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Freud Along the Ganges
Psychoanalytic Reflections on the People and Culture of India

Edited by
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Production Editor: Mira S. Park

This book was set in 11 pt. Goudy by Alpha Graphics of Pittsfield, NH.

10 9 8 7 6 5 4 3 2 1

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Library of Congress Cataloging-in-Publication Data

Akhtar, Salman.

Freed along the Ganges : psychoanalytic reflections on the people and culture of India / edited by Salman Akhtar.

p. cm.

Includes bibliographical references and index.

Sita-Shakti @ Cultural Collision: Issues in the Psychotherapy of Diaspora Indian Women

Jaswant Guzder And Meenakshi Krishna

"If it were not for the family name, straight away I would take you to the mental home," he mumbled. As the years passed, he found he understood her less and less instead of more and more.

Kiran Desai (1998)

India has an unbroken tradition of the Devi (Mother Goddess) culture for over 5000 years, and we explore some of the mythic resonances and paradigms of Indian feminine identity using clinical narratives from psychotherapy with diaspora women of Indian origin. It is impossible to generalize the created individual solutions that arise out of this internal transforming, integrating, translating, and transcending occurring within the immigration experience of cultural hybridization or the “in-between realities” of a “third space” (Bhabha 1990, 1994). These emotional shifts, in which the parameters of specific historical moments are embodied, scattered, and regrouped into new points of becoming (Braziel and Mannur 2003), involve a collision of values, set off by pulling up roots and relocation, and the intersection of the Subcontinent psyche meeting Judeo-Christian traditions and individualistic milieus of the West. Therapeutic discourse of these immigrants includes themes about the discordance created
by dislocation, immigration, and modernity, factoring in intergenerational issues, colonization, decolonization, history, and cultural specificity.

The Indian feminine is shaped within a gendered hierarchy of extended family life, consciously preoccupied with purity, restraint, and honor, while implicitly influenced by a historic, religious, and mythic collective memory. The Indian woman, "revered as an idea and oppressed in the reality" (Nandy 1995, p. 35), is located within a rich hagiography, in a syncretic context of Hinduism, Jainism, Islam, Buddhism, Sikhism, Zoroastrianism, Christianity, and other tribal cultures. Indian patriarchy essentially differs historically and imaginatively from European patriarchy, and influenced the Mughal Islamic culture as it evolved in India (Guha 1989, Pandey 1989). While modernity has shifted part of India's reality to scientific, technological, and urban agendas, the family is the essence of Indian life, with its interdependent and cohesive support as reflected in the strong loyalties and continuity of contact, caring, and reciprocity throughout the life cycle. Extended family life reinforces priorities on the care of its youth and elderly, respect for its elders, sanctification of household duties, holding fast to religious traditions, and taking care to influence or arrange marriages that provide continuity and suit the needs of their children and the family. Ancient and dynamic realities coexist in modernity, as motherhood remains the central identity of the Indian woman, even though contemporary Indian women have become prominent politicians, Bollywood stars, astronauts, activists, artists, businesswomen, and scientists.

Second- or third-generation immigrants may have a completely different appreciation of parental cultural parameters (Adams 1996, Niranjana 2001, Obeyesekere 1981, Ram 2002, Rayaprol 1997) blending their mother-tongue mythologies with local or global cultural myths or folk or fairy tales to create another experiential category. Gendered hierarchy, issues of power, the inequalities of caste, recent communal violence (Davar 1999, Thapan 1997), and poverty are contemporary social preoccupations of the subcontinent, whereas identity, racism, and culture change are predominant issues of Indians in the diaspora.

The postcolonial discourse informed by current studies of race, gender, subaltern histories, anthropology, sociology, as well as influences of contemporary expression in cinema, literature, and theater, challenges psychotherapists to "mind the gap" of imaginations arising from different worlds, and to deal with the countertransference possibilities implicit within the diaspora (Adams 1996, Bhabha 1990, 1994, Fanon 1967, Fernando 2003, Hall 2003, Ho 1992, Ponterotto et al. 2001, Ravindran, 1992, Sue and Sue 1999). The psychoanalytic premise of neutrality assumes an empathic listening adjusting to the slippery shifts of Otherness. In countertransference, the therapist tolerates the ambiguous "not knowing" of being part of a transitional phenomenon or process with their patients. This territory is a moral thicket of how judgments are posed across the boundaries of cultural difference (Adams 1996, Taylor 1992) since ideas of individual autonomy, freedom, equality, social justice, and human rights appear to have various meanings as they are translated from one civilization to another (Geertz 1993, Huntington 1997, Ignatieff 2001, Said 2002), particularly for women whose issues are often invisible in mainstream discourse dominated by male perspectives and agendas.

Hedge (1998) and others point out that most research assumes to speak for both genders on the assumption that women and men have similar immigration experience, "inevitably the specificities of immigrant women's lived realities are rendered invisible" (Ram 2002, p. 26). "Imagined homelands," as Rushdie (1991) called them, are internally constructed by immigrants, refugees, exiles, or marginals, surviving and remembering while externally negotiating successful adaptation or assimilation (Said 1978). The Orientalism gaze of the West formulated by Said (1978) often reinforces cultural stereotypes of projected primitive or historically negative stereotypes. As Khan (2002) has commented on Islamic women (and as can be generalized to Subcontinent women), "they find devaluation and apprehension in the West (Orientalism), and mechanisms for their control in (Subcontinent cultures) Islam" (p. 3).

