

## Clinical Work and Cultural Imagination

The perennial question of the cross-cultural validity of psychoanalysis actually has two parts: Is psychoanalysis at all possible in a traditional non-Western society with its different family system, religious beliefs and cultural values? Is the mental life of non-Western patients radically different from that of their Western counterparts?

Over the years, in my own talks to diverse audiences in Europe and the United States, the question of trans-cultural validity of psychoanalysis has invariably constituted the core of animated discussion. The sharp increase in scepticism about this particular question has in recent years been correlated with the rise of relativism in the human sciences. Intellectually, the relativistic position owes much of its impetus to Foucault's powerful argument on the rootedness of all thought in history and culture—and in the framework of power relations. Adherents of this perspective are not a priori willing to accept why psychoanalysis, a product of nineteenth-century European bourgeois family and social structure, should be an exception to the general rule of the incapacity of thought to transcend its roots. In this paper, I propose to discuss the issue of the cultural rootedness of psychoanalysis with illustrations from my own clinical practice in India.

Ramnath was a 51-year-old man who owned a grocery shop in the oldest part of the city of Delhi. When he came to see me some eighteen years ago, he was suffering from a number of complaints, though he desired my help for only one of them—an unspecified 'fearfulness'. This anxiety, less than three years old, was a relatively new development. His migraine headaches, on the other hand went back to his adolescence. Ramnath attributed them to an excess of 'wind' in the stomach, which periodically

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rose up and pressed against the veins in his head. Ramnath had always had a nervous stomach. It is now never quite as bad as it was in the months following his marriage some thirty years ago, when it was accompanied by severe stomach cramps and an alarming weight loss. He was first taken to the hospital by his father, where he was X-rayed and tested. Finding nothing wrong with him, the doctors had prescribed a variety of vitamins and tonics which were not of much help. Older family members and friends had then recommended a nearby *ojha*—'sorcerer' is too fierce a translation for this mild-mannered professional of ritual exorcism—who diagnosed his condition as the result of magic practised by an enemy, namely, his newly acquired father-in-law. The rituals to counteract the enemy magic were expensive, as was the yellowish liquid emetic prescribed by the *ojha*, which periodically forced Ramnath to empty his stomach with gasping heaves. In any event, he was fully cured within two months of the *ojha's* treatment, and the cramps and weight loss have not recurred.

Before coming to see me about his 'fearfulness', Ramnath had been treated with drugs by various doctors: by allopaths (as Western-style doctors are called in India) as well as homeopaths, by the *vaidis* of Hindu medicine as well as the *hakims* of the Islamic medical tradition. He had consulted psychiatrists, ingested psychotropic drugs, and submitted to therapy. He had gone through the rituals of two *ojhas* and was thinking of consulting a third who was highly recommended.

His only relief came through the weekly gathering of the local chapter of the Brahmakumari (literally 'Virgins of Brahma') sect which he had recently joined. The communal meditations and singing gave him a feeling of temporary peace and his nights were no longer so restless. Ramnath was puzzled by the persistence of his anxious state and its various symptoms. He had tried to be a good man, he said, according to his *dharma*, which is both the 'right conduct' of his caste and the limits imposed by his own character and predispositions. He had worshipped the gods and attended services in the temple with regularity, even contributing generously toward the consecration of a Krishna idol in his native village in Rajasthan. He did not have any bad habits, he asserted. Tea and cigarettes, yes, but for a couple of years he had abjured even these minor though pleasurable addictions. Yet the anxiety persisted, unremitting and unrelenting.

