Psychoanalysis and Eastern spiritual healing traditions

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An exploration of the theory and practice of healing in the Eastern spiritual traditions reveals the centrality of the idealizing transference in the patient-seeker's interaction with the spiritual teacher or the guru although the aim and development of the idealizing transference in the spiritual traditions are quite different from those of self psychology. In its emphasis on the guru's empathy and in claiming that its meditative practices radically reduce the noise and glare produced by the sensual self which is the chief obstacle to the teacher-healer's empathic understanding of the patient, the Eastern healing discourse goes considerably beyond most traditional psychoanalytic formulations on the nature and communication of empathy in the analytic situation. The Eastern traditions' claim of a significant enhancement of the teacher-healer's empathic capacity through meditative practices, and its communication to the patient/ seeker through other channels besides the verbal one, can make an important contribution to the discussion on the role of empathy in psychoanalytic discourse and, if the claim proves true, to a place for meditative practices in psychoanalytic education.

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At first glance, the spiritual practices of the main Eastern religions - Hinduism, Buddhism, Taoism - directed towards an 'absolute' rather than the phenomenal self of modern psychotherapy seem far removed from the concerns of psychoanalysis. If we except the Jungians, there is a venerable psychoanalytic tradition going back to Freud (1927) that tends to view religious or spiritual domains of experience as antithetical to analytic thought (Brinkman 1998, p. 8). In spite of some respectful and non-reductionist treatment of religious-spiritual phenomena in the last quarter of the century (Rizzuto 1979; Vergote 1988; Meissner 1984; Jones 1991; Kakar 1991; Brinkman 1998), Freudian analysts have been often loath to acknowledge any similarities between the two. Yet these spiritual practices - mainly various forms of meditation - also have an implicit

psychotherapeutic function in that the absolute self is said to be manifested through the phenomenal self which obscures and entangles the former in a web of distortions and illusions that need to be removed. Both psychoanalysis and the spiritual traditions, however, acknowledge the primacy of the human mind in the production of suffering and that the mind can help in processing and containing disturbed thoughts and feelings that lead to emotional distress. Thus in Hinduism, it is the workings of the five passions, sexual desire, rage, greed, infatuation and egotism which are held responsible for mental illness. Similarly, Buddhists too describe human suffering as due to causes internal to the individual mind: cognitive factors such as a perceptual cloudiness causing misperception of objects of awareness but also affective causes such as agitation and worry and the elements of anxiety, greed, avarice and envy which form the cluster of what the Buddhists call 'grasping attachment'.

Eastern spiritual traditions thus converge with psychoanalysis and psycho-dynamic therapies in the shared conviction that life does not happen to us but through us, and that it is false to believe that someone outside us is responsible for our distress.

Here, it should be made clear that the terms 'spiritual' and 'religious' are not identical. Religion and spirituality are not synonyms even if they are often regarded as such by many who have been brought up in the Judeo-Christian worldview. The religious belief in God may be of great help in the striving for spiritual progress but it is not a necessity. In many Hindu, Buddhist and Taoist schools, an experiential understanding of the 'true' nature of the self is sought through an intensive practice of certain meditative-contemplative disciplines which do not require the presence of religious belief. In the Hindu Upanishadic and Yogic mysticism, for example, there is no trace of love or yearning for communion with God which is considered the highest manifestation of spiritual mood in the Christian and Islamic mystical traditions (as also in the Hindu *bhakti* devotionalism), without which no spiritual illumination is conceivable. Zen Buddhist practice, too, is silent on the question of a Divine Being.

In many Eastern traditions, then, spiritual progress is achieved entirely through the seeker's own efforts and without the intervention of divine grace. Spiritual disciplines regard themselves as scientific in the sense that they describe the stages and processes of transformation of consciousness through the prescribed practices of certain disciplines. And, indeed, as we shall see later, their descriptions of mental states reached through spiritual, meditative practices are no longer solely dependent on the subjective but credible reports, through the ages, of advanced practitioners but have begun to gather support from recent brain research in the emerging discipline of 'neurotheology'. Recent neurotheological research seems to have identified the state of consciousness in advanced meditation through its traces in the brain: the quieting of parietal lobes and the lighting up of the frontal lobe during the intense concentration of meditation when all sensory inputs are blocked **(Newberg et al. 2001)**.