**DIASPORA SPACES AND PSYCHOTHERAPY**

The concepts of transitional phenomena and processes, as described by Winnicott (1966) or for groups by Bridger and his colleagues (Amado and Ambrose 1994), could serve as helpful models for framing the continuous shifting dynamics of women's identity in the diasporic space. In addition, the conceptualization of the third
individuation (Akhtar 1995) addresses cultural identity within the frame of an individuation process. The unconscious processes surfacing in the individual and the group are activated in those left behind as well as in members of the host cultures and the immigrant herself (Grinberg and Grinberg 1989), leading to a collision of reality and fantasy, ambivalences and reparations. This unconscious and conscious reassembly of identity results in resilient, creative outcomes or at times derailment in varying degrees into lifelong mourning that might be influenced or exacerbated by external and internal factors. Psychotherapy may offer a space to work with meaning and values, systemic conflict, dislocation, or trauma, complicated by the cultural change process that is experienced as a lifelong transitional phenomenon and requires a particular empathy in building of therapeutic alliance (Adams 1996, Thomas 2002).

The ambivalence of belonging and disengagement, wanting to return and wanting to stay, along with the myriad ambiguities of living in two houses and two cultures (Falicov 2002), implies that assumptions and generalizations cannot be made, but also diagnostic issues can be problematic when cultural agendas are unclear. In addition, research in community studies of visible minority women indicates trends of underutilization of mental health services (Crenshaw 2003) complicated by issues of language, alternate cultural- mythic worlds, stigma, and difficulty accessing appropriate help (Fernando 2003, Khan 2002, Kim 2002, Ponterotto et al. 2001, Sue and Sue 1999). Multiple and complex intergroup negotiations make it impossible to generalize psychoanalytic intervention strategies even within India (Davar 1999). Since immigration is yet another parallel agenda in a lifelong process of individuation, a multifocal approach is necessary when working with women in the Indian diaspora (Kirmayer et al. 2003, Niranjana 2001, Rayaprol 1997).

Indian women need a therapist to acknowledge cultural parameters outside the usual Eurocentric or North American grids (Derrida 1998) as they grapple with a personal identity rooted in both their maternal identifications and collective feminine identifications of their ethnic and host communities, while individuating in multicultural spaces. A psychotherapy process grounded in the lived experience of the subject, rather than the premise of neutrality, can provide such women with empathic holding, and increased awareness of personal narrative as they work through repetitions, trauma, and individuation dilemmas. To a traditional culture that carefully silences and separates hierarchical spaces defining power and agency, psychotherapy risks being viewed as a subversive project that facilitates alternate individualistic choices in a group-oriented cultural space. Silencing for the sake of izzat (honor, family name, social persona of the family unit) or avoiding distressing rupture of families results in not reporting or verbalizing one's concerns (Crenshaw 2003). This silence has congruence with an ego ideal influenced by many mythic heroines whose strength of character positively models endurance, humility, anonymity, silence, or self-sacrificing qualities. It is therefore quite an accomplishment for many Asian women to seek social services.

Second-generation women socialized in Europe and North America may be more inclined through their socialization in school and university to seek psychological services and individual psychotherapy. First-generation immigrants and family elders often find their support during situations of psychological distress among the circle of familial networks, women friends, religious rituals, and meditative practices. They tend to seek therapy only in crisis or serious distress and might have a strong privacy ethic. Indian women may have successfully found support and mediation of conflict within their traditional social networks created in their new countries (Rayaprol 1997). The community endorses a strong mandate of protective idealism of women's rights, validating and supporting the high achievement of their women (Naidoo 1992) but having difficulty with open discourse or support on such issues as abused women, epilepsy, or mental illness.

Case 1

Ranjana was a first-generation Hindu girl living in America. She was a self-proclaimed agnostic and radical feminist who usually wore jeans. She reported in therapy that she liked visiting the local South Indian temple in a sari ("it makes me feel so normal"), as it served as a symbolic substitute for visiting her family in India. Mixing with extended families and people of different generations in the temple was a satisfying return to a maternal temenos (Greek for sacred spaces), though too much time among her family or the Indian community "suffocated" her. She also revealed her interest
in a separate world of lesbian groups. She was ambivalent and uncomfortable when on one occasion she saw her Indian-origin therapist in Indian clothes. She had consciously sought a therapist who could be "both near and far" from her own mother. She felt she had to keep her therapy a secret from her family, and had sought therapy to support identity shifts that differentiated her from her traditional mother. During her therapy, themes of longing for the extended family and reconciliation by refusing remained important, and each symbolic event that occurred marked in some way a separation from her maternal and familial identity. The transference mother embodied and identified with the host society (wearing Western clothes, promoting verbalization of sexual and identity issues) was split, fragmented, and held in the maternal transference as good (holding, a homeland like the temple) and bad (shaming, disapproving of her autonomy or hybrid identity).

Purity, asceticism, and apprehension of the uncontained feminine remain variables in a social context of gendered hierarchy (Thapan 1997) where many decisions are unilaterally made by males or elders. Nonetheless, women need to be seen as agents, even in moments of being "intimately, viciously oppressed" and even when appearing "to be passive," "acted upon," and "always a victim" (Frankenberg and Mani 1993). Women's identities evolve with culturally mapped life-cycle agendas (Kakar 1978), within the intergenerational life of extended family, caste, and community, including a bond of blood, reincarnation, history, and language. A woman's identity may shift with the deaths of her parents, elders, or siblings even in middlelife, when roles and duties are displaced in traditional families by lost members, or issues arise out of caring for the elderly, accommodating the marriages of her children, and enduring widowhood. An important parallel thread of religious life provides the neutral spaces and cherished ideals connected with dhyana (meditation), seva (compassionate service), sadhana (mystical path), and moksha (renunciation and detachment). The last mentioned is usually attained through spiritual practices, seeking a guru, spending time in ashrams, or following ritual and spiritual practices.

