Psychoanalysis Across Civilizations: A Personal Journey

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This journey started in 1950 at Antioch College when I wrote a required Life Aims paper to make a comparative study of East and West in philosophy, religion, art, literature, and the social sciences. In 1977 I went to India on a grant for clinical psychoanalytic research to assess the psychological effects of Westernization on Indians, to ascertain differences in configurations of the self from American patients, and to reexamine psychoanalysis. Realizing I had a tiger by the tail, I had to do just what I had envisaged and completely forgotten about in my Life Aims paper, only now to focus on psychoanalysis. I went to Japan in 1982 for an inter-Asian psychological comparison, which had never been done. Returning home necessitated two more journeys: to understand the encounter of Asian patients with the radically different American cultural/psychological world; and to explore the dialogue psychoanalysts have had with the cultural roots of psychoanalysis in modern Western individualism.

In 1950 as an entering transfer student at Antioch College, I rather grandiosely wrote in the required Life Aims paper that my goal in life was to make a comparative study of East and West in philosophy, religion, art, literature, and the social sciences. Twenty-seven years later, having completely forgotten what I had earlier written, I embarked on what seemed to be a far more modest version of my prior vision. I had by then become a practicing psychoanalyst and a training analyst on the faculty of the National Psychological Association for Psychoanalysis.

I received a year's grant in 1977 from the American Institute for Indian Studies, with subsequent summer grants in 1980 and 1991, to do clinical psychoanalytic research in India with patients and psychoanalytic therapists. My research agenda was to assess the psychological effects of Westernization and modernization on Indians, to ascertain differences in configurations of the self from what I have encountered in New York City, and on the basis of this to reexamine psychoanalytic theory and therapy. After I was well into the project, I realized I had a tiger by the tail. To fulfill my research goals, I soon recognized that I had to do just what I had envisaged and had forgotten about in my Life Aims paper: to delve into Eastern and Western philosophy, religion, art, literature, history, the social sciences, and of course, psychology. Only my focus now was psychoanalysis.

The initial but crucial steps of my psychoanalytic journey across civilizations began in 1971 when I saw Ashis, a gifted Indian man, in short-term psychoanalytic therapy in New York City, resuming with him six years later in Bombay. My work with him became the basis for my research formulations. The major leg in the journey began with my research grant to India in 1977-78 and in the summer of 1980 where I gathered data to formulate answers to my research goals.

I soon after embarked on another psychoanalytic journey across civilizations when I worked with a group of psychoanalytic therapists in Hiroshima, Japan in 1982. I wanted an inter-Asian psychological comparison as this had never been done before. My clinical work in India and Japan then led to an
important theoretical part of the journey in first delineating the psychological effects of British colonialism in India and the increasing individualization that has come with modernization; then in formulating configurations of the Indian and Japanese self that are significantly different from those of Westerners, showing how they are related to the Asian family and hierarchical relationships; and lastly, in assessing what is universal in psychoanalytic theory and therapy, and what is Western-centric.

My return home to New York City was in effect the beginning of another part of this same psychoanalytic journey: to understand what happens in the encounter of patients from Asian cultures with a radically different cultural/psychological world in the United States. This necessitated a further leg in the journey, an exploration of the cultural roots of psychoanalysis in Western individualism, and of the kinds of dialogue and dialectic psychoanalysts have had with the culture of individualism from Freud to present-day theorists in intersubjectivity. My journeys have led me to attempt a new conceptualization of using psychoanalysis across civilizations, tackling the knotty problems of psychological universalism, variability, and norms of development and psychopathology.

Ashis

Ashis was the first Indian patient I worked with. He approached me in March 1971 after I had finished teaching a class at The New School on Identity, Identification, and Self-Image. He had noticed in the catalog that I had been to India, and wanted to see me for therapy as his own identity was extremely fragmented. Through several months of psychoanalytic therapy in New York City, and then through another period six years later in India, I learned of the enormous psychological impact of British colonial, denigrating attitudes toward Indians and their culture, especially in men. I had never encountered such a split in the self, where the deeper part developed through prolonged maternal relationships rooted in indigenous culture was then denigrated in later childhood by fathers closely identified with British attitudes, and therefore became disowned. I began to realize how much issues of culture and sociohistorical change profoundly affect the psyche.

Nor had I ever encountered a mind quite like Ashis's in any of my Western patients. Seriously studying Indian philosophy and culture in college and visiting India in 1964 was no real preparation for a deeper psychological understanding. Ashis came to see me with high hopes, not out of any great conviction of the efficacy of psychoanalytic therapy, but rather because his wife and mother had recently visited the Brighu Temple in the Punjab. Upon presenting to the temple priest the minute of Ashis's birth, he produced a palm leaf manuscript written over 300 years ago by the sage, Brighu, telling of Ashis's life up to that point, and predicting that over the next few months Ashis's life would take a decided turn for the better.