At the outset, let me state that my focus in this paper is not on a psychoanalytic understanding of meditative practices and psychic states reached by adepts of Eastern spiritual disciplines. The literature on this aspect is considerable, ranging from an emphasis on the (mostly earlier) characterization of these states as regressive in the pathological sense (**Jones 1923**; **Freud 1930**; **Alexander 1931**; **Fingarette 1958**; **Ross 1975**; **Masson 1980**) to a more (mostly later) positive view of these states as integrative and adaptive (**Fromm 1960**; **Shaffi 1973**; Horton **1974**, **1984**; Meissner 1984; **Werman 1985**; **Epstein 1990**; **Brickman 1998**). My own thrust is more on the healing aspect of the interaction between the teacher-healer and the seeker-patient in the Eastern traditions and the contribution this understanding, including the self-understanding of the traditions, can make to psychoanalysis.

The healing interaction in spiritual traditions and in psychoanalysis

In theory, Eastern spiritual traditions generally view their healing function, both of mind and body, as incidental to and as a byproduct of their main task: the purification of the mind, the removal of its distortions and illusions - its ignorance - in Buddhist terms. A purified mind is calm (or mindful) and thus a fit receptacle for the flow of a higher, transcendent consciousness. In most forms of Yoga, for instance, the body, though important, is considered as subordinated to the mind. The gross body, our material sheath, is viewed as a shadow or creation of the subtle body we call the mind. The body is a mould into which the mind pours itself, a mould that has been prepared and can be changed by the mind **(Sri Aurobindo 1986)**. Impurities of the mind not only lead to mental distress and illness but also, physically translated, manifest themselves in the body as disease. The removal of the cause - the impurities - also means the cessation of the effect: distress and disease. A purified mind makes for a pure body, a perfected mind for the perfection of the body. The perfection of the body, however, is not simultaneous with that of the mind but delayed till the impure precipitates of the mind, including karmic traces from past lives, have worked themselves out. This is a process which should not disturb the spiritual seeker although some may attempt to accelerate the purification of the body by certain forms of Yoga, such as the Hathayoga. Moreover, the spiritual disciplines are believed to be accompanied by profound alterations in brain physiology and chemistry, in the nervous system, in the digestive and secretive processes. These cannot be effected without some physical disturbances which, though, are temporary and never more than is necessary for the process.

In practice, of course, for most people, the attraction of a spiritual discipline, especially if a famous spiritual guide imparts it - the guru, rinpoche, *roshi* or any other kind of teacher - lies more in an expectation of immediate healing by the spiritual teacher than in an indeterminate promise of a purified mind and eventual spiritual perfection through meditation. Although there is a large variety of Eastern meditative practices, the differences between them perhaps

insufficiently appreciated in psychoanalytic literature **(Epstein 1990)**, there is a much greater uniformity in the way the spiritual teacher is regarded across the Eastern traditions. The complete devotion and unquestioning faith expected of the seeker by the Hindu guru, for instance, is identical with the expectations entertained by the Tibetan Buddhist master, in spite of the differences in their respective Yogic and Tantric meditation practices. In other words, the teacher more than the meditative discipline incorporates a therapeutic potential which draws to him many seeking relief from emotional distress or physical suffering. This is certainly true of the devotees of well-known Indian gurus I have studied over the years (Kakar **1982**, **1991**). The prominence of the healing offer is especially marked in the case of some contemporary gurus like Sathya Sai Baba, with a worldwide following numbering in tens of millions, who may fairly be described as the healer guru *par excellence*. An unusually large number of stories told about him by devotees are narratives of 'miraculous' healing. To a lesser extent, this is also true about spiritual guides whose healing offer is less conspicuous. In a study of Ma Anandamayi ('Mother of Bliss'), a famous female saint of North India with a large following, including the former Indian Prime Minister Indira Gandhi, 11 of 43 interviews with her disciples contained incidents of her healing exploits (Hallstrom **1999**, p. 116). Even in the case of an 'intellectual', modern guru like J. Krishnamurti, with a following among the most modern and highly educated sections of society, it is not his teaching but the news about his miraculous cures that excited the greatest interest (Jayakar **1989**, p. 211).