While ethnocentric psychological literature embraces individual rights and Western development or social norms as universal aims, cultural relativists would argue that gender equality, individual rights, and personal choice sit uneasily alongside a highly elaborate moral order in the East, which cherishes self-development, self-control, loyalty, and duty to the extended family (dharma) or others (seva). From a study of successful California Sikh immigrants, Margaret Gibson (1988) reported a calculated immigrant strategy of "accommodation without assimilation," which allows such communities to remain within both moral orders, implying a bicultural persona or competence. Therapist countertransference is, at times, stirred by the dialectics of these bicultural aims and adaptations (Adams 1996, Davar 1999, Lane 1998, Orbach 1999, Thomas 2002).

With selective immigration screening to Europe and North America, the waves of Indian immigrants after the 1960s, in contrast to earlier immigrations (some as indentured labor or without citizenship rights), were more likely to be well adapted in the West as "the model minority," building positive supports of social networks within their communities (Rayaprol 1997), unless they were geographically isolated. These women are more likely to be participants in religious or community activities (Rayaprol 1997) and are actively engaged in socializing their children to hold Indian values, with concerns diverging from male experiences of marriage and family. Urban middle class Indians, for example, have traditional gender ideology with regard to marriage and family but are egalitarian with regard to education and careers of women (Liddle and Joshi 1986, Naidoo 1992), facilitating access to successful career and educational goals among urban diaspora Indian women. Nussbaum (2000), after years of cross-cultural work, suggested that women universally desire independence and economic self-sufficiency, but the possibilities of agency for these aims are shaped by the different life-span concerns in which women find themselves involved.

MYTHIC PARADIGMS AND GENDERED HIERARCHIES

Whereas the Olympian gods dislodged the ancient Minoan earth goddess, the long tradition of the Devi or Mother Goddess in her multiple forms such as Durga (reverently and affectionately called Ma in Bengali), Kali, Parvati, Maha-devi (Doniger 1999, Kakar 1989) continues as a living part of the culture. The imagery of the phallic-maternal Adi-Shakti, Ardhanarishvara (Shiva as half-man and half-woman) and the principle of
Purush-Parkinai (nature as inert until activated by female energy) point to a fluidity and integration of masculine and feminine identifications (Kakar 1989) remaining alive in the oral traditions and visual cultural imagery of India. While the Indian patriarchy provides a social framework invested with masculine superiority and voice, the maternal-feminine identifications remain the psychic bedrock, surfacing readily in case histories of male analysts (Kakar 1989, Roland 1990). Mythic idealized feminine identifications culturally resonate with pervasive values such as obedience, deference, self-sacrifice for the family or group, a capacity to work well within hierarchies, receptivity (Roland 1990), and deference to patriarchy reflected in mythic paradigms of self-sacrifice by sons for fathers (Kakar 1989, Obeyesekere 1990) or daughters for husbands or fathers.

The birth of a son remains embedded as the highest achievement of a woman in these traditional patriarchal systems, which then reinforce a woman’s identity, status, and familial roles. Religion, community, caste, and economic class continue to define a woman’s role, realities, and possibilities, though with wide variation of opportunities and value systems between communities. In any case, unconscious implications of a long affiliation with maternal socialization within extended families prepare males later in life to both contain and support women within the boundaries of familial hierarchy. While the daughter prepares in her developmental passages to separate with marriage, the son traditionally remains in lifelong affiliation close to his mother, as idealized and modeled in the mythic divine devotion of Ganesh for his mother Parvati. “The boy never loses his mother” (Roland 1996, p. 136).

Nonetheless, in aspects of social power, mythology, and iconography, women are often precariously positioned, holding projections as idealized, highly venerated (e.g., Devi, ideal mother), impure (e.g., menstruating, polluting, unclean), transgressive (e.g., mad or bad), and intrusive (e.g., seductive, restless eroticism, engulfing) intentions. These emerging split projections of the feminine are reflected in such feminine mythic themes as devoted Sita (generative, pure, creative) versus awesome Shakti (uncontainable, feminine, transgressive, dangerous, phallic). Lack of feminine restraint or containment is alternatively seen as powerful, erotic, or dangerous, or associated with bad or mad projections onto women. Diaspora women may be more likely to move out of traditional ideals, and may be seen as inappropriately unrestrained, imbalanced, potentially able to destabilize the social order, or as deeply suspect in their intentions or values. In this context, female asceticism, as described in case studies of Obeyesekere (1990), may be an option that transforms the oppressive demands of heterosexuality into the power to heal themselves (Das 1989) and reduces projections by moving into the androgynous areas of religious identities. Possession states or dissociative states in women could be viewed, in situations of social oppression, as an acting out of repossessing female body rather than formulated only “as evidence of infantile sexuality and hysteria” (Davar 1999, p. 185). The immigrant girl may successfully move in and out of both Indian and Western contexts with crises at times marking her autonomy from the family in matters of marital or life choices.

Procreative powers are embodied as the mythic purview of the earth mother and the feminine, as in the classical Ganesh myth, where Parvati creates a son from a pile of earth without need of her consort Shiva. Women are both revered for mothering and blamed for infertility; thus, approbation for the lack of a son reinforces the mythic projections idealizing the potency of fathers and sons (Carstairs 1957, Gunder and Krishna 1991, Kakar 1989, Obeyesekere 1990). Pluralism and contradictory repertoires of the Indian mythic world are congruent with India’s capacity to maintain contradictory theories, from among which the appropriate one for dealing with each problem is selected as it arises, as Morris Carstairs (1957) said “In the village, no statement, and no narrative was ever felt to be entirely right or wrong, and so none was discarded” (Doniger 1999, p. 6).

