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Translation Terminable and Interminable: Psychoanalysis Between Vienna and Calcutta

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Towards the end of *Civilization and its Discontents*, Freud asks whether it might not be justified to say that civilizations, certain epochs of civilization, or even the whole of mankind, have become neurotic. In doing so, he makes a leap from the sphere of the analysis of the individual to the sphere of analysis of culture and society through an analogy. But Freud immediately warns us:

I would not say that an attempt of this kind to carry [*Versuch zur Übertragung*] psycho-analysis over to the cultural community was absurd or doomed to be fruitless. But we should have to be very cautious and not forget that, after all, we are only dealing with analogies and that it is dangerous, not only with men but also with concepts, to tear them from the sphere in which they have originated and been evolved (*Civilization and Its Discontents* 109–10; Freud, *GW 14* 504–05).

Freud clearly recognizes the risks of “carrying over” psychoanalysis to the “cultural community,” and the term that he uses for this “carrying over” of concepts is *Übertragung*, “transference.” In psychoanalytic treatment, the analysand associates the analyst to, for example, family members, thus redirecting elements from her past to the present in analysis. In a similar way, concepts carry with them associations that belong to their history.

It is equally crucial to consider Freud’s warning when the question is not just the transference of concepts from one theoretical sphere to another (such as from the individual to the collective) but also across geographic frontiers, which can be at the same time territorial, cultural, and political. Indeed, in carrying concepts over from one part of the world to another, psychoanalysis runs the risk of imposing itself on realities dissimilar to the ones from which its concepts—to use Freud’s own words—were “torn.”

Psychoanalysis, both as a theory and a clinical practice, was in fact able to circulate across the world. How could this discipline, which originated and evolved in the Vienna that Freud inhabited, travel beyond that locale to be practiced in other regions? How can psychoanalysis function clinically in an environment fundamentally different from Europe? In order to function in contexts constituted by other cultural patterns, languages, mythologies, and local practices, psychoanalysis needs translation, but a translation that is itself, as I will argue, informed by a fundamental concept in psychoanalysis: transference. I propose to understand the translation of psychoanalysis as a transference process. When psychoanalysis travels across the world and starts being practiced elsewhere, bringing with it the idiosyncrasy of its history, the characteristics of new locales force it to transform, resulting in the development or reconfiguration of concepts and techniques. Situated in

particular spaces, historical moments, languages, and narratives through its clinical practice, psychoanalysis is translated through a transference process in which its past history and its present reality need to be negotiated.

Beyond Vienna

Taking the publication of Freud's *The Interpretation of Dreams* in 1900 as point of reference, Joy Damousi and Mariano Plotkin claim that the twentieth century was the "psychoanalytic century" (1). The theoretical body of psychoanalysis, "created in Vienna (a declining capital of a declining empire) by a Bohemian-born Austrian Jewish medical doctor who occupied a relatively marginal position in the academic and professional fields of his country," as they claim, quickly became a transnational discipline (Damousi and Plotkin 5). Already in the 1920s, Freud was corresponding with Peruvian psychiatrist, philosopher, and linguist Honorio Delgado and with Indian psychoanalyst and physician Girindrasekhar Bose. Moreover, today the city recognized as "world capital of psychoanalysis" is in fact not Vienna, but Buenos Aires (Damousi and Plotkin 5).

As Carl Schorske famously argued, psychoanalysis was a child of its own epoch (181–207). Its early dissemination meant that this theoretical body and clinical practice, situated as it was, quickly began putting down roots in new places that were fundamentally different from Freud's Vienna. Cultural and institutional differences were already becoming evident in the early days of psychoanalysis. The fact that Freud excluded psychoses from the clinical realm of psychoanalysis, as Paul Roazen points out, was partly due to the separation between neurology and psychiatry in Austria. At the time, hospitalized mental patients were only seen by psychiatrists, while psychoanalysts usually had little experience with them (29). Roazen notes that the Viennese clearly distinguished between neurology and psychiatry, while the Swiss, for example, did not keep these realms separated. Carl Jung and Eugen Bleuler are examples of Swiss analysts who came to psychoanalysis from within academic psychiatry (Roazen 30).