Over the last 20 plus years, I have found in all of my Indian patients, especially those who are Hindus, all of whom are highly educated usually with graduate degrees, that they assume the presence of a personal destiny that can be fathomed by astrology, palmistry, psychics, the spirit world, dreams, coincidental occurrences, and such, and that can be partially altered by certain rituals. The lack of dissonance in Ashis between a prediction made over 300 years ago and working in psychoanalytic therapy was striking. Another patient, Shakuntala (I wrote about her and Ashis at length in Roland, 1988, pp. 154-174 and 25-47, respectively) also saw no dissonance in our psychoanalytic work on her problematic relationship with a married man between the unconscious effects of childhood familial...
relationships and fantasies, experiences from past lives—she was convinced that in a past life they were disciples of a deceased Indian Sufi holy man—and cosmic influences that predicted from her astrological chart great difficulties in getting married.

I learned unexpectedly that people think differently across civilizations, that Indians are far more grounded in metonymic thinking that differs greatly from Cartesian dualism (Ramanujan, 1990). Thus, a book is not a symbol of the goddess of learning, Saraswati, as a Westerner might conceive it, but rather a partial manifestation of the goddess. As an Indian young woman politely told my nine-year-old son, you don't put sneakers (laden with the dirt of the streets) on top of a book, that is, on the goddess. Metonymic thinking is a much more monistic way of thinking, connecting realms of the invisible and the mundane. It is this kind of thinking that easily allowed Ashis to look forward to psychoanalytic therapy and for Shakuntala to reconcile unconscious incestuous fantasies with experiences from past lives and cosmic influences on a problematic current-day relationship. This also allowed Ashis to connect all kinds of somatic problems he was having with emotional distress. It was not that he was oriented toward the psychosomatic in a Western sense, that is, the influence of emotions on the body, but rather on the assumption that the body and emotions are on a monistic continuum of gross and subtle matter, that what happens in one also happens in the others. I found that the Indian mind flourishes in ambiguities and on multiple levels of reality.

I found not only in Ashis and Shakuntala but also in all of my other Indian patients a simple assumption that there is within everyone a spiritual reality or self; but to realize it requires immersion in one or another spiritual discipline, which only a few of my patients were involved in. This is certainly different from the tugs and pulls of having faith in God or not of many Westerners, and almost the opposite from the main ethos of Freudian psychoanalysis that spiritual experiences are either a regression to the egoless state of the infant in a mother—infant symbiosis (Freud, 1930) or to some form of psychopathology. What is clear from my work with Ashis, Shakuntala, and a few other Indian patients is that their striving to be in touch with their spiritual self can assume a central place in the psychoanalytic work, but not as regression or psychopathology. Fortunately, there is now a turn in the Freudian psychoanalytic viewpoint on this subject by psychoanalysts involved in Buddhist meditation (Coltart, 1992, 1996; Cooper, 1998, 1999; Eigen, 1995; Finn, 1992; Rubin, 1996; Suler, 1993).

Journey to India

In India from 1977 to 1978, and again in the summer of 1980, I not only saw a number of Indian patients and supervised therapists, but also had lengthy conversations with psychoanalytically oriented therapists, anthropologists, psychologists, poets, philosophers, and such. I am convinced that without this collegial collaboration, it is next to impossible to understand someone from another civilization in depth. I found that culture and social patterns enter into the inner world more pervasively and in more profound ways than I ever had been taught.

I encountered certain clinical phenomena strikingly different from what I was used to with American patients. I would like to share a few vignettes to give the flavor of how I had to take different clinical phenomena into account theoretically. As an example, Shakuntala was able to be in twice-a-week psychoanalytic therapy with her Indian psychoanalyst for one and a half years before seeing me without apparently ever mentioning to him her two main inner struggles. She had not told him about either the conflict between her involvement with a married man and intense pressure from her family to have an arranged marriage, or the conflict between having an affair or even an arranged marriage with the pull toward becoming a guru at her aunt's ashram, thus renouncing everyday life. She sensed, I think correctly, that her Indian analyst would be judgmental on both counts. I do not know of any American patient capable of keeping the two central conflicts on her mind secret for over a year and a half in therapy. She would either express them or leave.

This bespeaks an important part of the Indian self, a highly private self capable of keeping all kinds of thoughts, feelings, and fantasies quite secret. This private self manifests itself in a number of ways, not the least of which is to keep all kinds of angry feelings self-contained within the social etiquette of Indian hierarchical relationships. I could observe Indian patients raging in sessions about a superior acting
inappropriately toward them, then on occasion observing them at work being completely deferential and cooperative with the same superior. It is the opposite of the American emphasis on authenticity in relationships.

But it is fully present in the Japanese and those from other Asian cultures. In fact, Takeo Doi (1986), the leading Japanese psychoanalytic theorist, made the private self (ura), a central part of his conceptualization of a Japanese dual-self structure where the social self (omote) observes the rigorous social etiquette of Japanese hierarchical relationships. The private self is also the repository of a great deal of individuality in all Asians, and serves as a counterbalance to being closely emotionally enmeshed in ongoing family and group relationships. A Japanese psychoanalyst, Akihisa Kondo, once told me that “our individuality lies in what we do not say.” This is the opposite of American individualism where individuality is to be expressed and realized within the social and work worlds. In psychoanalytic work, the ability of Indians and other Asians to keep all kinds of matters secret within the private self can also serve as a formidable resistance, especially if the analyst is unaware of this cultural/psychological dimension.