Sexuality in adolescent Indians traditionally is not experienced as liberating, though Indian childhood often is indulgent and sensuous. Young girls may have an indulgent, nurturing, or very affectionate bond with their fathers, while the relationship of the husband–wife dyad may be more reserved. Adolescent girls are not encouraged to prematurely seek autonomy outside the family. Pubescent sexuality traditionally marks a life stage associated with more serious obligations and preparing for the duties of marriage (Roland 1996), with families more focused on anticipating marriages or completing educational goals prior to marriage. Young women strive to maintain an appropriate social persona of purity and honorable conduct outside the family before marriage, as if “a woman’s body has a thousand eyes upon it” (Roland 1990, Parvati 1989).
person, calling her his "wonderful son." She had felt her father had "loved me too much" (more than he loved her mother) and now felt in young adulthood that father discouraged her assertiveness in areas ascribed as autonomous or sexual, which he interpreted in exhibitionistic and transgressive acts. In prepsecence, she had played at being the only son among daughters, estranged from her mother, and suppressing incestuous feelings in her role as the father's confidante. In adolescence, as she experienced her sexuality more ambivalently, she described the parental possession of her body as oppressive. At 14, she had self-destructive urges and had started to cut herself in hidden parts of her body. Her positive relationship with her paternal grandmother, who lived with the family, allowed her some leeway in family negotiations, and the elder matriarch became the family mediator in a familial culture of male hierarchy.

Older women are in a different life-cycle stage, caring for aging elders, facilitating communication within the extended family, facilitating the separation stages of their children into peer or immigrant cultures, adjusting to cross-cultural marriages of their children, or dealing with death or loss of home-country relations. While menopause appears so threatening to Western women, for Indian women it is generally a better time in their lives, as they attain more esteem with age, unless there is divorce or untimely spousal death (widowhood is often stigmatized). It also may be a more spiritual time, marked bodily with the return of ritual purity (nonmenstruating). Older immigrant women may feel they are disempowered, disappointed, or not heard in the immigrant cultural spaces that promote egalitarian and democratic familial values, romantic ideals, youth, and individualism, while familial interdependence, reciprocity, hierarchy, and respect accrued by aging wisdom are less valued. While an extended-family daughter remains identified with the family group of mothers or okhi of family unity (Kurtz 1992), she is preparing to shift her loyalties to her husband's family with marriage, and later as a mother, mother-in-law, and grandmother she will accrue higher status as a matriarch. In immigration situations the younger women will be more conversant with the new cultural spaces. The elder woman will (metaphorically or in reality) remain behind, dislodged from her final attainment of traditional role unless she also

Case 2

Tara, a second-generation, Indian-origin university student, growing up in an isolated community in Alberta, Canada, came to therapy relating a distressing incident. Tara's father forbade her to wear jeans on a family outing when all her female relatives wore ethnic suits (salwar kameez), on the grounds of family shame, even though she protested that her legs were fully covered. Her paternal grandmother came to her rescue and overruled her son, Tara's father, when his wife was also brushed aside. Tara was conscious of her individuation process in trying to confront her father, disengage from the family, and identify with her Canadian peers. Her father remained vulnerable to group shame (other men would look at her), though he encouraged her assertiveness as the family spokes-

p. 139). As one young woman commented, "When I was at Harvard I wanted respect, but back here at home I seek approval."

A woman internalizes the ego-ideal of her mother, her body (Douglas 1966), and conduct embodying familial honor (versus pollution or transgression), fearing impingements of gossip or criticism that are reinforced by parental warnings. While within fantasy or within the space of the extended family she might practice or play as a sensuous feminine self, within the circle of male relatives, especially maternal uncles or cousins, she has more boundaries. In public spaces she uses varying degrees of actual or symbolic self-imposed "purdah," providing her with protection from outside or unwanted influences and harassment, with the cost of restricting her in public spaces (Viswanath 1997). The female as the embodiment of izzat (familial honor or face) must manage these developmental issues, in marked contrast to her adolescent brothers or peers in the West, for example, who are less adamantly constrained by their superego or family. In the diaspora, second- and third-generation women may have more in common in their families with the Mahabharata heroine Draupadi, who implicitly holds traditional socialization but explicitly asserts gender equality, assertiveness, autonomy, and a strong voice of her own. There are indeed many examples of daughters who are chosen by fathers for leadership roles (including Indira Gandhi by her father Pandit Nehru), and groomed to be assertive and dutiful with their blessing.

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shifts her competence. Sometimes to her psychic detriment immigration may reactivates early marital trauma of being sent to the stranger's home after an arranged marriage and encountering difficulties. Many older women move into employment or careers for reasons of family survival or income for the first time with immigration. They will have assembled a new map with a shift far more profound than the second- or third-generation daughters who are socialized in host cultural milieu from childhood. The shift of familial dynamics for husbands and fathers, especially those who are not able to be providers or are less successful financially, will effect the dynamics of these women, depending on the characters of the players.