When psychoanalysis travels beyond Europe, the contingencies that characterize Freudian psychoanalysis are revealed as culturally specific rather than as a manifestation of universality. Psychoanalysis can perhaps only claim to be universal in its local milieu—its circulation beyond that milieu reveals its situated idiosyncrasy, and sometimes a rather parochial character. Edward Said points out that, although Freud's work is about the Other insofar as it addresses the question of the limits of reason, convention, and consciousness, it is

always about the Other recognizable mainly to readers who are well acquainted with the classics of Graeco-Roman and Hebrew Antiquity and what was later to derive from them in the various modern European languages, literatures, sciences, religions and cultures with which he himself was well acquainted (14).

The international circulation of psychoanalysis involves the confrontation of its practice with various mythologies, languages, religious practices, and institutions, and this confrontation often reveals that the Other conceived in Freud's work is an Other that is mostly legible through a European lens. Gayatri Chakravorty Spivak alludes to this question of legibility from a practical perspective when she asks: "When we [ex-colonials]

make promises or excuses, for curing or not wanting to be cured (...) can *we* perform conventions laid down according to Hebraic and Hellenic stories?" (43). The task for non-European analysts consists, in this sense, in imagining and formulating new ways of practicing psychoanalysis, retaining some aspects and rewriting others.

This narrow legibility has been perpetuated by the historiography of psychoanalysis. As Plotkin explains, although psychoanalysis was widely diffused in Latin America early in its history, the region has remained in the margins of its canonical history, "traditionally conceptualized as an 'empty space,' that is to say, as a space where ideas and institutional models 'imported' from Europe or the USA have been passively implanted" ("Introduction" 229). Jacques Derrida points to the marginal place that is given to Latin America in the institutional discourse of psychoanalysis—namely, in the 1977 constitution of the International Psychoanalytic Association, which identifies the Association's main geographical area as "America north of the United States-Mexican border; all America south of that border; and the rest of the world" (quoted in Derrida 199). Derrida makes a point of *naming* Latin America, rejecting the "geographical abstraction" of the discourse of the IPA. The IPA's omission in naming Latin America illustrates the marginal place that has been given to psychoanalysis beyond Europe (and, in the case of the IPA's discourse, the United States) in the historiography of psychoanalysis, which also means that certain versions of psychoanalysis have been disregarded.

In what follows, I will focus on psychoanalysis in India—more specifically, in Calcutta—focusing on the work of Girindrasekhar Bose. In doing so, I will analyze the relationship of the psychoanalytic circle in Calcutta to Freud and Freudian psychoanalysis.

Psychoanalysis in Calcutta

Girindrasekhar Bose is often described as the first non-Western psychoanalyst (Sinha 428; Nandy 83). He was born in 1887 in the north of Bihar, and his family later moved to Calcutta, where Bose received his medical degree in 1910 from Calcutta Medical College. From the beginning of his medical practice, he became interested in psychiatry and began to treat mental patients. He was the pioneer of psychoanalysis in India and founder of the Indian Psychoanalytic Association, and he practiced psychoanalysis in Calcutta from 1909 until his death in 1953.

Bose began to develop his theory of the "opposite wishes" having only heard about the existence of psychoanalysis (Sinha 427–28). Ashis Nandy points out that Bose might have learned about psychoanalysis as early as 1905, but only became interested in it in 1909 when he had access to articles published in newspapers (93). English translations of Freud's works only began to reach India in 1918, once the war ended (Sinha 428; Nandy 93). In the preface to his doctoral thesis, titled *The Concept of Repression*, Bose recounts that he began treating patients with the psychoanalytic method by the end of 1909, even though there was no systematic presentation of psychoanalysis in English at the time, and points out: "Many truths which I then found out from my analysis of patients, and which I accounted original, were in fact widely known findings as I discovered afterwards. This was both a pleasure and a disappointment to me" (*Concept of Repression* v).

As translations of Freud's works were published, Bose became increasingly committed to psychoanalysis, and successfully applied Freud's method in his psychiatric practice (Nandy 94). By the time Bose was in his forties, he was widely recognized as a

successful and gifted therapist. Psychoanalytic therapy in Calcutta, however, differed significantly from Freud's psychoanalytic practice. According to Nandy, Bose's writings show some indication that he may have been "overly didactic" in his therapeutic style, and the fact that he may have been so direct in his interventions had an effect on how the therapy was conceived: "Therapy was viewed primarily as a cognitive venture, involving the acquisition of knowledge or information, and only secondarily as a matter of rearrangement or reinterpretation of emotions" (Nandy 108).