When I returned to India in the summer of 1991 after an 11-year hiatus, I was again struck in working with a middle-aged man, Vijay, how so much of what an Indian patient feels and thinks about relates to his or her extended family. In psychoanalysis in the United States, analysts are certainly used to the feeling of having at least a few other people or presences in the room along with the patient, presences related to the patient's internal object world surfacing in transferences, memories, and such. But it is a different experience with an Indian patient. There are a whole host of others in the office with the patient, not only those of the internal object world, but active members of the family in the present. Prakash Desai, an Indian psychoanalytic psychiatrist in Chicago, best catches it with the image of a Calder mobile. When one part of the mobile moves, so do the other parts. Similarly, anything that goes on with one member or a subgroup of an Indian extended family affects every other member. Indians are not autonomous, independent individuals, however much involved in relationships, as in the United States. Rather, they are integrally connected to their extended family with a strong sense of an experiential we-self, and heightened we-self regard based in good part on family reputation. (See Roland, 1996, pp. 164-166 for a discussion of psychoanalytic therapy with Vijay.)

Still another clinical phenomenon subtly different from what is usual with Euro-American patients relates to self psychology. Gita, an Indian woman, was in a medical residency in New York City on a half-time basis so that she could spend more time raising her infant. The residency director was clearly trying to exploit Gita by having her work far longer hours than they had agreed upon, and by having her repeat rotations she had already had because he needed coverage. Gita was naturally incensed at this. But it was not from the sense of feeling exploited or having her contractual agreement disregarded as I would have expected. Rather it was out of a sense of feeling profoundly disrespected. She repeated over and over again in session, “He doesn't respect me.”

I realized from my work in India that where the superior is expected to be empathically concerned with and responsive to the needs of the subordinate, the central issue is one of esteem. Over and over again, I saw in India and Japan that maintaining and enhancing each other's high levels of esteem in their hierarchical relationships has much greater salience than in North American relationships, and takes precedence over anything else, including the truth of any given matter. Selfobject functioning is much more finely attuned. But when it is not sufficiently present in a superior, the subordinate feels deeply hurt.
and angry.

I found the very nature of the psychoanalytic relationship with Indians and Japanese, together with resistances and transferences, to vary at times significantly from what I was used to. They are structured by Asian expectations of family hierarchical relationships rather than the egalitarian, contractual relationships more usual to psychoanalysis in the West. Indians relate to the analyst usually as an extended family elder, Japanese men to a male analyst as a mentor, and Chinese more as a teacher. In all cases the analyst as the superior in the hierarchical relationship is expected to be nurturing, empathically responsive, and responsible. In a subtle way, there is a greater expectation of emotional connectedness than from most American patients, and the analyst is expected to be a highly empathic selfobject as well as someone to be trusted and idealized, not usually to remedy any deficits but to support a high level of inner esteem.

Resistances and transferences are also profoundly affected by these hierarchical expectations. Indians will openly ask for guidance and advice from the analyst as they are used to it from various family elders. This can become a major resistance unless addressed. I simply tell patients that since they have had a great deal of advice from others which has not solved their problems, there must be unconscious factors operating that we can find out about together. A Bombay analyst tells his patients, “I am here to help you understand yourself, not to tell you what to do” (personal communication, Udayan Patel).

All of my Asian patients easily express anger if not rage in session at some superior who let them down or mistreated them. But it is extremely

4 At a conference of the International Study Group of Child Psychiatrists in Ahmedabad, India, in 1977, I became aware that major differences were never aired by the Indian participants so as to maintain each other's self-regard. The conference was therefore much friendlier and more cordial than the previous one in Israel where disagreements and controversy were rife. At conferences in India and Japan, challenging questions are rarely raised so as not to threaten the speaker's self-esteem.

difficult for them to voice the slightest criticism or ambivalent feelings toward me, much more so than my other American patients. In two cases of three to four times a week psychoanalysis over several years, it took an Indian man and a Japanese man well over a year to express the slightest criticism or ambivalent feelings toward me. When each did, he came into the next session in an anxiety attack. As I connected the anxiety with the expression of criticism, soon after the ambivalence became somewhat more open, again followed by another anxiety attack. It was only after making a number of such interpretations linking the anxiety with the negative feelings that a full-blown transference neurosis emerged with anger and at times rage toward me. This sequence was confirmed by a Chinese American social scientist from his own analysis over several years. Unless these connections are made, there is considerable danger of losing the patient. The dynamics behind so much anxiety being attached to any expression of negativity to a superior, the analyst, is twofold: a strong superego directive that one must never express anger directly to a superior; and the sense of being in jeopardy of losing the dependent, nurturing relationship with the analyst if the patient expresses anger.