Davar (1999) gives a pointed commentary of the pathologizing of women and victimizing them for a sexuality defined by social factors in a male hierarchy. She suggests that many analytic case studies focus on high-caste Hindus without acknowledging other diverse Indian backgrounds and leave out women's experiences of their bodies, ignoring the widespread disempowerment of women. She underlines this with case history examples of good outcomes described by male analysts (e.g., taking a third wife to have a son and thus please his parents, or regaining the sexual vitality of a relationship with mistress), as leaving aside consideration of "the fate of invisible women in these clinical narratives [who] are trapped between Hindu constructions of womanhood and that of curé" (Davar 1999, p. 188). Entanglements of mothers with their sons and the traditional significant power of the mother-in-law in the joint family system are often reduced by immigration realities. A couple may solve a familial impasse by creating nuclear units, or a woman may achieve some autonomy through diaspora options or identifications. The daughter's positive maternal identification is not problematic in this context if her treasured position as a dutiful wife or daughter remains, but a negative identification or hybridization agendas could later undermine her capacity to hold her hierarchical duties, leading to her exclusion or placing her in a fragile social position. There are strong normalization and homeostatic forces in stable and functional extended families to protect male esteem, even if the male is alcoholic, violent, mentally ill, and incompetent, or impaired, while the role of women as nurturing familial cohesion continues.

The psychoanalytic literature continues to overlook, dismiss, or misinterpret evidence of the fundamental psychological importance of nonnuclear family relatives in non-Western societies, by focusing more on a nuclear triadic universe in childhood to accomplish differentiation from the mother, not acknowledging the discourse of ethnographic studies (Kurtz 1992, Trawick 1990) or family therapy literature (Bowen 1978, Selvini 1988). This descriptive relational map offers access to a significant, rich, and highly invested object universe normative in Indian childhood.

In addition, while householder duties, nurturing, and generativity are essential to the marital alliance, the possible balance of differentiating from extended families by asceticism, voluntary sacrifice, renunciation, and moksha are all typical maps quite different from the usual Western paradigms of separation-individuation from family, and often evolve in a context of a spacious marital bond (Kakar 1978). The strength of the Indian family is its capacity to sustain commitment, close affiliation, and nurturing within networks grounded in maternal-feminine essence.

Shame (sharm) and agency are negotiated around the socially constructed bodies of women. These constructions have been experienced by women as both oppressive (limiting her options) and securing (holding her within a familial matrix). Women's poetry, songs, and oral traditions have transmitted Indian women's ideas about these social predicaments over centuries where women expressed change in social activism and spiritual retreat; for example, Mira and Janabhai (Tharu and Lalita 1991) are among the female saints who abandoned oppressive families and became spiritual wanderers.

Shame is the primary regulating modality in the discourse that molds the socialization of girls, implicit in the ways they are taught to sit and talk, and the multiple messages they receive from their family and community (Thapan 1997). The careful familial and group management of women's sexuality assists in maintaining izzat (honor) and therefore maintaining the best possible marriage arrangements by parents. Shame is prominent in feminist discourse (Khan 2002, Viswanath 1997) especially around the premises of izzat and honor killing occurring at home and post immigration. Reversing shame strategies, women's groups have resisted alcoholism, wife beating, and dowry in public campaigns that humiliate perpetrators in a group context (Kumar 1993) and have made efforts to reverse shame and silencing by seeking male support for freer and more secure public movement.
of women, and group voices to promote support of sexual expression without taboo or patriarchal retaliation. Feminist discourse in India until recently was a critique of patriarchal control over women (Kumar 1993, Thapan 1997), while now desire and the body, relating to issues of sexuality, violence, legal representation, pornography, and lesbian issues, are more evident. Currently issues of concern include vulnerable daughters in view of feticide, infanticide, child marriage, education, dowry, domestic abuse, rejection after intermarriage, bride burning (Kumar 1993), as well as proactive efforts for issues of widows, promoting birth control, legal rights of married or divorced women for custody or alimony, as well as marginalized and prostituting women who have often been sold or kidnapped. The rise of AIDS and sexually transmitted diseases reflects the prevalence of extramarital sexuality, which is more accepted for men and leaves traditional women vulnerable. In addition, with decades of positive and active entry of Indian women into sociopolitical, artistic, and work domains, there is a broadening discourse on women's lived experience of agency. Sexuality, desire, lesbianism, renunciation of life options, and managing shame are seen as directly linked to traditional feminine socialization and identity formation (Thapan 1997).

HYBRIDIZATION AND TRANSGRESSION

Hybridization of culture expressed in areas of sexuality and autonomy often systemically provokes concern or conflict. As a result, families make efforts at containment, exclusion from the group, or silencing of woman, as strategic gestures to resolve, deflect, or avoid confrontation with more powerful group members. Hybridization might be on a spectrum ranging from threatening (equated with killing a traditional paradigm and assaulting a homeostatic system) to creative. At an assimilation process, we see this reflected in diaspora community work, theater, dance, media, film, writing, and art. As immigrant women create hybrid identities and rework ego ideals or archetypes, they may be seen as evolving or redefining Indian feminine ideals. Transgressive acts of girls dating without parental consent might propel the family into uncharted territory of increased flexibility, new identities, and intermarriage of their children, but on occasion has resulted in severe reprimands or even the murder of girls for violation of izzat.

There are no valid generalizations on hybrid identity. Diaspora Indians, for example, constitute 45 percent of Trinidad’s population, and their women absorbed African cultural influences in a biracial postcolonial context to become assertively modern and sexually liberated, in a unique idiom, diverging from historical connections with Gandhi, Indian nationalism, and the issues of indentured labor (Niranjana 2001). Diaspora Indians from the Caribbean have their own familial paradigm of proper traditional ways and chutey-soca culture, a creolization of Indian and calypso influences. Immigration to North America is another horizontal path in a line of evolving cultural identity for women of Ladin origin.