For Nandy, the public's general indifference towards psychoanalysis defines its reception in India. With his psychoanalytic theory, Freud introduced the notion of the unconscious and developed a clinical treatment aimed at learning about this unknown part of the self. When psychoanalysis presented a new set of principles that explained the psyche, the Victorians, as Nandy expresses it, "could neither ignore nor swallow" these principles (111). But Nandy claims that in India,¹ psychoanalysis was remarkably less controversial, since only a very small section of the Indian society had internalized Victorian moral codes—Freud, as Nandy claims, "might have viewed himself as one of those who disturbed the sleep of the world, but he did not disturb many Indians even in their waking hours" (111). Although it is not unthinkable that psychoanalysis might have been received less scandalously outside the realm of—to quote Schorske—the "garden-variety Victorianism" that characterized most of Europe at the time (6), the general indifference regarding psychoanalysis that Nandy describes could also be explained by the fact that only a small fraction of the population in Calcutta had access to psychoanalytic treatment.

One specific example of Bose's own variation of psychoanalysis is that he replaced Freud's couch with a deck chair. Christiane Hartnack stresses the contrast between Freud's practice—filled with Persian rugs, dark and heavy furniture, and antique statuettes—and Bose's, which only had a desk and a chair, bookshelves, and "the quintessentially colonial deck chair" (*Psychoanalysis in Colonial India* 123). This deck chair, as Hartnack notes, "was neither Freudian nor Bengali, but mirrored the foreign origin of this form of therapy," and it represented a form of relaxation that was unrelated both to Bose's local traditions and to the Austrian origin of psychoanalysis (122). Interestingly, Freud's couch was "European" insofar as it represented the taste of the European *bourgeoisie* at the time. In the context of her analysis of Freud's office, Diana Fuss describes this aspect of interior design at the time in the following way:

¹ Although Nandy speaks of psychoanalysis in India without qualification, the history of psychoanalysis in the region is not uniform. Anup Dhar, who explains the multifariousness of the history of psychoanalysis in India, claims that it "spans the birth and genesis of psychoanalysis in largely four cities, Kolkata, Mumbai, Delhi and Bangalore including Patna, Benaras, even Rangoon in 1948." Dhar also points out that psychoanalysis was marked by different characters in each of these four cities; Kolkata: Freudian, Mumbai: Kleinian, Delhi: Winnicottian, and Bangalore: Jungian (T199). A qualified understanding of psychoanalysis in India is also important in the examination of Bose's theory because of the role that religion plays in it. The fact that Bose emphasized the influence of Puranas, Yoga Sutra, and Bhagwad Gita, and the overall presence of Hinduism in his thought means, according to Zehra Mehdi, that under Bose, psychoanalysis in India emerged as a nationalist science. "What stands out in his [Bose's] writing as well as other analysts in Indian psychoanalytic society is how there is no mention of any other religion in the discussion of Indian patients. One wonders why Hinduism ended up becoming not only the central but the only description of the Indian, since at the time Calcutta was populated by a substantial population of Muslims as well as Jews" (Mehdi 233).

In Europe's fin-de-siècle fascination with the East, oriental interiors—especially the smoking room—were closely associated with leisure and relaxation. The bright dyes, luxurious textures, and bold designs of increasingly popular Persian carpets were instrumental in importing into the bourgeois Victorian home an aura of Eastern exoticism. In fact, the last decades of the nineteenth century found Europe in the grip of what one German design historian has called “Oriental carpet fever.” (39)

Both Freud's and Bose's practice appeared visually, in their own particular ways, as foreign, inviting patients to engage in an activity that was new to them.

Another distinctive difference between Freud's practice and Bose's was, as Hartnack points out, that Freud mostly interacted with middle-class, educated, urban women, while the patients of early Indian analysts were almost exclusively male. Hartnack explains that psychoanalysis in India began in a colonial setting and that Western-educated urban men, who occupied the section of society closest to the foreign colonizers, had the most access to “imports” like psychoanalysis (“Vishnu on Freud's Desk” 922). It is possible that the gender difference between Freud's and Bose's patients had an effect on their respective conceptual developments as well.