Still another example relates to child rearing. Like other middle and upper middle-class Americans, I was brought up on the unquestioned assumption that a child should have a separate bed, and if the family could afford it, a separate bedroom. This was reinforced in psychoanalytic training in the 1960s by the separation-individuation theory of Margaret Mahler (1965) with its emphasis on autonomy, individuation in the social world, inner demarcation of inner images of self and other, and clear-cut outer ego boundaries. It was therefore somewhat disconcerting to have a counselling session with a college student in Bombay who at age 16 was still sleeping in the same bed with her mother and father. As I encountered similar sleeping arrangements of other Indian patients that lasted well into their childhood, or of sleeping with other siblings, aunts, and uncles once younger siblings were born—one social worker went from her mother's to her husband's bed—I had to question whether these arrangements generate psychopathology as one might think from Mahler's theory; or rather are there very different norms for childrearing that differently structure the inner world of Indians.

I opted for the latter view, that sleeping arrangements are one part of a way of child rearing that emphasizes fulfilling dependency needs and of inculcating interdependency in the extended family, of
developing permeable outer ego boundaries and of empathic abilities for nonverbal communication, and of having much more an experiential we-self that varies with different relationships. I later learned that sleeping arrangements among the Japanese are quite similar (Caudhill and Plath, 1974), and that in both cultures for a young child to sleep alone in his or her own bedroom is considered dire punishment. Psychopathology, I find, is generated more by skewed familial relationships within this other childrearing, developmental continuum.

I was struck by other clinical encounters as well. Joan, a young Indian woman recently married, exclaimed in her first session in Bombay, “Before I was married I was terribly anxious how it would work out. But now I get along beautifully with my mother-in-law and sisters-in-law.” I found that Indian women become far more of an integral part of their in-laws’ family than American women, that their relationships with the women of the in-laws' family is central to their marriage. If things do not go well, it may be extremely difficult for her and her husband to set up a separate household (Roland, 1988, pp. 108-124), although this is now changing in the urban middle class. What did surface time and time again in psychoanalytic therapy were the unconscious transferences that my married women patients carried over from their original family relationships. Sa’ida's problems, for instance, with a truly difficult mother-in-law were greatly exacerbated by unconscious displacements from a relationship with a sadistic older sister, from her fear of her father who flew into rages, and from an unconscious identification with a weak mother. As these were partially resolved through a month's intense psychoanalytic therapy, she could handle her mother-in-law appreciably better and be far less upset by her (see Roland, 1988, pp. 174-179 for a fuller discussion).

Perhaps the most striking clinical encounter was with Amal, a mild-mannered, Moslem man of 27, who began having periodic hysterical attacks of tearing apart the house with almost superhuman strength, and then having total amnesia afterward of what he had done and said. These unconscious expressions of rage occurred in the context of a highly traditional father who had supported Amal in his more individualized vocational interests rather than forcing him into the family business; but when Amal won the opportunity for high-level training abroad, the father forbade it. Amal acquiesced, typical of Indian father—son relationships. But when the father had a major operation, Amal's rage emerged. This case is one example of a more general finding that there are a plethora of the symptoms in India that Freud delineated in Vienna, but which we rarely see in contemporary American society: conversion hysteria, hysterical amnesia, compulsive hand-washing and a whole host of other compulsive and obsessive symptoms, and a great number of psychosomatic symptoms. Although contemporary India and turn-of-the-century Vienna are vastly different, nevertheless, they are both traditional societies with very strong superego directives. (For a fuller discussion of Amal, see Roland, 1988, pp. 106-108.)

**Journey to Japan**

In 1982, I took another psychoanalytic journey, this time to Japan, the only other Asian country beside India to have a psychoanalytic movement. All of the cross-civilizational psychoanalytic literature had compared either India or Japan with the West (Doi, 1973, 1986; Kakar, 1978). There was no inter-Asian comparison, which I believed would be extremely valuable. In Japan, I mainly supervised psychoanalytically oriented therapists, and again had important contacts with social scientists.

In a general way, I found much that was similar between Japanese and Indians: issues of heightened esteem, of much greater dependency and interdependency than is customary in the North American ethos, of a dual-self structure where there is proper observation of the social etiquette in complex hierarchical relationships and a highly private self, of an experiential we-self, of a highly contextual conscience, and such. But there are also important differences that seemed even more foreign to me as an American.

I was particularly puzzled when supervising a case of a highly traditional, middle-aged Japanese
woman with a number of somatic symptoms in once-a-week psychoanalytic therapy over one and a half years. I could well understand the psychodynamics of how the patient had significantly improved. What puzzled me was that the case notes in English and the oral presentation by the therapist, Yoshiko Idei (trained at the William Alanson White Institute), evidenced hardly an interpretation. Although Dr. Idei was well aware of the psychodynamics of the case and the unconscious factors operating, she had not communicated any of this verbally to the patient; at least not in any form I could recognize. When I brought this up to the head of the group, Mikihachiro Tatara (also trained at the White Institute, and an Erikson Scholar at Austen Riggs), he asked with an enigmatic smile what I made of it. Totoro Ichimaru chimed in that when he presented his work with a Japanese patient at the White Institute, the American analysts there were similarly puzzled over the improvement of the patient with the lack of verbal interpretations.