Since it is culture rather than psyche which is the focus of this presentation, let me essay a cultural—rather than a psycho—analysis of Ramnath's

condition. At first glance, Ramnath's cognitive space in matters of illness and well-being seems incredibly cluttered. Gods and spirits, community and family, food and drink, personal habits and character, all seem to be somehow intimately involved in the maintenance of health. Yet these and other factors such as biological infection, social pollution, and cosmic displeasure, all of which most Hindus would also acknowledge as causes of ill health—only point to the recognition of a person's simultaneous existence in different orders of being; of the person being a body, a psyche and a social being at the same time. Ramnath's experience of his illness may appear alien to Europeans only because, as I have elaborated elsewhere (Kakar, 1982), the body, the psyche, and the community do not possess fixed, immutable meanings across cultures. The concept of the body and the understanding of its processes are not quite the same in India as they are in the West. The Hindu body, portrayed in relevant cultural texts, predominantly in imagery from the vegetable kingdom, is much more intimately connected with the cosmos than the clearly etched Western body which is sharply differentiated from the rest of the objects in the universe. The Hindu body image stresses an unremitting interchange taking place with the environment, simultaneously accompanied by ceaseless change within the body. The psyche—the Hindu 'subtle body'—is not primarily a psychological category in India. It is closer to the ancient Greek meaning of the 'psyche', the source of all vital activities and psychic processes, and considered capable of persisting in its disembodied state after death. Similarly, for many Indians, the community consists not only of living members of the family and the social group but also of ancestral and other spirits as well as the gods and goddesses who populate the Hindu cosmos. An Indian is inclined to believe that his or her illness can reflect a disturbance in any one of these orders of being, while the symptoms may also be manifested in the other orders. If a treatment, say, in the bodily order fails, one is quite prepared to reassign the cause of the illness to a different order and undergo its particular curing regimen—prayers or exorcisms, for instance—without losing regard for other methods of treatment.

The involvement of all orders of being in health and illness means that an Indian is generally inclined to seek more than one cause for illness in especially intractable cases. An Indian tends to view these causes as complementary rather than exclusive and arranges them in a hierarchical order by identifying an immediate cause as well as others that are more

remote. The causes are arranged in concentric circles, with the outer circle including all the inner ones.

To continue with our example: Ramnath had suffered migraine headaches since his adolescence. Doctors of traditional Hindu medicine, Ayurveda, had diagnosed the cause as a humoral disequilibrium—an excess of 'wind' in the stomach which periodically rose up and pressed against the veins in his head—and prescribed Ayurvedic drugs, dietary restrictions as well as liberal doses of aspirin. Such a disequilibrium is usually felt to be compounded by bad habits which, in turn, demand changes in personal conduct. When an illness like Ramnath's persists, its stubborn intensity will be linked with his unfavourable astrological conditions, requiring palliative measures such as a round of prayers (*pūja*). The astrological 'fault' probably will be further traced back to the bad karma of a previous birth about which, finally, nothing can be done—except, perhaps, the cultivation of a stoic endurance with the help of the weekly meetings of the Virgins of Brahma sect.

I saw Ramnath thrice a week in psychoanalytic therapy for twenty-one sessions before he decided to terminate the treatment. At the time, although acutely aware of my deficiencies as a novice, I had placed the blame for the failure of the therapy on the patient or, to be more exact, on the cultural factors involved in his decision. Some of these were obvious. Ramnath had slotted me into a place normally reserved for a personal guru. From the beginning, he envisioned not a contractual doctor–patient relationship but a much more intimate guru–disciple bond that would allow him to abdicate responsibility for his life. He was increasingly dismayed that a psychoanalyst did not dispense wise counsel but expected the client to talk, that I wanted to follow his lead rather than impose my own views or directions on the course of our sessions. My behaviour also went against the guru model which demands that the therapist demonstrate his compassion, interest, warmth and responsiveness much more openly than I believed is possible or desirable in a psychoanalytic relationship. I did not know then that Ramnath's 'guru fantasy', namely the existence of someone, somewhere—now discovered in my person—who will heal the wounds suffered in all past relationships, remove the blights on the soul so that it shines anew in its pristine state, was not inherent in his Indianness but common across many cultures. Irrespective of their conscious subscription to the ideology of egalitarianism and a more contractual doctor–patient relationship, my

European and American patients too approached analysis and the analyst with a full blown guru fantasy which, though, was more hidden and less accessible to consciousness than in the case of Ramnath.