The stark contrast sometimes established between Indian and British—for example, by Hartnack—did not quite define the reality of the upper-caste Western-educated Bengali elite.² Akshi Singh points out that Hartnack uses the adjective “Indian” uncomplicatedly, and in direct opposition to “Western.” According to Singh, Hartnack considers these categories to be fully constituted and available to be used by the people that she writes about, and in so doing, her book “obfuscates questions of self-representation and identification which are particularly important to psychoanalysis if it is to be understood as a theory of mental representations (and their undoing)” (18). Singh explains that the Indian Psychoanalytical Society made no distinction between British and Indians with regard to membership and shows that Bose was invested in the distinction between the “primitive” and the “civilized,” a concern shared with other analysts of the time (17–18). As Kalpana Seshadri-Crooks claims in reference to these aspects of Hartnack's reading, “the danger is of forcing a familiar (master/slave) narrative and perhaps obfuscating deeper problems” (186). The opposition, then, between Indian and Western (in particular, British), did not define the context of the psychoanalytic circle in Calcutta, and it seems that Bose was concerned with many of the same questions that Freud was. A stark distinction between Indian and Western in the context of this milieu of British and Western-educated upper-caste Bengali professional men seems therefore to overstate (and, to some extent, fabricate) their differences and overlook their similarities.

² This section of society is often referred to as the *bhadralok*. Andrew Sartori observes that “[u]sed without qualifiers, the term *Bengalis* refers not, it turns out on closer inspection, to the inhabitants of Bengal generally (including the Muslim peasants or the low-caste laborers who numerically predominated), but rather to the Bengali *bhadralok*—the respectable classes that spanned the range of social positions from lowly clerks and village priests through intermediate tenure holders and professionals to magnates and quasi-aristocrats like the Tagores; who, broadly speaking, combined high Hindu caste with nonmanual employment; and who were responsible for the production of new political, ethical, and literary forms that would overwhelmingly define the self-conception of the region in the colonial and postcolonial eras” (8).

One particular aspect in which the local character of Freudian psychoanalysis comes to the fore is, as mentioned above, the role that Greek classical culture plays in psychoanalytic concepts as Freud formulated them. As other cultivated Austrians of his generation, Freud was well educated in classical Graeco-Roman culture, but he also offered a reinterpretation of Greek mythology. As Elisabeth Roudinesco explains: “This Oedipus [Sophocles’s] has nothing in common with the one reinvented by Freud, guilty of a double desire: the desire to kill his father and the desire for sexual possession of his mother’s body” (79).

The Oedipus complex, at the time a prominent in psychoanalysis, is a perfect example of a concept based on Greek mythology. Although, in this sense, the Oedipus complex was situated in Freud’s Middle-European cultural milieu, he described it as “a universal law [*Gesetzmäßigkeit*] of mental life”³ (*SE XXIII* 63) and even claimed that “the beginnings of religion, morals, society and art converge in the Oedipus complex” (156–57). On this point, Spivak points out critically that in situating matriarchal polytheisms in the prehistory of mankind, Freud claims “the parricide story as the beginning of human history” (49). Should psychoanalysis, then, be re-elaborated based on other mythologies? Anup Dhar explores the question of what happens when “India” and psychoanalysis meet, and asks: “was it [inaugurating] *Indian* psychoanalysis? But in which sense was it ‘Indian’? Was it the ‘Indian logic’ of the psyche? Or was it the logic of the ‘Indian psyche’?” (33). He proposes different possible answers to these questions, among which is the possibility of displacing the European universal with an Indian version, one in which there is a corresponding version of the Oedipus complex: the Ganesha complex. Following the myths of Ganesha, the elephant-headed Hindu god of beginnings, it is not the son who kills the father, but the father (Shiva) who beheads/castrates the son (Ganesha) (Dhar in Bandyopadhyay and Kundu 34). Moreover, Dhar also asks whether another psychology could be inaugurated based, for example, on the ancient epic of Mahabharata—a psychology “different from what the west could think of – given its obsession with Greek tragedy” (*ibid.*).