Reading or listening to a number of healing stories, it becomes evident that the psychoanalytic theory which provides the most useful concepts in understanding therapy in the spiritual traditions is not the Freudian equation of cure with the patient's attainment of a mature genitality through her engagement with and a resolution of early Oedipal conflicts. Nor does the Kleinian goal of re-experiencing and ultimately overcoming the archaic layers of depression and paranoia do justice to cure in the Eastern traditions. This does not mean that the aspects of human experience highlighted by Freud or Klein are absent from the spiritual setting. In a long interaction with the guru, stretching over many years, a re-experiencing of early Oedipal conflicts and of archaic depression, suspicion and rage may indeed take place without being subjected to conscious insight except perhaps in a most fragmentary manner. What I wish to emphasize is that the theory of cure that makes the best *psychoanalytic* sense of spiritual healing is the self psychology of Heinz Kohut (**1971**, **1977**, **1984**) in which analysis cures by restoring to the self the empathic responsiveness of the selfobject. Of course, this does not mean that self psychology shares the self-transcendental concerns of Eastern spiritual traditions. In its pronounced relational orientation, self psychology is closer to Confucianism among the Eastern traditions rather than the more 'mystical' traditions of Hinduism, Buddhism and Taoism. Confucianism, too, conceives of the self in fundamentally relational terms. The self may begin with a physical individuality but expands

along a web of related existences **(Kalton 1995)** - selfobjects - until theoretically it could identify with the whole universe. The Confucian tradition, though, does not seek the mystical perfection of the self's identification with the whole world but is content to recommend an ideal of mental health and psychological maturity where the self is appropriately responsive and in tune with the situations and persons of daily life: family, friends, colleagues at work, without an artificial boundary that shrinks the existence of the self to that of an individual unit.

The disciples' accounts of healing interaction with the spiritual guide also make it evident that the seeker-patient's interactions with the teacher have the aim of establishing him as a highly reliable, always available selfobject for merging experiences. The teacher furthers this process by his willingness to let the seeker merge with what the latter perceives to be the teacher's greatness, strength, calmness, just as the mother once did when she lifted the anxious infant and held him against his body. Sai Baba constantly reminds his devotees that they are not separate from him; 'I am in you, outside you, in front of you, above you, below you. I am all the time around you, in your proximity (Agarwal **2000**, p. 54)' and 'Anything coming out of the depth of your heart reaches me. So never have any doubt on this account' (ibid., p. 116).

Teachers in many Eastern spiritual traditions have always known that a prolonged phase of meditation on the guru's face or form - practised, for instance, in the Guru Yoga of Vajrayana Buddhism or in the Siddha Yoga of Kashmir Shaivism (a Hindu tradition), as also the contemplative uses of the guru's photograph in such modern sects as the Radhasoami Satsang and Sahaja Yoga - will contribute to and hasten the merging experience **(Kakar 1991)**. As a SiddhaYoga guru, Swami Muktananda **(1983)**, observes: 'The mind that always contemplates the guru eventually becomes the guru. Meditation on the guru's form immerses the meditator in the state of the guru' (p. 3). As I have described elsewhere in a discussion of the Hindu guru as healer (Kakar **1991**, p. 52), other aspects of the guru-disciple interaction, such as the taking in of *prasada* (food offerings touched or tasted by the guru) or drinking water used to wash his feet, perform a similar function in the loosening of the seeker-patient's self boundaries and an increasing surrender to the selfobject experience of the merging kind. Gradually, the seeker-patient seems to acquire the capacity of summoning the guru's image with a hallucinatory intensity when in distress. Thus one patient, when lying sick with jaundice, feverish and in a state of drowsiness, reports:

> I do not know if I used to dream or it was reality. I always felt Baba constantly with me. He was caressing me, touching my hands. I never felt lonely. He was there all the time.