More than Ramnath's expectations, it was the disappointment of mine, I now realize, on which the analysis floundered. I had expected Ramnath to be an individual in the sense of someone whose consciousness has been moulded in a crucible which is commonly regarded as having come into existence as part of the psychological revolution in the wake of the Enlightenment in Europe. This revolution, of course, is supposed to have narrowed the older, metaphysical scope of the mind, to mind as an isolated island of individual consciousness, profoundly aware of its almost limitless subjectivity and its infantile tendency to heedless projection and illusion. Psychoanalysis, I believed, with some justification, is possible only with a person who is individual in this special sense, who shares, at some level of awareness and to some minimum degree, the modern vision of human experience wherein each of us lives in his own subjective world, pursuing personal pleasures and private fantasies, constructing a fate which will vanish when our time is over. The reason why in most psychoanalytic case histories, whether in Western or non-Western worlds, analysands, except for their different neurotic or character disturbances, sound pretty much like each other (and like their analysts), is because they all share the post-Enlightenment world-view of what constitutes an individual. In a fundamental sense, psychoanalysis does not have a cross-cultural context but takes place in the same culture across different societies; it works in the established (and expanding) enclaves of psychological modernity around the world. We can therefore better understand why psychoanalysis in India began in Calcutta—the first capital of the British empire in India where Indians began their engagement and confrontation with post-Enlightenment Western thought—before extending itself and virtually limiting itself to Bombay which prides itself on its cosmopolitan character and cultural 'modernity'. It is also comprehensible that the clientele for psychoanalysis in India consists overwhelmingly—though not completely—of individuals (and their family members) who are involved in modern professions like journalism, advertising, academia, law, medicine and so on. In its sociological profile, at least, this clientele does not significantly differ from one that seeks psychoanalytic therapy in Europe and America.

Ramnath, I believed, was not an individual in the sense that he lacked 'psychological modernity'. He had manfully tried to understand the

psychoanalytic model of inner conflict rooted in life history that was implied in my occasional interventions. It was clear that this went against his cultural model of psychic distress and healing wherein the causes for his suffering lay outside himself and had little to do with his biography—black magic by father-in-law, disturbed planetary constellations, bad karma from previous life, disturbed humoral equilibrium. He was thus not suitable for psychoanalytic therapy and perhaps I had given up on him before he gave up on me. But Ramnath, I realized later, like many of my other traditional Hindu patients, had an individuality which is embedded in and expressed in terms from the Hindu cultural universe. This individuality is accessible to psychoanalysis if the therapist is willing and able to build the required bridges from a modern to a traditional individuality. The Indian analyst has to be prepared, for instance, to interpret the current problems of such a patient in terms of his or her bad karma—feelings, thoughts and actions—not from a previous existence but from a forgotten life, the period of infancy and childhood, his or her 'pre-history'. Let me elaborate on this distinction between traditional and modern individuals who both share what I believe is the essence of psychological modernity.

Psychological modernity, although strongly associated with post-Enlightenment, is nevertheless not identical with it. The core of psychological modernity is internalization rather than externalization. I use internalization here as a sensing by the person of a psyche in the Greek sense, an animation from within rather than without. Experientially, this internalization is a recognition that one is possessed of a mind in all its complexity. It is the acknowledgement, however vague, unwilling or conflicted, of a subjectivity that fates one to episodic suffering through some of its ideas and feelings—in psychoanalysis, murderous rage, envy, and possessive desire seeking to destroy those one loves and would keep alive—simultaneously with the knowledge, at some level of awareness, that the mind can help in containing and processing disturbed thoughts—as indeed can the family and the group as well (Bollas, 1992). In Hindu terms, it is a person's sense and acknowledgement of the primacy of the 'subtle body'—the *sukshmarsharira*—in human action and of human suffering as caused by the workings of the five passions: sexual desire, rage, greed, infatuation and egotism. Similarly, Buddhists too describe human suffering as being due to causes internal to the individual: cognitive factors such as a perceptual cloudiness causing mis-perception of objects of awareness but also affective causes such as agitation and worry—the