I had already noticed that Dr. Idei had picked up things about her patient, such as her not having any sex with her husband, months before the patient voiced it. I ventured to hypothesize that in Japanese psychoanalytic therapy, it is as if patients expect the therapist to pick up all kinds of things about them without their having to express it verbally.\(^5\) in turn, the therapist expects the patient to sense all kinds of things going on in the therapist's mind with a minimum of verbal communication. And the verbal communication that does take place in Japan is much more indirect or by innuendo than is present in the United States. That there is increased verbal communication in younger, less traditional Japanese, as well as in psychoanalytic work there, still doesn't belie the extraordinary, for an American, empathic sensing of each other with a minimum of verbal and gestural communication in Japanese relationships, including the psychoanalytic one. I then asked if Rogerian-oriented Japanese therapists\(^6\) verbally reflected what their patients were feeling and expressing, and was not in the least surprised when the answer was “no.” Patients were expected to sense what the therapist was in touch with in the patient. There is, afterall, a saying in Japan that nothing important is ever to be communicated verbally.\(^7\)

I gradually learned that especially with the women of the extended family in all of the Asian cultures, there are well over a hundred different kinds of silence by which they communicate. May Tung, a Chinese American psychoanalytic psychologist, believes this communication takes place not only through highly cultivated empathic sensing but also by the women knowing the various “shoulds” of how each is to respond in different situations. Moreover, there are occasions when expressing something in words that the other person already senses you know is considered highly insulting. May Ng, also a Chinese American psychologist, related how a Chinese American teenager flew into a rage after she gave him an interpretation in a psychotherapy session. She realized it was not the content of the interpretation that enraged him but rather her verbally expressing what he had already sensed she knew about him.

\(^5\) Dr. Tatara related that if a therapist asks questions of a Japanese patient, the patient considers the therapist stupid at best and insulting at worst: stupid for the therapist not knowing what is going on in the patient's mind, and insulting for intruding on the private self of the patient.

\(^6\) Carl Rogers's Client-Centered Therapy, with its emphasis on empathic reflections back to the patient of the latter's thoughts and feelings, was introduced to Japanese psychologists during the American Occupation by Professor Herbert Passim, later on the faculty of the East Asian Institute of Columbia University. Passim believed that Rogerian therapy was the most congruent of the Western psychotherapies with the Japanese emphasis on concerned empathic relating (omoiyari).

\(^7\) An example of this was related to me by Dr. Yasuhiko Taketomo, a senior Japanese psychoanalyst in New York City. I asked him why he had first become a neuro-scientist when his father was a well-known professor of English literature at Osaka University. He responded that when he came home from high school one day, there was a book on the table, *Great Scientists of the World*. He knew then he was to become a scientist. When I asked if there was any further discussion on the matter with his father, he answered, “no.”
Nasir Ilahi, a Pakistani psychoanalyst, noted that when he was in training in the British Psychoanalytic Society, he had to get used to the reality that English and American patients mainly communicate verbally.\footnote{This emerged in a meeting of the Asian American Mental Health Professionals Discussion Group on “Cultural Factors in Psychoanalysis,” sponsored by the National Psychological Association for Psychoanalysis. The topic was the difficulties Asian psychoanalysts and psychotherapists have when working with Euro-American patients.} It is something we take for granted, and in fact, try to promote in our psychoanalytic work when we tell patients that they should verbally communicate what they want rather than counting on us or others to read their minds. When nonverbal or gestural communication is present in Euro-American patients, it is more often than not unconscious or dissociated. But for Nasir Ilahi, coming from Pakistan, or for other Asian psychoanalytic therapists working with other Asians, there is a strong expectation that a great deal of the communication will quite consciously be by mood which is to be sensed, by facial and other gestures, and by behaviors, all of which including verbalization may or may not be congruent with each other. If the latter is the case, then one must try to sense what is the true communication or motivation, which is not always easy. American psychoanalysts are not particularly oriented toward this multilayered everyday communication.

Another striking difference between Japanese and Indians, as well as between Japanese and Americans, is an important dimension of the Japanese ego-ideal to do everything extremely well, from social relationships to tasks. I have seen this with every Japanese patient I have worked with in psychoanalysis or psychoanalytic therapy, and in the cases I have supervised. Even with their own analysis, Japanese analysts have voiced the inner tension they are under to perform well at all times. In an American setting, Japanese patients range in their reactions from contempt at American inefficiency to joy and relief at being in a culture where there is not the expectation to perform so perfectly all the time.

Yet, another area of the Indian and Japanese ego-ideal is quite similar but radically different from the Euro-American one. Moral behavior is far more oriented to specific contexts, situations, and relationships than to any universal principles.\footnote{An example of this was related at a meeting of the National Psychological Association for Psychoanalysis by Moses Burg, an American psychoanalytic therapist who has worked in Japan for many years. A Japanese union leader up for reelection was challenged at a union meeting as to why he took a totally different position as a member of the National Safety Board from the official union position. He calmly answered that as a member of the National Safety Board he supported their position. But as leader of the union, he would work strongly for the union's position. He was reelected by a wide margin. The American audience responded that he was being hypocritical. But for the Japanese and other Asians, he was acting morally by being totally appropriate to the context.} My impression is that it is even more

so than women's conscience in the United States, which is seen as much more relational in moral behavior than that of men (Bernstein, 1993; Gilligan, 1980). The Indian concept of dharma or proper moral behavior primarily focuses on the time, the place, the nature of the relationship, and the natures of the persons involved, and is therefore overwhelmingly contextual. The morality of these social contexts may be overruled by still another context, svadharma, or the particular nature of the person, especially if he or she is at a higher level of spiritual realization.