(Agarwal **2000**, p. 72)

This access to archaic modes of contact in which a hallucinatory image of the guru is created to sustain a self in danger of losing its cohesion is reported by

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many seeker-patients and seems to be an integral part of the spiritual healing discourse.

With the spiritual healer's focus on a merger selfobject experience - in contrast to the analyst's effort to consolidate a sense of personal agency - the guru is initially much more active than the analyst in fostering the seeker-patient's idealization of his person. This is because of the signal importance most spiritual traditions attach to *surrender* as indispensable for mutative changes in the self, a surrender which can only be driven forward by intense forces of idealization.

Surrender of the self is, of course, also to be found in other religious traditions of the world. William James **(1902)** called it regeneration by relaxing and letting go, psychologically indistinguishable from Lutheran justification by faith and the Wesleyan acceptance of free grace. He characterized it as giving one's private convulsive self a rest and finding that a greater self is there.

> The results, slow or sudden, greater or small, of the combined optimism and expectancy, the regenerative phenomenon which ensues on the abandonment of effort, remain firm facts of human nature.

(James **1902**, p. 107)

He added…

> you see why self-surrender has been and always must be regarded as the vital turning point of religious life.… One may say the whole development of Christianity in inwardness has consisted in little more than greater and greater emphasis attached to this crisis of self-surrender.

(p. 195)

In Sufism, too, surrender to the master is a necessary prerequisite for the state of *fana fil-shaykh* or annihilation of oneself in the master. Of the *iradah*, the relationship between the Sufi master and his disciple, the Sufi poet says: 'O heart, if thou wanted the Beloved to be happy with thee, then thou must do and say what he commands. If he says, 'Weep blood!' do not ask 'Why?'; if He says, 'Die!' do not say 'How is that fitting?' (Nurbaksh **1978**, p. 208).

Surrender then is the full flowering of the idealizing transference, with its strong need for the experience of merging into a good and powerful, wise and perfect selfobject - the guru. The seeker, in experiencing his or her self as part of the guru's self, hearing with the guru's ears, seeking with the guru's eyes, tasting with the guru's tongue, feeling with the guru's skin, may be said to be striving for some of the most archaic selfobject experiences.

Devotees come to the guru, as do patients to the analyst, in a conflicted state. On the one hand, there is the unconscious hope of making up for missing or deficient selfobject responses in interaction with the guru. On the other hand, there is the fear of evoking self-fragmenting responses through the same interaction. The omnipresence of fears of injury to the self and of regression into early primitive states of self-dissolution is what forces the devotees to be

wary of intimacy. It prevents the desired surrender to the guru however high the conscious idealization of the values of surrender and letting go might be. Gurus are, of course, aware of the conflict and in their various ways have sought to reassure the disciples about their fears. Muktananda, for instance, writes,

> There are only two ways to life: One is with constant conflict, and the other is with surrender. Conflict leads to anguish and suffering. But when someone surrenders with understanding and equanimity, his house, body and heart becomes full. His former feeling of emptiness and lack disappears.

(Muktananda **1983**, p. 35)

Gurus are generally aware of the dangers of self-fragmentation and the disciple's defences against the dreaded inner state. Modern gurus talk explicitly about the agitation and anxiety a disciple may feel when he is close to the guru. The training required en route to surrender is hard and painful. Merger experience, they know, takes place not at once but in progressive stages. They are aware of the resistances and the negative transferences, the times when the devotee loses faith in the guru, and doubts and suspicions tend to creep in. Do not break the relationship when this is happening, is the general (and analytically sound) advice. The development of inimical feelings toward the guru is part of the process of healing transformation. What is important about the feelings toward the guru is their strength, not their direction. Whether devoted or hostile, as long as the disciple remains turned toward the guru, he will be met by total acceptance. The 'ambience of affective acceptance' provided by the guru and his establishment, the *ashram*, will, the master knows, make the disciple feel increasingly safe, shifting the inner balance between need and fear toward the former.