elements of anxiety, and greed, avarice and envy which form the cluster of grasping attachment. This *internalization* is the essence of 'individuation', and of psychological modernity, which has always been a part of what Hindus call the 'more evolved' beings in traditional civilizations. The fact that this core of individuation is expressed in a religious rather than a psychological idiom should not prevent us from recognizing its importance as an ideal of maturity in traditional civilizations such as Hindu India; it should also give us pause in characterizing, indeed with the danger of pathologizing India or any other civilization as one where some kind of familial self (Roland, 1990) or group mind (Kurtz, 1992) reigns in individual mental life. The 'evolved' Hindu in the past or even in the present who has little to do with the post-Enlightenment West, thus interprets the *Mahabharata* as an account of inner conflict in man's soul rather than of outer hostilities. The 'evolved beings' in India, including the most respected gurus, have always held that the guru, too, is only seemingly a person but actually a function, a transitional object in modern parlance, as are all the various gods who, too, are only aspects of the self. 'The Guru is the disciple, but perfected, complete,' says Muktananda (1983). 'When he forms a relationship with the guru, the disciple is in fact forming a relationship with his own best self' (p. ix). At the end of your *sadhana*, burn the guru, say the tantriks; kill the Buddha if you meet him on the way, is a familiar piece of Zen Buddhist wisdom. All of them, gurus or gods (as also the analyst), have served the purpose of internalization—of a specific mode of relating to and experiencing the self, and are dispensable.

Psychological modernity is thus not coterminous with historical modernity, nor are its origins in a specific geographical location even if it received a sharp impetus from the European Enlightenment. My biggest error in Ramnath's case was in making a sharp dichotomy between a 'Hindu' cultural view of the interpersonal and transpersonal nature of man and a modern 'Western' view of man's individual and instinctual nature and assuming that since Ramnath was not an individual in the latter sense, he was not an individual at all. Although suggestive and fruitful for cultural understanding, the individual/relational differences should not be overemphasized. Even my distinction between traditional and modern individuality is not a sharp one. In reference to his satori or enlightenment, occasioned by the cry of a crow, Ikkyu, a fifteenth-century Zen master, known for his colourful eccentricity, suggests the presence of a 'modern' biographical individuality when he writes:

ten dumb years I wanted things to be different furious proud I  
still feel it  
one summer night in my little boat on lake Biwa  
caaaaawweeeeee  
father when I was a boy you left us now I forgive you (Berg, 1989, p. 42).

In spite of the cultural highlighting of the inter- and transpersonal I found my traditional Indian patients more individual in their unconscious than they initially realized. Similarly, in spite of a Western cultural emphasis on autonomous individuality, my European and American patients are more relational than *they* realize. Individual and communal, self and other, are complementary ways of looking at the organization of mental life and exist in a dialectical relationship to each other although a culture may, over a period of time, stress the importance of one or the other in its ideology of the fulfilled human life and thus shape a person's conscious experience of the self in predominantly individual or communal modes. It is undeniable that Indians are very relational, with the family and community (including the family of divinities) playing a dominant role in the experience of the self. It is also undeniable, though less evident, that Indians are very individualistic and, at least in fantasy, are capable of conceiving and desiring a self free of *all* attachments and relationships.

In positing some shared fundamentals for the practice of the psychoanalytic enterprise, I do not mean to imply that there is no difference between analysts from Bombay, Beirut or Birmingham. The middle-class, educated, urban Indian although more individualized in his experience of the self and closer to his Western counterpart on this dimension, is nevertheless not identical with the latter. Contrary to the stance popular among many anthropologists of Indian society, the traditional Hindu villager is not the only Indian there is with the rest being some kind of imposters or cultural deviants. The urban Indian analyst shares with others many of the broader social and cultural patterns which are reflected in the cultural particularities of the self. One of these particularities, frequently met with in case histories and a dominant motif in Hindu myths and other products of cultural imagination, is the centrality of the male Hindu Indian's experience of the powerful mother (Kakar, 1978; 1990). Let me first illustrate this more concretely through a vignette.