\textbf{Journey into Theory}

My journey into theory has been to explore how sociohistorical change and sociocultural factors enter into psychoanalysis once we cross civilizations. I found I had to take both into account to understand the different configurations of the Indian and Japanese self. I have already alluded to the effects of British colonialism on the disowning of indigenous aspects of the Indian male self, and touched upon the increased individualization that has come with modernization in both India and Japan. The Indian and Japanese extended families must also be taken into account as they differ sharply from the North American nuclear family. Here, I shall focus on the psychosocial dimensions of Asian hierarchical relationships since they are subtle and complex, much more so than our own egalitarian, contractual relationships. They encompass \textit{formal hierarchical relationships} where the social etiquette must be carefully observed in the family and outside, and where there are deeply internalized expectations of the superior being nurturing and
responsible while the subordinate is deferent and obedient; *hierarchical intimacy relationships* where there is strong emotional connectedness and affection, dependency and interdependency, and a great deal of nonverbal communication where each is to sense the other's needs without either having to express them verbally; and *hierarchy by personal qualities* where personal qualities govern who is to be truly idealized and venerated regardless of where they are in the social hierarchy. (See Roland, 1988, pp. 212-223, for a fuller discussion of hierarchical relationships.)

I characterize the Indian and Japanese self as a familial-communal one and a familial-group one, respectively, in contrast to the more Northern European/North American individualized self. As mentioned above, the experiential self of Asians is much more of a we-self that encompasses others of the family, community, group, and of specific hierarchical relationships than the individualistic I-self of North Americans. It is unreflectingly assumed in American psychoanalysis, even in the relational theories and intersubjectivity, that the experiential self is an individualistic I-self, however much connected in various relationships. We have no other experience.

Family hierarchical relationships strongly influence another configuration of the familial self, that of ego boundaries. Outer ego boundaries are much more open and permeable to others of the family and/or group, with at times a normal partial merger, especially in the Japanese, in contrast to the more firmly set outer boundaries in North Americans who have considerable psychological space around themselves. This contrast is easily and at times painfully experienced by Americans living in Indian or Japanese families, as they begin to feel they have no boundaries. Inner ego boundaries in touch with fantasies, feelings, and wishes tend to be more open in Indians than in the Japanese because of the latter's strict conscience, and even more open than in most Americans I have worked with. Then there is the other inner ego boundary of the private self I have discussed above, which is salient in Asians and minimally present in Westerners, so much so it has never been conceptualized.

Selfobject relationships are related to all three psychosocial dimensions of hierarchical relationships. Idealizations are very much tied in to hierarchy by personal qualities where both Indians and Japanese make quiet distinctions as to who is to be really respected regardless of their position in the formal hierarchy. Mirroring selfobject relationships are profoundly related to the close, empathic attunement of hierarchical intimacy relationships, as well as to the fulfillment of expectations of both superior and subordinate in the formal hierarchy where reciprocity in selfobject functioning is emphasized much more than in the self psychology literature. Moreover, there are significant variations across civilizations in the modes of empathic attunement as well as in the contents of what is empathized with and valued. (See Roland, 1996, pp. 101-116, for a fuller discussion of culture and self psychology.) Self psychology, similar to other major models of Freudian psychoanalysis, would do well to incorporate sociocultural factors into its theory of selfobject functioning.

From another vantage point, I conceptualize the Indian and Japanese self as not only being more spread out horizontally than the Euro-American self in its close connectedness to family, community, and group; but it is also more vertically spread out. Indians, in particular, assume their self relates to experiences from past lives and to cosmic influences, and is on a lengthy projectile of a spiritual journey over many future lives. The individualized self of North American individualism is by comparison far more circumscribed and more centered in the individual.

From these psychoanalytic journeys to India and Japan, I gradually realized how much the norms and values, and even the very categories of thinking of the modern Western culture of individualism permeates psychoanalytic thinking and the psychoanalytic endeavor. It is particularly present in psychoanalytic developmental theory of whichever model. As an example, separation of inner images of self and object is indeed present in Indians and Japanese; but they are more interconnected than in the normal development of Americans, and more laden with affect, especially in South Asians. Mahler's separation-individuation developmental model, Erikson's epigenetic stages of development—particularly autonomy, initiative, and
adolescent identity formation—Kohut's notions of a nuclear self to be realized through a tension arc of ambitions and ideals, and even Winnicott's formulation of transitional objects and phenomena as related to the individual gradually being able to be alone, all are laden with the values of individualism. While psychoanalysis is indeed relevant to those from Asian civilizations, and while the categories of the various models of psychoanalysis do seem universally present, every one of them has to be reformulated with new norms and contents to account for the variability among Asians, and must be seen in different configurations and balances than are present in Euro-Americans.