In an ethnographic study using a Pittsburgh Hindu temple as the site of transitional experience for a “deterritorialized” conservative and highly successful community, Rayaprol (1997), looking at renegotiation of gender roles with immigrant agendas, does not see these women as oppressed but rather as resilient and strong. They have created a validating women-centered life in the temple focusing on youth, education, and ritual. These American career women were assimilated high achievers, but their cultural life was closer to values of elite or privileged Indian women. Their main concerns anticipated the separation and individuation of their children, addressing that gap between themselves and their second-generation children by holding a cultural space for their community. In addition to religious networks, American and British South Asian women's groups in many urban communities are often secular and united around broader social concerns, taking on supportive roles with refugee and less established immigrant woman from mixed ethnicities, who are dealing with initial immigration or refugee realities, legal issues, single parenting, language fluency, racism, domestic violence, or sexual abuse issues.

Case 3

Anuradha was a married, 59-year-old, first-generation Hindu woman immigrant who had three college-aged children. She felt she had been a good mother and was able to maintain a positive social persona through her temple activities. She was referred for therapy with her husband, who had challenged her psychiatrist on medication management. Though Anuradha had been hospitalized
several times for affective disorder, he would not recognize her mental illness, stating she was a “bad and lazy wife.” Anuradha was overwhelmed by his criticism and either was silent or dissociated in years of marital therapy. After this fiasco, she sought individual therapy because she feared a relapse, could not tolerate her husband’s verbal abuse, felt her children were affected by seeing her as a victim of domestic verbal abuse, and was paralyzed by the possibility of a divorce. Therapeutic work involved examining her anxiety about absorbing the accusation of being a bad wife and her loss of voice. Eventually she was able to attribute some of her vulnerability to the resurfacing of her childhood trauma around the divorce of her own parents when she was 10 years old. She had chosen “not to take sides,” taking the place of the “bad wife” (her mother) and remaining with her father. Repressed memories of sexual abuse perpetrated by a family servant and repressed memories of parental extramarital affairs surfaced. Her own marriage in late adolescence was another traumatic identity rupture, when she was sent away to Britain (then moving later to America) after an arranged marriage, and continued in her pattern of respecting and serving her husband, treating him like her father. She often uses art therapy or meditation as healing solutions for her fragile imbalances. Through therapy she started to put limits on her husband’s rage attacks and address proactive care of herself. The idea of divorce still threatened to tear apart her social identity, but she began to work on differentiation and earning an independent income, with decreasing anxiety about separating. Her need to marry her children off from what she still felt to be a good home was a motivation for staying married and dealing with her conflicts around being a “good woman.” She was able to see that her maternal deprivation had significantly motivated her devotion and absorption in her own children. She felt depleted as they grew up and moved away from home. Holding onto a Sita ideal of womanhood in a dyad with her husband in the West was untenable without extended family mediators or a supportive social network. Connecting by email and visits with receptive extended family members, validation of childhood memories, differentiating from parental objects, and strengthening her temple network increased her motivation to assert herself. She felt her new hybrid identity brought

her strength (identifying with her daughters), and after years of therapy she was able to contemplate “finally moving west” by applying for a passport.

The diversity of lost and rediscovered histories with women’s voices, recording their thoughts, politics, imagination, and lived experience, are part of the contemporary genre of writing that bears witness to the silence of previous generations of women’s experience. These writings have informed us historically that there is no monolithic theory but rather various realities. The impact of works such as Ismat Chughtai’s (1990) writing a lesbian love affair, a short story in the 1940s that led to her arrest for writing subversive literature, is part of that legacy. The Indian diaspora voices give accounts of cultural hybridization, dislocation, disassociation, and transitional experiences through a host of writers including Bharati Mukherjee, Jhumpa Lahiri, Sadie Smith, Anita Rau Badami, Shani Mootoo, and Shatna Singh Baldwin. These writings are preoccupied with repossessing female voices, experiences, and bodies after generationally experiencing silence or at times the absence of possibilities. Fitting the ideals that patriarchy defines is delegated to mothers, though again many mothers support nontraditional choices for their daughters.

While research studies validate the importance of gender role conflicts in Western suicidal adolescent girl cohorts (Pinhas et al. 2002), the underpinnings of role conflicts and cultural maps may vary in their impact on dynamic psychotherapy work with immigrant women. Psychologically this process of negotiating Eastern and Western gaze relates to “the recognition of a split-space of enunciation” and the “articulation of cultural hybridity,” which Homi Bhabha (1994, p. 173) relates to living in “the third space” of the hybrid.

COUNTERTRANSFERENCE BETWEEN WORLDS

Cultural hybridization raises countertransference agendas in therapy in complex ways (Bronstein 1986, Reid 1993, Richardson and Molinaro 1996, Solomon 1992), whether with therapists working with ethnically matching or diverse backgrounds from their clients, affecting dynamics, split identities, personas, and race, gender, and cultural motifs. Franz
Fanon (1967) was the first psychiatrist to underline the complex splits of persona related to cultural otherness for visible minorities in white societies. After Fanon’s seminal works on race countertransference, there was an increasing exploration using psychoanalytic reference points (Adams 1996, Holmes 1992, Kareem and Littlewood 1992, Lane 1998, Nandy 1995, Sue and Sue 1999, Young-Bruehl 1996). Using culturally congruent metaphors, respecting and empathizing with different frames of reference and values are essential to this therapeutic work (Lau 1995).