Pran, a thirty-five year old journalist, came to analysis suffering from a general, unspecified anxiety and what he called a persistent feeling of being always on the 'edge'. Until March of that year, Pran's 320 sessions

have been pervaded by his mother to a degree unsurpassed in my clinical work. For almost two years, four times a week, hour after hour, Pran would recollect what his mother told him on this or that particular occasion, what she thought, believed or said, as he struggles to dislodge her from the throne on which he has ensconced her in the deepest recesses of his psyche. She was a deeply religious woman, a frequenter of discourses given by various holy men, to which Pran accompanied her and which contributed significantly to the formation of his traditional Hindu world view. In contrast to the mother, Pran's memories of his father, who died when he was eleven, are scant. They are also tinged with a regret that Pran did not get a chance to be closer to a figure who remains dim and was banished to the outskirts of family life when alive. He is clearly and irrevocably dead while the mother, who died ten years ago, is very much alive. The father was a man about town, rarely at home, and thoroughly disapproved of by the mother who not only considered herself more virtuous and intelligent, but also implied to the son that the stroke which finally killed his father was a consequence of his dissolute, 'manly' ways.

Pran's memories of his closeness to his mother, the hours they spent just sitting together, communing in silence, a feeling of deep repose flowing through him, are many. He remembers being breast fed till he was eight or nine, although when he thinks about it a little more, he doubts whether there was any milk in the breasts for many of those years. In any event, he distinctly recollects peremptorily lifting up her blouse whenever he felt like a suck, even when she was busy talking to other women. Her visiting friends were at times indulgent and at other indignant, 'Why don't you stop him?' they would ask his mother. 'He does not listen,' she would reply in mock helplessness.

Pran slept in his mother's bed till he was eighteen. He vividly recalls the peculiar mixture of dread and excitement, especially during the adolescence years, when he would manoeuvre his erect penis near her *vagira for that most elusive and forbidden of touches which he was never sure was a touch at all, where he never knew whether his penis had actually been in contact with her body.* Later, his few physical encounters with women were limited to hugging, while he awkwardly contorted the lower part of his body to keep his erection beyond their ken. For a long time, his sexual fantasies were limited to looking at and touching a woman's breasts. As his analysis progressed, his most pleasurable sexual fantasy became one of the penis hovering on the brink of the labial lips, even briefly touching them, but never of entering the woman's body.

After his studies, at which he was very good, Pran joined a newspaper and became quite successful. The time for his marriage had now arrived and there began the first open though still subdued conflicts with his mother on the choice of a marriage partner. His mother invariably rejected every attractive woman he fancied, stating bluntly that sons forget their mothers if they get into the clutches of a beautiful woman. Pran finally agreed to his mother's choice of a docile and plain-looking woman. For the first six months, he felt no desire for his wife. (The fact that his mother slept in the room next to the bridal couple and insisted that the connecting door remain open at all times except for the hours of the night, did not exactly work as an aphrodisiac.) When the family used the car, the wife would sit at the back, the mother not holding with new-fangled modern notions which would relegate her to the back seat once the son had brought a wife home. Even now his sexual desire for his wife is perfunctory and occasional. He feels excited by women with short hair who wear make-up and skirts rather than an long-tressed Indian beauty in the traditional attire of *salwar kameez* or *sari*. Such a woman is too near the mother. For many years, Pran has been trying to change his wife's conservative appearance, so reminiscent of the mother's, toward one which is closer to the object of his desire.

