

Uncultured Psychoanalysis: On the Hazards of Ethnotransference

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A culture-free psychoanalysis is ideally suited to culture-free patients treated by culture-free analysts. But such creatures do not exist because they cannot exist. Human survival depends on the acquisition of what Medawar (1953) calls an “exosomatic” culture heritage. Inevitably, growing up requires socialization into one or another of the diverse array of human societies, each with its own distinctive beliefs and practices for guiding us through life. An unfamiliar culture can be learned vicariously, but we cannot become intimately attuned to its nuances without actually living them. This is a realization thrust on me long ago and far away in an ancient city watered by the sacred Ganges river of northern India.

Despite more than a million inhabitants, Allahabad preserved an almost rural tempo that blended well with its university where I came to serve as a Fulbright lecturer. As a contribution to the expansion of my psychoanalytic skills, my academic hosts arranged for me to be therapist to an undergraduate whom I will call Lallit. He was a good choice, since he wanted guidance through a painful struggle with his physician father, Dr. Agarwal. Lallit was quite personable and addressed me in excellent, if typically Indian, English that was spoken in his home. He came directly to the reason for his visit. Lallit said he wanted to switch from his premedical major to art history but that his father was adamantly opposed. In Dr. Agarwal’s opinion this would convert Lallit from a financial asset into a financial liability.



My immediate inward reaction was indignation at Dr. Agarwal's grossly exploitative authoritarianism and strong sympathy when Lallit beseeched me to persuade his father to relent. At the same time, my psychoanalytic training told me it was inappropriate to intervene directly. So I resorted to a challenge that had always worked well in New York. My reply was "If I do it for you, aren't you swapping one father for another? Do you really want to do that?" His reply was an unequivocal acceptance of such dependence. "Why not?" he countered. "Are you not my guru?"

Further questions on my part made it quite clear that Lallit was completely inclined to rely on others. He had considered none of the obvious moves toward self-sufficiency. He had sought no after-school jobs to replace his discontinued allowance. Nor had he explored a possible scholarship, on the basis of his excellent academic record, for assistance in pursuing the career of his choice. The meeting ended on a note that was inconclusive and discouraging to both of us. My own reaction to this first cross-cultural effort was reflected in a dream that night. In the dream, I was looking down from above on a crowded hospital cancer ward. Each bed held several passively entangled patients. Their apathetic enmeshment in each other disgusted me.

On awakening, I was troubled by the intensity of my own obvious countertransference reaction. All the more so because, apart from his current predicament, Lallit was a well-functioning and appealing person. To resolve my own confusion, I made active inquiry into the nature of family and student life in Allahabad, beyond all that I had already read. It was embarrassing to discover that part-time jobs were unknown there and that even full time work for someone of Lallit's respectable background was out of reach in the face of family opposition. It was universally accepted



that sons are obliged to satisfy their fathers' wishes. Eventually, I even learned about a new homegrown kind of treatment emerging to suit the patriarchal culture of India. Called "guru-chela" therapy, it required the guru to take over actual direction of the life of the chela/patient.

In retrospect, it became apparent that Lallit had been singularly assertive, for that time and place, to question his father's authority so directly. But that is another story that distracts from the issue to be explored here. The more immediate matter is to understand my own decontextualized approach to the patient. It had substantially disregarded his circumstances, going so far astray as to impose a goal of independence crafted in another society. This unquestioning belief in independence was the *sine qua non* of my professional reference group. In fact, it reflected a value of the larger American society that had been taught to me, in one way or another, since childhood.

Because it lacks the quality of idiosyncrasy essential to a classical transference reaction, my response to Lallit reflected what I now call ethnotransference. By this I mean firm convictions shared with members of one's own ethnic group about diverging convictions and practices of another. That is, reactions are ethnotransferential when they seem reasonable to member of one's own culture, but not to those belonging to the context in which they are expressed. Transference, by contrast, is idiosyncratic even within one's own group. As a result, ethnotransference goes undetected within one's own milieu.

American analysts may deem this discussion of ethnotransference a tidbit too exotic for relevance to their own clinical work. In point of fact, cross-cultural contacts are ever more frequent in present-day European and American cities. They arise



whenever patient and analyst have been socialized in different nations or even in subcultures of race or social class other than one's own. And, if gender differences are not precisely cultural differences, they can prove rather similar in quality. Most common and insidious, however, are those ethnotransference transactions that go undetected because both patient and analyst have common social origins rendering them both oblivious to their shared blind spots. A classic example occurs when middle class patient and middle class analyst reinforce each other's distorted preconceptions.