Although Bose did not develop the Ganesha complex that Dhar suggests, he did offer an interpretation of the Oedipus complex different from Freud’s.⁴ Bose explains that when the child’s ego⁵ begins to differentiate itself from the environment, what predominates is passive experiences. Since the most significant impressions come from the mother, the fact that the child repeatedly plays the passive role in being taken care of by

³ In translating *Gesetzmäßigkeit* as “universal law,” James Strachey introduces the idea of universality; a more literal translation would be “a lawful fact of mental life.” While there is no explicit allusion to universality in Freud’s original formulation, the legal character that he ascribes to the Oedipus complex suggests a predominance of regularity over situated contingency.

⁴ I will here address some of the main aspects of Bose’s views of the Oedipus complex. A more in-depth analysis can be found in Alf Hildebeitel’s *Freud’s India: Sigmund Freud and India’s First Psychoanalyst Girindrasekhar Bose* (Chapter 6).

⁵ Although Bose only talks about “the child” without specifying gender (and often using the pronoun “it”), he seems to mostly refer to male children, as it becomes evident later in the text. At different points in the argument of “The Genesis and Adjustment of the Oedipus Wish” he points out certain differences between the psycho-sexual development of female children, but he also admits that “[o]ur knowledge of the oedipus complex in females is not very satisfactory” (“The Genesis and Adjustment of the Oedipus Wish” 226, 229). Since most of Bose’s patients were male, I will not develop these differences between genders regarding the Oedipus complex.

the mother leads to the emergence of active wishes in the child, who begins to act like the mother, taking the mother herself as the object as if she were now the child. Through acting like the mother, the child begins to take her place (during play, for example)—to use Bose's terms, "action-identity" is followed by "ego-identity" ("The Genesis and Adjustment of the Oedipus Wish" 230). In imagining taking the place of the mother, the child also imagines the father as a husband, which leads to the development of a "feminine sexual attitude" towards the father, a "desire to be a woman." Bose then claims: "At this stage of sexual development the genitalia of the child are already rich in sensations and this coupled with the knowledge of the difference in sexual organization in the male and the female makes the male child wish for a removal of its phallus" ("The Genesis and Adjustment of the Oedipus Wish" 231). What results from the desire to be a woman is not a castration complex, but a castration wish. Bose situates his understanding of these processes by stating that "[i]n the average Indian family the boy or the girl usually goes about naked (...) up to a comparatively late period in life," which allows them to compare male and female genitalia from a very early age. While Bose points out that he has observed the castration complex in his European patients,⁶ he claims that has not observed it in the analysis of his Indian patients, which leads him to assume that the development of this complex is associated with differences in the social environment (Bose, "The Genesis of Homosexuality" 74).

Besides castration, it is also possible for male children to play "the female role" by developing "passive homosexuality." In both cases, the passive wishes involved in the "feminine or passive homosexual role" towards the father are followed by active wishes, where the child assumes a "male role" towards the father, who is in turn imagined to be a woman or to play "the passive homosexual part." As the father's interests become the child's interests, action-identity, once again, is followed by ego-identity. The child imagines himself to be an adult like his father, and the mother appears now as a new sexual object—a stage that Bose calls "the oedipus point" ("The Genesis and Adjustment of the Oedipus Wish" 232).

Based on this understanding of castration as a wish, and the different roles that the child plays (as the child, the mother, and the father) Bose disagrees with Freud's version of the Oedipus complex. According to Bose, it is the son who castrates the father and the superego is "feminized":

I do not agree with Freud when he says that the oedipus wishes ultimately succumb to the authority of the super-ego. Quite the reverse is the case. The super-ego must be conquered and the ability to castrate the father and make him into a woman is an essential requisite for the adjustment of the oedipus wish. The oedipus is resolved not by the threat of castration, but by the ability to castrate. (237)

As Bose explains, then, passive wishes are followed by active ones and, in the same way, the desire to be a woman (and thus the castration wish) is replaced by the assumption of a "male role" towards the father, which means that he is now imagined to be a woman—and thus castrated.

⁶ In a different essay, Bose presents a more qualified statement: "Superficial analysis of European patients seems to show the importance of the castration complex" ("The Genesis and Adjustment of the Oedipus Wish" 237).