Said’s (1978) thesis of Orientalism is particularly relevant to the treatment of diaspora women. He suggests that these projections (of Orientalism) on cultural Others in the colonial context of the East and West, while deeply embedded as social, institutional, and unconscious elements of a multicultural society, remain largely denied in explicit dialogue (Imhasly-Gandhí 2001, Khan 2002). Spivak (1988) suggests in this context, for example, that the British colonial ideology once justified itself as a project of white men “saving brown women from brown men.” Though persona reflects the individual strengths, weaknesses, vices, and virtues, it also very much represents the culture and society to which the individual belongs, along with the shadow side of that society (Fernando 2003, Obeyesekere 1990). When groups are excluded from the structure of power and privilege within a society, the damage wreaked on the psyche and soul of the excluded group is brought to the therapist (Hopcke 1995), an issue that effects diaspora women within their natal and host societies.

Case 4

Rani, an 18-year-old, suicidal and distressed single second-generation immigrant Indian-origin woman, was seen in consultation with two Indian-origin therapists (one of whom had actually grown up in the Caribbean Islands). She had been referred by her therapist, who had difficulty understanding her issues. Rani voiced her apprehension that one of the therapists might know her community or be “too close” to her mother’s community, which she felt projected significant stigma onto mentally ill women. She was intrigued by the other therapist of Caribbean origin, who looked like her and had a Hindu name, but didn’t know any maternal Indian languages. She proposed to have her therapy with the Caribbean-origin thea-

pist who would understand being a visible minority but would not be “too close.” She reflected later that many affects seemed deeply embedded and accessible in her language but were too threatening to reexperience in therapy, and a second language (English) gave her space to think differently with more detachment from family issues. Her ability and entitlement to speak openly was associated with the host culture spaces or language. She feared being judged by traditional ideals (parental and group transference issues), stating that her fear of intrusion, criticism, or risk of community disclosure was lessened with her new therapist, who also understood the cultural maps of her family. She had kept many secrets from her parents, particularly around her sexual adventures, and had been very self-destructive with her body prior to entering therapy, with episodic life-threatening anorexia, an abortion, and self-mutilating behaviors not evident to her family members. She was able to establish a positive therapeutic alliance in long-term therapy. Later her self-destructive acts abated, her parents stopped pressuring her to return for marriage to the village, and she chose an Indian-origin partner in America after completing her studies. She never disclosed her sexual adventures to her family of origin, and terminated her therapy a few times, only to resume later, refueling with her therapist as new individuation conflicts arose. Her therapist as a “hybrid woman” accompanied this young woman as a transitional person who was competent in the Canadian milieu but who respected traditional life from a marginal position.

Narratives, whether clinical or literary, may inform us of the predicament of women. Ethnographic studies also help in tracing the explicating facets of the internal dynamics of institutional and religious influences (Rayaprol 1997), and contribute to our understanding community population samples showing underutilization of mental health services by Asian minorities. Psychoanalytic therapy appears to have had limited congruence with Indian milieus in the past, and immigrants often report disappointing encounters with Western therapists. If the immigrant woman is overidentified with the host culture, then the ethnic identity may be suppressed, repressed, or pushed aside, though it may be these identifications that are at the core of her inner world. Surviving the host culture agendas of adaptation may necessitate a split of
worlds (peers and home). Therapists may be chosen by these women as allies to resolve or maintain these splits. These repressed identifications may indeed surface later in life, with losses, trauma, rejection, or distress in the adopted homeland or emerging in seemingly self-destructive acts that sabotage achievements in the host society. These dynamics might be related to unconscious processes such as attempts to reassert the true self (including familial identifications), expose ambivalence associated with breaking with the control of the familial "other" world, or erupt in bodily distress such as anorexia or self-mutilation.

Madness like gender is socially constructed as Foucault (1988), Das (1989), Spivak (1988), Davar (1999), Seshadri-Crooks (1994), and others have elaborated, while stigma or prejudice, as Obeysekere (1981, 1990) suggests, reaches into the deeper fears of social groups. Traditional Indian systems in fact offer a complex manner of intervention, spirituality, and methods of healing or rebalancing disturbed individuals. Popular wisdom cautions about imbalances from excess of grief, pride (sir jhuk gaya, sir phir gaya), or negative emotions. As elaborated in the ancient Tamil text of Tiruvalluvar, "envy, greed, wrath and harsh words—these are to be avoided in domestic life especially by women." "A good wife is a boon to the house, the good children its jewel" (Tiruvalluvar 1990). In this context, speaking to outsiders in psychoanalytically psychotherapy sometimes presents resistances based on shame or fear, crossing a taboo of addressed to the family circle. Cultural spaces indicate why to talk, how to talk, when to talk, and what to talk about (Bruner 1996, Fiske 1996, Kim 2002, Lau 1995, Shore 1996).