It was only after his mother's death that Pran experienced sexual intercourse with his wife as pleasurable. Yet after intercourse there is invariably a feeling of tiredness for a couple of days and Pran feels, as he puts it, that his body is 'breaking'. His need for food, especially the spicy-sour savouries (*chat*) which were a special favourite of the mother and are popularly considered 'woman's food', goes up markedly. In spite of his tiredness, Pran can drive miles in search of the spicy fare.

The need for sleep and spicy food, together with the feeling of physical unease, also occurs at certain other times. A regular feature of his work day is that after a few hours of work, he feels the need for something to eat and a short nap. The physical unease, the craving for food and sleep increase dramatically when he has to travel on business or to take people out for dinner. It is particularly marked if he ever has a drink at a bar with friends.

Relatively early in his analysis, Pran became aware of the underlying pattern in his behaviour. Going to work, travelling, drinking and, of course, sexual intercourse, are 'manly' activities to which he is greatly drawn. They are, however, also experienced as a separation from the mother which give rise to anxiety till he must come back to her, for food

and sleep. He must recurrently merge with her in order, as he put it, to strengthen his nervous system. The re-establishment of an oral connection with the mother is striking in its details. Pran not only hankers after the mother's favourite foods but feels a great increase in the sensitivity of the lips and the palate. The texture and taste of food in the mouth is vastly more important for the process of his recuperation than is the food's function in filling his belly. His sensual memories of his mother's breasts and the taste of her nipples in the mouth are utterly precise. He can recover the body of the early mother as a series of spaced flashes, as islands of memory. The short naps he takes after one of his 'manly' activities are framed in a special ritual. He lies down on his stomach with his face burrowed between two soft pillows, fantasizes about hugging a woman before he falls asleep, and wakes up fresh and vigorous.

It took longer time for Pran to become aware of the terror his mother's overwhelming invasiveness inspired in the little boy and his helpless rage in dealing with it. He railed, and continues to do so, at her selfishness which kept him bound to her and wept at memories of countless occasions when she would ridicule his efforts to break away from her in play with other boys, or in the choice of his workplace, clothes, or friends. She has destroyed his masculinity, he feels. As a boy, she made him wash her underclothes, squeeze out the discharge from her nipples, oil her hair and pluck out the grey ones on an almost daily basis. The birth of his four daughters, he felt, was due to this feminization which had made his semen 'weak'. He realized that all his 'manly' activities were not only in pursuit of individuation as a man, or even in a quest for pleasure but also because they would lacerate the mother. 'I always wanted to hurt her and at the same time I could not do without her. She has been raping me ever since I was born,' he once said.

Often, as he lies there, abusing the mother, with a blissful expression on his face reflecting her close presence, I cannot help but feel that this is *nindastuti*, worship of a divinity through insult, denigration and contempt, which is one of the recognized relationships of a Hindu devotee with a divinity.

I have selected this particular vignette from my case histories because in its palette of stark, primary colours and in its lack of complex forms and subtle shades, it highlights, even caricatures, a dominant theme in the analysis of many male Hindu Indians. Judged by its frequency of occurrence in clinical work and in its pre-eminence in the Hindu cultural imagination, the theme of what I call maternal enthrallment and the issue of the boy's separation from the overwhelming maternal—feminine—rather

than the dilemmas of Oedipus—appears to be the hegemonic (to use the fashionable Gramscian term) narrative of the Hindu family drama (Kakar, 1989). It is the cornerstone in the architecture of the male self. The reason why I mention cultural imagination in conjunction with clinical work when advancing a generalized psychoanalytic proposition about the Indian cultural context, is simple. Clinical psychoanalysis is generally limited to a small sample from three or four large Indian metro-polises. It cannot adequately take into account the heterogeneity of a country of eight hundred million people with its regional, linguistic, religious and caste divisions. Clinical cases can, at best, generate hypotheses about cultural particularities. The further testing of these hypotheses is done (and remains true to psychoanalytic intention and enterprise) by testing them in the crucible of the culture's imagination.