Bose's main conceptual development was the aforementioned theory of the "opposite wishes," according to which "in every instance the satisfaction whether voluntary or involuntary of any wish leads to the development of its opposite" (227). This theory explains how certain traits, like sadochism and masochism, occur in pairs, as well as how wishes that appear in a specific sequence during treatment are related to one another. Bose addresses the origin of the opposite wishes and explains that when the subject-object distinction emerges in the ego of the child—that is, then the child is able to distinguish herself from the environment—and her interest becomes attached to external objects, there is a splitting-up of the subject's ego into two opposite halves: a subjective and an objective one. These two phases of the ego are in turn invested with opposite wishes ("The Genesis of Homosexuality" 68).

In his essay "A New Theory of Mental Life," Bose explains that this theory is based on what he calls the "see-saw" phenomenon, explained as follows:

It seemed as if the opposite tendencies that appeared alternately in consciousness and disappeared in the unconscious were the warring elements. So long as the conflict lasted one seemed to oppose the entry of the other into consciousness; one was the repressing force and the other was the repressed and they could reverse their roles; they each clamoured to occupy the field of consciousness but only one could do so at a time. ("A New Theory of Mental Life" 45–46)

According to Bose's theory, every wish is accompanied by its opposite, but a conflict concerning these two opposite wishes only allows space for one of them in consciousness, the other remaining unconscious.

Bose presents some case histories to illustrate this theory, one of which is the case of an educated young Muslim man who, after a communal riot, developed an obsessive fear of being stabbed from behind. As psychoanalytic treatment proceeded, retaliatory fantasies emerged, in which the patient imagined himself as exceedingly strong, even though he complained about his physical weakness in session. These aggressive fantasies brought up memories about school fights in his childhood. The patient, according to Bose's interpretation, had unconsciously equated ordinary fight with sexual assault. Later in the treatment, the retaliatory aggressive fantasies disappeared and were replaced by an early incident in which a servant had forced him to play the passive part. In Bose's analysis, "the fear of being stabbed represented in the patient's unconscious a wish to be passively treated in a homo-sexual situation" ("A New Theory of Mental Life" 48). Because of the conflict this patient was undergoing, the obsessive fear of being stabbed was blatantly present in consciousness, and although this fear was attached to the (unconscious) wish to play the passive role in a sexual relation with a man, it was only when the fears disappeared that this wish became conscious.

The theory of the "opposite wishes" incorporated a duality in the understanding of desire that is not present in classical psychoanalysis. In addition to developing a psychoanalytic theory of his own, Bose translated psychoanalytic theory and technique based on the observations he made in the treatment of his patients in Calcutta. Having addressed some of the aspects that characterize Bose's theory and practice, I will now examine his correspondence with Freud with a focus on the transference aspects of this exchange.

Imaginative portraits

The exchange between Bose and Freud started in 1921 and lasted until 1937. Throughout their correspondence, the positions that each of them adopted took different forms. In this first letter, Bose expressed his admiration for Freud's theory and attached his thesis, *The Concept of Repression*, hoping to hear Freud's perspective on his conceptual developments. Freud responded expressing surprise that psychoanalysis had received so much interest in Bose's "far off country" (2). Bose sent Freud more essays of his in other letters, to which Freud replied positively, referring to the great impression that Bose's texts had made on him, while also raising objections and showing some skepticism (for example, Bose and Freud 16).

The positions that both Bose and Freud adopted in this exchange, as well as the way in which they imagined their respective interlocutor, are suggested in one particular episode. In one of the first letters, Bose asked Freud—with some timidity—to send him a picture, explaining that his circle of admirers was eager to see what he looked like, as no images of Freud had reached India. Before receiving Freud's photograph, Bose sent Freud a pencil sketch by an Indian artist, Mr. J. Sen, who admired Freud and had drawn him from imagination according to what he "ought to look like"⁷ (6). After receiving the drawing, Freud responded: "You will soon have occasion to confront it with the photo and see that the artist did not take into account certain racial characters" (8). In fact, in a letter to Lou Andreas-Salome, Freud referred to this episode in the following way:

The most interesting item of news in the psycho-analytic world is the foundation of a local group in Calcutta, led by Dr. Girindrasekhar Bose, a Professor Extraordinary and author of the book *The Concept of Repression*. (...) From the same quarter I received an 'Imaginative Portrait', i.e., a painting by someone who is said to be a famous Indian artist, and which represents his idea of my person, of whom he has never seen a likeness. Naturally, he makes me look the complete Englishman. (114)

The drawing, which Nandy calls "a near-perfect test of projection" (101), might reveal something about the place that Freud had in the imaginary of Bose and his inner circle. Hartnack's interpretation is that Freud was portrayed as the colonizer (*Psychoanalysis in Colonial India* 139).

