (Calcutta: Max Müller Bhavan, 1991).
39. Cf. Ernest Jones, *The Life and Work of Sigmund Freud, Vol. 3: The Last Phase 1919–1939* (New York: Basic Books, 1957), p. 128. The original German is: 'Mein Bedarf an Indern ist vorläufig völlig gedeckt.'
40. The sickness he contracted there, of all things diarrhoea, worked like a purgative of Jung's exotic romanticism, for it was in Calcutta that he realized that he had created a dreamlike world of Indian culture.
41. David James Fisher, 'Sigmund Freud and Romain Rolland: The Terrestrial Animal and His Great Oceanic Friend,' *American Imago*, 33 (1976), 1–59, here 38–9.

42. Ibid.
43. Suniti Kumar Chatterji, 'An Interview with Sigmund Freud,' Library of Congress, Sigmund Freud Archive, B52. (In Bengali, also in Suniti Kumar Chatterji, *Pashchimer Yatri: Iurop—Bhraman*, 1935, Calcutta, Second Edition, 1949.)
44. Sigmund Freud to Lou Andreas-Salomé letter dated 13 March 1922, in Ernst Pfeiffer (Ed.), *Sigmund Freud and Lou Andreas-Salomé Letters*, trans. W. Robson-Scott and E. Robson-Scott (New York: Harcourt Brace, Jovanovich, 1972), p. 114.
45. Nandy, *The Savage Freud*, p. 102.
46. Bose to Freud: 31 January 1929: Sinha, 'Development of Psychoanalysis in India,' p. 429; Ramana, 'On the Early History of Psychoanalysis in India,' p. 123.
47. Freud to Bose, 9 March 1929: Sinha, pp. 429–30; Ramana, pp. 124–5.
48. Freud to Bose, 9 March 1929: Sinha, p. 430; Ramana, p. 125.
49. Bose to Freud, 11 April 1929: Sinha, p. 430; Ramana, p. 125.
50. Freud to Bose, 12 May 1929: Sinha, pp. 430–31; Ramana, pp. 125–6.
51. Sudhir Kakar, 'Encounters of the Psychological Kind: Freud, Jung and India,' *The Psychoanalytic Study of Society*, 17 (1994), 268.
52. Freud to Bose, 1 January 1933: Sinha, 431; Ramana, p. 125.
53. Freud to Bose, 25 October 1937: Sinha, p. 431; Ramana, pp. 132–3.
54. Anna Freud to Bose, 31 October 1937: Sinha, p. 431; Ramana, p. 133.
55. For references on Freud's Jewish identity, see Sander L. Gilman, *Race, Class and Gender* (Princeton: Princeton University Press, 1993), footnote 1, pp. 201–204.
56. The Bose family, too, moved from the rural areas to the metropolis, when Girindrasekhar was a young child. However, Bose was said to be born with a silver spoon in his mouth. He was not the eldest in a poor family, but the youngest in a comparatively wealthy one.
57. Bose, 'The Reliability of Psychoanalytic Findings,' *British Journal of Medical Psychology*, 3 (1923), 105–15, here 115.
58. Bose, 'Psychology and Psychiatry,' *Indian Journal of Psychology*, 6 (1931), 143–6, here 144.
59. Bose to Freud, 11 April 1929: Sinha, p. 430.
60. Kakar, 'Erotic Fantasy: The Secret Passion of Radha and Krishna,' *Contributions to Indian Sociology*, 19, 1 (January–June 1985), 75–94, here 91.
61. Bertha Papenheim—the woman called "Anna O." in Freud's case study—travelled widely to uncover the trade in prostitution with Jewish girls from Eastern Europe, organized a hostel for young women, and wrote about various aspects of European feminist cultural heritage.

62. Milly Cattell, *Behind the Purdah. The Lives and Legends of Our Hindu Sisters* (Calcutta & Simla: Thacker, Spink and Co., 1916), p. 35.
63. Sarkar, *Writing Social History*, p. 191.
64. Ibid., p. 202.
65. Bose, 'The Genesis and Adjustment of the Oedipus Wish,' *Samiksa*, 3 (1949), 222–40, here 236–7.
66. Bose, 'The Mechanism of Defiance,' *Indian Journal of Psychology*, 20 (1945), 15–30, here 30.
67. Kakar, *Culture and Psyche: Selected Essays* (Delhi: Oxford University Press, 1997), p. 41.
68. On Freud's reception of and identification with Darwin's work, see Frank Sulloway, *Freud, Biologist of the Mind* (New York: Basic Books, 1979).
69. Bose, 'The Reliability of Psychoanalytic Findings,' p. 113.
70. Ibid., pp. 113, 115.
71. On Satya Nand, see J.S.Neki, 'Psychotherapy in India: Past, Present and Future,' *American Journal of Psychotherapy*, 29 (1975), 92–100, here 96.
72. D. Satya Nand, *The Objective Method of Dream Interpretation* (Lahore: Northern India Printing & Publishing Co., 1947), p. 216.
73. Ibid., p. 136.
74. She could have well been an Indian equivalent of 'Anna O.', the famous 'hysteric young woman' from whom Freud benefited greatly in the development of his psychoanalytic technique.
75. A.N.F., 'Review of "The Objective Method",' *Psychoanalytic Review*, 36 (1949), 211–12, here 212.
76. Herbert Rosenfeld, 'Review of "The Objective Method",' *International Journal of Psychoanalysis*, 29 (1948), 256–7, here 257.
77. Ismael Latif, 'A Contribution to the Study of Conversion Hysteria,' *Indian Journal of Psychology* 14 (1939), 67–74.
78. Ibid., p. 70.
79. Ibid., p. 71.
80. Latif, 'Psychoanalytical Interpretation of Certain Myths,' *Indian Journal of Psychology*, 22 (1947), 98–9, here 99.
81. Cited in Latif to Jones, 13 July 1955, Jones Archive, CLA/F23/02.
82. Ibid.
83. Anjilvel V. Matthew, *Depth Psychology and Education* (Kolhapur: School & College Bookstall, 1944), pp. 47–8. K.R. Masani is not listed as a member of the Indian Psychoanalytical Society. Together with Bose, he was, however, a member of the Mental Health Subcommittee of

the Health Survey and Development Committee. See G. Bose, 'Memorandum of the Problem of Prevention and Treatment of Mental Disorders Submitted to the Medical Relief Advisory Committee of the Health Survey and Development Committee, Government of India,' *Samiksa*, 1 (1947), 312–24, here 312.

84. Matthew, *Depth Psychology and Education*, pp. 47–8.
85. S.K. Ahmad, 'Psychoanalysis of Supernatural Factor in Personality,' *Indian Journal of Psychology*, 22 (1947), 73–85, here 74.