The kind of maternal enthrallment and the prolonged mother-son symbiosis I have described in this particular vignette, including the peek-a-boo, was-it-or-was-it-not incest, would ordinarily be associated with much greater pathology in analytic case conferences in Europe and North America. Pran's level of functioning, however, is quite impressive in spite of his many inhibitions and anxieties, especially sexual. I wonder how much of this kind of psychoanalytical expectation that Pran is sicker than what I believe to be actually the case, is due to a cultural contamination creeping into the clinical judgement of his sexual differentiation and separation-individuation processes. For instance, is the psychoanalytic evaluation of Pran's undoubted feminization and a certain lack of differentiation also being influenced by a Western cultural imagination on what it means to be, look, think and behave like a man or a woman? This becomes clearer if one thinks of Greek or Roman sculpture with their hard, muscled men's bodies and chests without any fat at all and compares it with the sculpted representations of Hindu gods or the Buddha where the bodies are softer, suppler and, in their hint of breasts, nearer to the female form.

I have no intention of relativizing Pran's pain and suffering out of existence. I only wish to point out that between a minimum of sexual differentiation that is required to function heterosexually with a modicum of pleasure, and a maximum which cuts off any sense of empathy and emotional contact with the other sex which is then experienced as a different species altogether, there is a whole range of positions, each occupied by a culture which insists on calling it the only one that is mature and healthy.

Compared to a modal Western analysis, then (and one needs to

postulate such a being if civilizational comparisons are to be made) his Hindu counterpart highlights different intra-psyche issues and places different accents on universal developmental experiences. Yet, perhaps because of an underlying similarity in the psychoanalytic clientele across cultures, discussed earlier, cultural otherness does not spring the psychoanalytic framework, made increasingly flexible by a profusion of models. Clinical work in India is thus not radically different from that in Europe and America. An analyst from outside the culture, encountering the strangeness of the cultural mask rather than the similarity of the individual face, may get carried away into exaggerating differences. However, if he could listen long enough and with a well-tuned ear for the analysand's symbolic and linguistic universes, he would discover that individual voices speaking of the whirling of imperious passion, the stabs of searing, burdensome guilt, the voracious hungers of the urge to merge, and the black despair at the absence of the Other, are as much evident here as in the psychoanalysis of Western patients.

Clinical work in another culture, however, does make us aware that because of the American and European domination of psychoanalytic discourse, Western cultural (and moral) imagination sometimes tends to slip into psychoanalytic theorizing as hidden 'health and maturity moralities', as Kohut (1979, p. 12) called them. Cultural judgements about psychological maturity, the nature of reality, 'positive' and 'negative' resolutions of conflicts and complexes often appear in the garb of psychoanalytic universals. Awareness of the cultural contexts of psychoanalysis would therefore contribute to increasing the ken and tolerance of our common discipline for the range of human variations and a much greater circumspection in dealing with notions of pathology and deviance.

### Summary

Based on clinical experience with Hindu patients in India, this essay tries to address the question of the cross-cultural validity of psychoanalysis, namely whether psychoanalysis is possible with culturally traditional individuals in non-Western societies and if so, whether there is a radical difference in the mental life of these patients. A core requirement for psychoanalysis, it is argued, is the presence of psychological modernity, an awareness at some level in the individual that to a large extent both emotional suffering and its healing have their sources in what may be called a mind, which is internal to the individual. Psychological modernity, the essence of individuation and individuality, is not limited to any

particular historical period or geographic location but is also found in traditional non-Western civilizations such as the Hindu or the Buddhist. Psychoanalysis is therefore eminently possible with persons who do not share the modern Western version of psychological modernity but subscribe instead to their own traditional concept of individuation. This does not mean that there are no differences at all between, say, European and Hindu patients. We find the mental life of the latter often highlighting themes—such as the theme of 'maternal enthrallment'—which, because of its different salience (as compared, for example, to the oedipal motif) in Western cultural imagination, may tend to be too easily or too quickly pathologized in Western analytical discourse.

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