I strongly disagree with a group of psychoanalytic anthropologists and sociologists who simply see culture as affecting peoples' behavior while their inner world is universally the same, reflecting the psychoanalytic assumption of psychological universalism (Ewing, 1991 and Endelman, 1995 are good examples of this). Although trained as psychoanalysts, none of them seem to have worked psychoanalytically with anyone from another civilization, instead making ethnographic observations. It is now more than apparent to me that sociohistorical change, culture, social patterns, and different kinds of child rearing in early object relations profoundly affect the inner self of everyone in variations and different configurations and balances of universal categories. Nor do I see applying the Western norms of development, structuralization, and functioning as being universally valid when applied to Asians as psychoanalysts like Sudhir Kakar (1978) does with Indians. To do this is to implicitly commit to colonial attitudes, as Indians and other Asians inevitably emerge as inferior or psychopathological. Other norms have to be formulated, and generally are by Indian and Japanese psychoanalysts, that are more in accord with the normality/psychopathology continuum in their own cultures.

This theoretical shift extends to the psychoanalytic theory of therapy. An American psychoanalyst has to become familiar with this different normality/psychopathology continuum to do psychoanalytic work with South Asians and East Asians. It dawned on me that we are constantly gauging our patients' associations, reactions, and ways of relating to us and others against a backdrop of what is appropriate or not on a normality/psychopathology continuum. We unreflectedly base these evaluations on our implicit understanding of what goes or doesn't go within our own culture.

It is only when confronting a patient from another civilization that our implicit understandings can dissolve and we are left adrift in a sea of uncertainty and ambiguity, greater than what we are ordinarily used to. That is, unless one falls back on American cultural norms of individualism integral to psychoanalysis today as a universal yardstick. These norms view Asian dependency and interdependence, deference and receptivity to superiors, and communication by innuendo or non-verbally as inferior to American psychoanalytic values involved in separation-individuation, agency and autonomy, self assertiveness, and verbal articulateness. In clinical work, even with a greater understanding of a different normality/psychopathology continuum, the real challenge is to find out where the particular problems a patient has lie on this continuum; in effect, what are the skewed familial relationships. (See Roland, 1996, pp. 71-79, for a fuller discussion of these points.)

**Psychoanalysis and Individualism**

My return home has really been the start of two other journeys in cross-civilizational research carried on simultaneously. One is to reexamine the roots of psychoanalysis, particularly as they relate to the modern Western culture of individualism. For this, I have primarily relied on the work of the French anthropologist, Louis Durnont (1986), an American cultural psychologist, Suzanne Kirschner (1996), and an American philosopher, Douglas Allen (1997).

Our culture of individualism developed from the Protestant Reformation with its emphasis on self-directedness and self-reliance to attain salvation. Rather than being rooted in a hierarchical social collective and cosmic order, the individual is set on his own in the religious sphere. These religious notions become secularized through 17th and 18th century
Social Contract philosophers who formulated self-contained, atomistic individuals in interaction with each other who enter into society with some kind of necessary authority. They were joined by the Jurists who reinterpreted Natural Law as being comprised of self-sufficient individuals who are the repository of reason. Enlightenment philosophers then laid the cultural groundwork for modern Western individualism in the social and political spheres through formulating the modern nation state as a union of equal individuals with rights and obligations. Individualism then spread to the economic realm through a theory of a rationally ordered economy of separate self-contained individuals with similar interests. Nineteenth century philosophical and literary Romanticism further developed individualism through the ideal of the highly individuated, verbally self-expressive individual in close relationship with other highly individuated individuals. Thus, the individual came to be considered inviolate.

In the progression of individualism from the religious to the social and political, to the economic, and then to the philosophical-literary in an increasingly secularized way, one can look upon psychoanalysis as the further extension of individualism to the realm of the psychological. Psychoanalysis is the psychological theory and therapy par excellence of modern Western individualism. If individuals are set upon their own in society in a way never before done, then psychoanalysis is oriented toward enabling them to be on their own by resolving all kinds of inner conflicts and deficits.

Further, one can witness major psychoanalytic thinkers in a creative dialogue with the culture of individualism: critiquing one or another major dimension of individualism; formulating a theory and therapy to make it possible to function in a culture of individualism; unreflectingly carrying forth many of the major values of individualism. Thus, Freud critiqued the Enlightenment's idea of man's inherent rationality through his formulating the unconscious and primary process thinking; then emphasized the resolution of unconscious conflicts so that rationality can once more prevail; but unreflectedly carried forth major tenets of individualism, such as the self-contained individual through his one-person psychology and Cartesian dualism of sharply delineated differences between self and object.