However, to return to Singh's critique of Hartnack, the relationship between the British and the upper-caste Bengali elite was not one of utter opposition. Since the Indian Psychoanalytic Association made no distinction between Indian and British members with regard to their categorization, it is possible that the portrayal of Freud as an Englishman meant that he was imagined as a white (or Western) colleague, and not simply as the colonizer. The concept of transference is especially helpful in interpreting the particular imbrication of British colonial officers, on the one hand, and British colleagues in the Indian Psychoanalytic Association, on the other. In *Fragment of an Analysis of a Case of Hysteria*, Freud defined transferences as "new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis" (*Dora* 106). J. Sen's portrait of Freud is, I would suggest, a new edition of associations that

⁷ Bose himself uses quotation marks in the letter when he mentions this detail.

were part of Sen's and Bose's imaginaries, based on their relationship to the British as both colonizers and fellow members of the Indian Psychoanalytic Association. One might also consider Bose's decision to use a deck chair in his practice as an attempt to evoke Freud's own. If Freud was portrayed as an Englishman, the Freudian couch may have been imagined as a colonial deck chair rather than as a Victorian daybed covered by Persian rugs.

The relationship between Bose and Freud is marked by a colonial imaginary. Freud seemed to see in Bose's work and in the Indian Psychoanalytic Association the blurred character of conquered territory. In fact, he explicitly alluded to the idea of conquest in relation to the circulation of psychoanalysis in a letter to Bose. Years after they started their exchange, towards the end of the 1920s, Bose sent Freud an ivory statuette of Vishnu⁸ on behalf of the Indian Psychoanalytic Society. When Freud received Bose's gift, he responded:

The statuette is charming. I gave it the place of honour on my desk. As long as I can enjoy life it will recall to my mind the progress of psychoanalysis, the proud conquest it has made in foreign countries and the kind feelings for me it has aroused in some of my contemporaries at least (Bose and Freud 21).

Hartnack points out that, despite Freud's interest in Greek, Roman, and Egyptian antiquities, he did not show any interest in the symbolism of the statuette of Vishnu that the Indian Psychoanalytic Society sent him. Rather than a cultural artifact, Freud seemed to think of this statuette—as Hartnack notes—merely as a symbol of his conquest (*Psychoanalysis in Colonial India* 138).

For his part, Bose showed great admiration and respect for Freud's theory, acknowledging his authority as the father of psychoanalysis. As a European man, Freud was likened to an Englishman—a colonial officer, a British colleague, or an imbrication of both. But Bose also presented himself as a professional colleague. He asked Freud's opinion about his work, as well as for a statement of Freud's impressions on his dissertation on the concept of repression, since he was planning its publication. In other letters, Bose defended his theory when Freud raised objections or showed skepticism. After reading some of the essays that Bose sent with his letters, Freud accused Bose of “underrat[ing] the efficiency of the castration fear,” even though Bose explicitly pointed to the differences between his Indian and European patients in his essays. In response to Freud's critical observation, Bose stressed this difference again in his following letter to Freud (Bose and Freud 16–17). Four years later, Freud admitted that he had not given attention to Bose's ideas in the past, and offered Bose the possibility of publishing an article on his theory of the “opposite wishes,” also offering to have it translated to German in Vienna. In the letter in which he proposed this, Freud seemed considerably enthusiastic about this possibility: “I suspect that your theory of opposite wishes is practically unknown among us and never mentioned or discussed. This attitude was to be abolished. I am eager to see it weighed and

⁸ While most sources state that it was a statuette of Vishnu, Sinha claims that it was instead one of a dancing Shiva, Nataraj (431).

considered by English and German analysts all over” (Bose and Freud 24). This possibility, however, never materialized.⁹