M. H. Brenner describes a most unfortunate instance of enduring ethnotransferential blindness in his 1973 epidemiological study of "Mental Illness and the Economy." It is related to the very American emphasis on independence that I exported into Allahabad. More specifically, it is the Occidental celebration of individualism that focuses the search for causes of societal problems on personality shortcomings of individual participants. The limitations of this doctrine as an explanation for mental illness were sharply exposed by Brenner's study of mental hospitalization patterns in New York State. In brief, he found that "for over 127 years, economic changes are probably the single most important cause of mental hospitalization" (op. cit., p243). This conclusion stands the test of numerous subanalyses. In short, he puts it that interpretation of mental disturbance that concentrates on psychosexual history, and largely ignores "the influence of cultural and social systems as irrelevant to the development of personality" (op. cit., p246) is directly counter to the evidence. It ignores "the clear and well publicized fact that the social class (or socioeconomic position) of one's parents has an overwhelming influence on personality development and life chances in general" (ibid., p247).



Both before and since Brenner's book, many others have pursued questions about the ways in which people of different societies process their experience. There is, for instance, a series of investigations now under way at the Universities of Michigan and California, including those of Peng and Nisbett (1999), which compare samples of people socialized in, say, China with equivalent Western groups. Their experiments explore how implicit folk epistemologies influence judgment in everyday life. Before describing their findings, it seems relevant to caution that the necessarily brief summaries offered here are not intended to leave the impression that Orientals and Occidentals are polar opposites in all respects. As might be expected from my previous discussion, however, Peng and Nisbett do find a consistent tendency for their American samples to explain outcomes on the basis of the personality of an individual where Chinese samples turn to external circumstances to account for these same events.

For greater clarity about how such intuitive folk epistemologies influence actual clinical work, I divide discussion into three aspects of the psychoanalytic interviews. They are (1) The Supposedly Superficial, (2) The Classical Categoricals and (3) The Invisible Enthymemes. To begin with The Supposedly Superficial, it refers to types of biographical information about the patient that are largely dismissed by the analyst as peripheral to the essential therapeutic task. Such information may refer to activities in peer groups, at school, at work, in community or political or religious setting – in brief, to most extrafamilial matters. If examined at all, the clues they give are viewed more as symptoms of early family experiences than as causal. Their “sociological” flavor marks them as superficial epiphenomena.



Such judgments of superficiality fly in the face of the documented impact of societal conditions on our mental and emotional status. Yet they are faithful to a pervasive Occidental folk epistemology that turns attention away from how we are affected by the ebb and flow of powerful societal currents. In today's tumultuous world it seems absurd that analysts still accept notions like "the average expectable environment," or "psychic determinism." Even in the calmest of times such ideas are misleading, although seemingly plausible. What does insulate us from experience, albeit in a distinctly selective manner, is the average expectable perspective of Westerners that ignore context in favor of personality and of Easterners who ignore personality in favor of context.

Thus analysts glide past The Supposedly Superficial to fasten their attention on the Classical Categoricals. Included under that label are such shibboleths as transference, adult character, and their indispensable conceptual link, childhood determinism. Even when translated into object relations terms, key infantile patterns are widely held to "persist unaltered" (LaPlanche and Pontalis, 1967, p164) when they allegedly emerge in transference in the consulting room or as an adult character in other settings. This doctrine happily empowers the analyst to engage in postdictive prediction, inferring the past from the present, the present from the past, and the outside world from the consulting room couch. The credo persists despite case histories recording how patients often function quite differently at work, or in treatment, than they do at home. And it is a fact that analysts themselves can be quite different with patients than in their own families (see e.g. Gerson, 1996, p15; Guy, 1989, p119).



Eastern folk epistemology is alert to how we change with time and place, “that life is a constant passing from one state of being to another, so that to be is not to be, and not to be is to be.” On the other hand, the intuitive set of Westerners follows Aristotle’s law of identity and “assumes cross-situational consistency. A must be A, regardless of the context” (Peng and Nisbett, 1999, p744). Not confined to analysts, this conviction of fixity is typical of Occidental thinking. For instance, *Homo Economicus* is quite like *Homo Psychoanalyticus* in this respect, with its fixed rationality as unvarying as the fixed nonrationality of the psychoanalytic model. Once character has been set, analysts see it as adhering to an unaltered pattern, like the mainstream economists who base their mathematical formulae on unswerving rationality.

These realization confront us with the third and final aspect of clinical contacts to be considered here, The Invisible Enthymemes. As logicians define “enthymeme,” it is an argument in which one premise is assumed without being stated. An invisible enthymeme, then, is one in which the unstated proposition cannot be seen. That is, its validity is assumed in the culture without being questioned. At least three invisible enthymemes have been identified in my present discussion. The first is my American notion of independence, which obstructed the interview with Lallit. Then we looked at two features of Occidental folk epistemology – how it neglects contexts and ignores change.

If questioned about these matters, most analysts have no trouble appreciating the impact of circumstances and of change, and also of cultural variations in values. Nevertheless they are likely to ignore this knowledge in their actual clinical functioning. Obviously, we cannot completely shed the tools our culture has given us. But it is also



true that we cannot improve our profession without remedying its limitations. There is an urgent need for greater attention to our invisible cultural enthymemes in educating psychoanalysts for the new millennium.

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