Case 5

Begum, a socially isolated, educated, first-generation Bangladeshi woman, who had five children ranging from age 4 to adolescence, suffered from a psychotic illness after her immigration. She was seen in consultation along with her family, as the clinician she attended for the previous five years was concerned that her husband wanted to abandon her in her native village. They felt frustrated with the patient and sought a cultural formulation of their countertransference feelings. It emerged during the first interview that she had always been heard through her husband as translator (outsider translation is essential to hearing her voice), had many side effects from elevated levels of neuroleptics, and was unable to manage her older children, who were ashamed of her. The clinician was unaware that the oldest child had in fact been expelled from school and was affiliated with street gangs, as he was often unsupervised from a young age. Begum was unaware of concerns about her children other than the lack of respect from her older children. She was inappropriately disengaged as a parent and left her home in a chaotic state. She knew that her husband had a mistress (with whom he had a child), who was treated as a favorite aunt by the children. She appreciated the help of the mistress who was much more functional and assimilated into the Canadian milieu and therefore able to help both the children and husband with assimilation and school-related issues. While the clinic was aware of neglect issues, they had never explored the issues of attachment or understood Begum's position in her family. They had been sympathetic mainly toward her husband, who was burdened by a chronically ill, psychotic wife and "fed up" with her inability to fulfill her familial duties. He negotiated plans for her return to the Subcontinent, through her oldest living male relation, a brother living in the Persian Gulf, without consulting her. When this plan was explored in the session, she was clear she wanted a Canadian passport. "Don't dump me without a passport." She understood she could not return without papers, and said she would miss her children if she was sent away. The clinic then advocated for the father's trying to return to work, for helping the neglected children, and for the patient by undertaking the task of getting her passport. Her husband offered her the youngest child, the 4-year-old, who was still limited in language skills and understimulated, having spent most of her time with a psychotic mother. A compromise was reached, to allow Begum to get a passport, to delay the child's departure, and to send her to a day-care center in Canada. The Indian-origin mistress was included in subsequent meetings to negotiate family issues, and she brought up her own issues of being pressured by her family to marry or to leave her child with her family in a village on the Subcontinent. The patient suffered from paranoid feeling and was reluctant to talk to anyone, as no one had listened to her despite many years of hospitalization. Language and
systemic issues compounded the therapists’ attempts to lessen her disorienting and dislocating experiences.

For women with a psychotic illness, the additional disorientation of language and alienation can be overwhelming and permanently disturb attachments with children (Penfold and Walker 1984). There had been concerns raised in the literature that these women may be more often committed or treated inappropriately with electroshock therapy or large amounts of neuroleptics (Burck and Speed 1995, Fernando 2003, Lau 1995, Penfold and Walker 1984). Efforts to understand and not assume parameters of the psychosocial context of these women is essential to intervention planning. Bowen (1978) described a “societal projection process” where the benefactors of family systems define others as inferior or incompetent in order to relieve their own anxiety and uncertainty. This leaves the therapists in danger of becoming oversympathetic to the power relations in the family, placing inferior members in one-down positions, and “either keep them there or get angry with them” (Ratna and Wheeler 1995, p. 139). Countertransference needs to be informed on systemic, intrapsychic, and social levels.

CONCLUSION

The diaspora experience is about an “unsettling, recombination, hybridization, cut and mix” (Hall 2003) marked by a deep ambivalence of identification and desire, and a journey with no map. Women of Indian origin weave identities from an imaginary idea of India (Khilnani 1997, Raine 1991, Sulieri 1992) with mythic influences rooted in maternal-feminine identifications resonating with a mother goddess as psychic bedrock, a social system influenced by religious diversity, unsettling recombinations acquired in global immigration, and the alternate paradigms of individuation arising from global spaces. The relationship of past self to present self is full of diverse choices, mediated intrapsychically by memory, fantasy, and desire, with representations altered by the influences of technologies, the arts, and globalization. These predicaments contribute to a fertile ground either for precipitating crises that will drive a renewal to build identity, to facilitate individuating new, and to encourage enrichment, or for precipitating what Bion (1967) calls catastrophic shifts (Grinberg and Grinberg 1989).

The sensitive facilitation of interfamilial communications and relationships remains a key part of psychoanalytic psychotherapy of diaspora Indian-origin women influenced by the gaze from West and East as the self becomes a kaleidoscope of experiences (Porterotto et al. 2001, Solomon 1992). Despite the rich iconography and metaphoric plays on gender change and androgyne (Doniger 1999, Kakar 1989, Roland 1990), traditional and contemporary Indian society is homophobic, so therapy may also allow exploration of sexuality that is taboo in the homeland object or group world, though not in the diaspora. Therapeutic interfaces and interactions need to be referenced by dimensions of Subcontinent realities pertaining to class, gender, sexuality, ethnicity, and nationality. They must also be vigilant for the potential of “epistemic violence” (Spivak 1995), that is, culturally imposed destruction of psychological links. Imaginative empathy remains essential in the therapeutic relationship.

We have tried to promote a multifocal approach to providing therapy to women of Indian origin, and suggested that therapy may continue on a long-term intermittent basis. Patients do not need to adhere unquestioningly to the beliefs and values of the Indian traditional family or community group, and can come to own their own mind and voice. At the same time, they do not have to identify with the host culture and its values, but may affirm their various personas in a coherent and strategic bicultural mind set.

Given that much of the lived experience of the traditional feminine was anonymous and “inside the haveli” (a traditional feudal home) (Mehta 1977) or within the important roles of family rituals and nurturing, then shifting into an autonomous choice and individualism is both a radical departure and an intragenerational process that searches for multidirectional and heterogeneous modes of representation. The psychological agendas of joint family life, and malevolent, painful realities of middle class dowry death or pressures promoting female feticide in India, cannot be reduced to symbolic, imaginary, or cultural representations. Depressions, possession states, hysteria, and dissociation need to be situated in larger regulatory sociopolitical processes (Davar 1999) that constrain women’s voices and agency.
Immigration mixes the possibilities of maintaining traditional motifs, bicultural competence, autonomy, intermarriage, assimilation, and creolization. Immigration is about the clash of Old World nostalgia and the casual breaking of deeply held taboos. While children in the diaspora may have entirely different perceptions of India from their parents, these unresolvable experiential jumps are part of the concerns of families and individualizing children. Some women who cross a centuries-old silent boundary to verbalize about conflict outside the family may seek psychotherapeutic help. Psychotherapy can be viewed from an Eastern gaze as a subversive activity or as a healing opportunity to negotiate journeys on "the swinging bridge" (Espinet 2003, Tagore 2002) of immigration. Identity, race, and countertransference are the most significant issues in psychotherapy with Indian diaspora women.

REFERENCES


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