What is true of Freud in his dialogue with individualism is also true in different ways with Melanie Klein and the contemporary Kleinians, Erik Erikson, D. W. Winnicott, and Heinz Kohut. All critique in one way or another a central tenet of individualism, the self-contained individual: Klein and her followers through seeing the infant as object related, and even more, through formulations of projective identification and the

induced countertransference; Erikson through conceptualizing self-identity as integrally related to the sociocultural milieu; Winnicott through his famous statement, “There is no such thing as a baby;” and Kohut through the necessity for selfobject relationships throughout life. All formulate one or another central dynamic for functioning in a culture of individualism: Klein through her depressive position of the person becoming a separate individual; Erikson through his delineation of the processes involved in the self-creation of one's identity; Winnicott through his transitional objects and phenomena for a child developmentally to become more autonomous; and Kohut through individuals realizing their intrinsic nuclear self and individuality in relationships and work through various selfobject relationships. And all unreflectingly still assume major values of individualism: Kleinian theory still remaining basically a one-person psychology; Erikson through seeing his developmental stages as universal, particularly autonomy, initiative, and self-identity creation; Winnicott through the value of the individual being able to be separate and alone; and Kohut through assuming individuality is to be realized in social and work relationships. (For a fuller discussion, see Roland, 1996, pp. 7-13.)

The Asian and North American Encounter

The other journey after returning home emerged from working over a number of years with a number of Indians, Japanese, and Chinese in New York City in psychoanalysis, psychoanalytic therapy, and couples therapy where there were intercultural marriages. My Asian patients have been in a cross-civilizational encounter where their expectations of family hierarchical relationships and their familial self meet with the culture of individualism and with the individualized self of Euro-Americans. Values and
expectations are often diametrically opposite: dependence and interdependence with close emotional connectedness versus independence and autonomy; receptivity and deference to superiors in hierarchical relationships versus self-assertion and self-promotion in egalitarian-contractual relationships; communication on multiple levels and by innuendo versus verbal articulateness and forthrightness; maintaining and enhancing esteem at all costs versus forthright criticism and expressing the truth of the matter. All of this occurs with both genders, and the dissonance is often even greater between Asian women and Euro-American women. In the process of this cross-civilizational encounter, those from Asian societies develop a bicultural self, one part of which remains indigenous, the other internalizes American ways. It is an ongoing process that can at times be painful and full of anguish, and differs between the immigrant generation, the second generation, and the 1.5s, (those who come to the United States as children or early adolescents with a strongly formed indigenous self but who go through American schools).

In psychoanalytic work, I have had to constantly distinguish between this cultural/psychological clash and the patient's own psychopathology. What seemed to be a cultural/psychological conflict could easily turn out to be a part of the Asian patient's unconscious problems; and what at first glimpse seemed like psychopathology would be a strong cultural/psychological dissonance. Moreover, I frequently had to first recognize and empathize with stressful and distressing experiences with Euro-Americans before being able to delve into the patient's own psychopathology. Let me give a brief case vignette. (See Roland, 1996 for a discussion of these issues throughout the book, but particularly pp. 25-44 and 71-132.)

Yoshiko, a highly educated Japanese woman happily married to an American was in extreme distress working in an American corporation. She felt extremely hurt by the forthright criticisms of her boss—similar to other Asians' experience of American-style hierarchical relationships—for the rare mistakes she made, far fewer than the other workers; and was deeply disturbed by the directness and rudeness of her clients when she tried to communicate with them in a highly polite, indirect way characteristic of Japanese. It was only when I empathized with the great differences in hierarchical relationships and modes of communication that she was able to delve into problematic family relationships that had so impacted on her (Roland, 1996, pp. 85-86).

Two other Japanese women married to Americans complained that their husbands were not in touch with their feelings and wishes, and moreover would insist that they express themselves verbally. They both felt they shouldn't have to, that the husband should be able to sense what they wanted. This was in keeping with Japanese-style communication but was out of sync with American ways.

The communication pattern and expectations were different with a Hindu woman and her American Jewish husband. They would make decisions together, she being as talkative as he. But she strongly objected to his later changing his mind. She felt that it was his responsibility as the superior in the formal hierarchy of husband and wife to carry out decisions. He, on the other hand, felt quite free when new factors occurred to renegotiate everything, assuming an egalitarian relationship. He couldn't understand why she was so rigid; she couldn't fathom why he was so reluctant to live up to his responsibilities of being the superior.

Socially, I found the deferent behavior of Indians and other Asians to superiors, such as teachers, to be frequently misinterpreted by Euro-Americans as passivity. I was puzzled by East Asians generally having a
better press among Euro-Americans than South Asians. As I listened to all sides, it became apparent that Indians and other South Asians could ask a great deal more of Euro-Americans than East Asians do. Both South Asians and East Asians are used to being very dependent and asking a great deal in insider, family relationships. The difference is that in the Confucian cultures, great restraint is shown in outsider relationships; whereas in India, there is a constant effort to transform outsider relationships to the intimacy of insider ones by being dependent and asking for things. Euro-Americans do not respond well to persons being very dependent on them, and do not experience it as enhancing their esteem as Asians would.

References
Coltart, N. (1992), The practice of psychoanalysis and Buddhism, In Slouching toward Bethlehem, Guilford, pp. 164-175.
Cooper, P. (1999), Buddhist meditation and countertransference: A case study, American Journal of Psychoanalysis, 59, 71-86. →

Kakar, S. (1978), The Inner World: A Psychoanalytic Study of Childhood and Society in India, Oxford University Press, Delhi.