In their correspondence, Freud did not seem to acknowledge the possibility that different versions of psychoanalysis might result from its geographical circulation and subsequent translation. In the letter where he admitted not having given attention to Bose’s ideas and showed enthusiasm at the possibility of publishing an article of his, Freud stated that “[t]he contradictions within our current psychoanalytic theory are many and deep-going” (Bose and Freud 24). The fact that Freud pointed to the existence of contradictions, as if all psychoanalytic notions should converge in a unified theoretical corpus, shows that Freud’s views on the international circulation of psychoanalysis did not allow for different versions of it, or permit its translation through its clinical practice in other regions of the world. In this sense, Freud understood psychoanalysis as universal rather than transnational, erasing the idiosyncrasy of its concepts by assuming that all their possible versions belonged in a single system. Rather than understand that the theory he developed in Vienna was bringing along certain transferences in traveling across the world, Freud thought of it as a unique and consistent system of thought that, because it was already universal, needed no translation.

Transference beyond the couch

The history of psychoanalysis, as Plotkin claims, is also the history of its patterns of reception and diffusion: “[a]n exploration of the way psychoanalysis disseminated in a particular society and culture tells us something important about both psychoanalysis and that culture” (*Freud in the Pampas* 4–5). What can the history of psychoanalysis in Calcutta—as well as in other regions—reveal about European psychoanalysis? Through its translation, psychoanalysis in other contexts foregrounds the cultural specificity of Freudian psychoanalysis. In his analysis of Indian psychoanalysis, Dhar explains that Bose advances a new theory of sexual life, where sexualization does not depend on having or not having the phallus. For Dhar, this conceptual difference indicates what Indian psychoanalysis can reveal about European psychoanalysis:

It is not that Indian and European patients are different in psychic disposition. It is that, in the “Indian” outline of psychoanalysis, the phallus is not considered the fundamental object or signifier of sexed subjectivity. Here “India” is not an analysand who offers different case experiences to phallogocentric psychoanalysis. Instead, India is an analyst of the European obsession with the phallus (and the Oedipal) as the structuring principle of psychic constitution. (Dhar in Kumar et al. 195)

⁹ The reason why Bose never sent Freud his paper is not clear. Although Bose showed enthusiasm at the prospect of publishing a paper on the theory of the opposite wish for circulation in Freud’s circle, he also told Freud that he had “accidentally” (Bose himself uses quotation marks) burnt his face and right hand, which meant that he could not work at the moment and promised to send the paper two months after the date of the letter (Bose and Freud 25). But Bose never sent the article. Alf Hildebeitel offers a thorough analysis and some hypotheses in *Freud’s India: Sigmund Freud and India’s First Psychoanalyst Girindrasekhar Bose*, Chapter 3.

Far from the universal theory that Freud conceived, the idiosyncrasy of European psychoanalysis is foregrounded when it leaves Europe. The encounter between “India” and Freudian psychoanalysis, which made possible the translation of psychoanalytic theory and practice, cannot be explained as abstract forms wandering around the world, waiting to encounter new contents to complete them. The translation of psychoanalysis should instead be understood as a transferential process.

There are indeed dangers, as Freud warned us in *Civilization and its Discontents*, in tearing concepts from where they originated and carrying them over to a different sphere through analogy. The international circulation of psychoanalysis, however, is not merely an analogy or a hypothetical eventuality, but a fundamental aspect of the history of psychoanalytic theory and practice. When psychoanalysis travels, it brings with it the history of its emergence and development and this history is negotiated with new realities in a process of translation.

The story of the translation of psychoanalysis in Calcutta through Bose’s theoretical developments, clinical practice, and relationship with Freud is not one defined by mutually unintelligible theories or incommensurable worldviews. Rather, it is a story of realities shaped by vague imaginaries, the projection of preconceived ideas, and failed expectations, as well as one of reinterpretation and rewriting of situated narratives. In other words, it is the story of a transferential relationship—one that defined not only the communication between two analysts, but also the constitution of a version of psychoanalysis distanced from some of the aspects that made it discernibly European. Instead of a cure, this transferential relationship is directed towards a translation, a process that does not necessarily come to an end. As Freud explains in his essay “Analysis Terminable and Interminable,” while the work of analysis is not endless—its termination being a practical matter—a therapeutic analysis can be an interminable task. A transferential process marked by the interaction between concepts, narratives, and practical contingencies, the translation of psychoanalysis is terminable and interminable.

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