The idealizing transference, leading to the merging experience, is thus the core of the healing process in the guru-disciple relationship. Psychoanalysts, of the object relations and self psychology schools, will have no quarrel with this formulation of the basis of healing but will find it a limited one. Their model of the healthy person requires an additional step - of re-emergence; the drowning and the resurfacing are both constituents of psychological growth, at all developmental levels. In Kohut's language, healing not only involves an ancient merger state but a further shift from this state to an experience of empathic resonance with the selfobject.

The greater focus on the guru in the spiritual healing interaction, as compared to the analyst-patient relationship, has another consequence: self and guru representations during the course of the transference that are different from those found in the analytic situation. Analysts are, of course, aware that the idealizing transference gives the patient a double vision, both in relation to himself and to the analyst. Within the transference he 'sees' the analyst as a parental selfobject, in real relationship as a helpful doctor. The two images, in flux over time, constantly condition each other. Because of the co-presence of

the patient's adult self, the illusion in relation to the analyst, though it waxes and wanes, remains more or less moderate (Moeller 1977).

The patient's illusion of the analyst corresponds to another illusion in relation to the self. Patients in analysis often imagine themselves to be more childlike, even childish, than their actual adult selves. The infantile and the adult in relation to the self shape each other and are often in a state of partial identity. In the spiritual healing relationship, the identity between the actual and the infantile selves of the patient-seeker on the one hand and the real and parental representations of the guru on the other overlap to a much greater extent and for longer periods of time than in psychoanalysis. The double vision in relation to both self and guru representations tends to become monocular, leading to an intensity of idealizing transference that is rarely approached in psychoanalysis of patients functioning at neurotic levels. In other words, the guru-seeker interaction touches deeper, more regressed layers of the psyche than is normally the case in psychoanalysis and is more akin to transference/countertransference field encountered in work with borderline or psychotic patients.

Empathy and spiritual healing

In interviews with seeker-patients, and in reading their accounts, what I have found most striking about the healing encounter in the spiritual traditions is the seeker-patient's conviction of being profoundly understood by the teacher. In case after case, sometimes even in the first encounter, we hear reports of how the teacher saw deep into the patient's heart, looked into the innermost recesses of their being, and the effect this understanding had on them.

Mahamaya is a middle-aged Bengali woman who first met Sai Baba in 1992 and has remained a devoted follower ever since. She grew up in a middle class household in Calcutta and remembers that both her parents had strong devotional and spiritual leanings. The outer shell of her biography - the events of her life: education, arranged marriage, children, part-time work as a teacher while her husband climbs the bureaucratic ladder in a state-owned insurance company - follows the conventions of an Indian middle class success story. There are, however, tantalizing hints of unhappiness in the marriage during its early years, some episodes of depression, especially one following the surgical removal of a malignant tumour in the kidney just before she met Sai Baba. Mahamaya may be sparing in the narration of painful events of her life but not in the description of her emotional state prior to the first meeting with Swami (master).

> I was steeped deep in crisis, and altogether shattered in body and mind. At that stage of my life, I was weak and had physically broken down, mentally in utter darkness. I was groping for true and abiding support.

(Agarwal 2000, p. 7)

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Visiting Baba's ashram together with her husband, she is sitting among a number of other visitors when Baba motions the couple to move to a smaller room adjoining the main hall for a private interview. Let me take the story forward in her own words: 'As soon as my eyes met Swami's, He said, 'So you have come, with how much love I have called you'.

> What a moment! A storm raged within me. I was stunned, dazed, and then broke down into a storm of tears. Since 1988, life had been a struggle for me, beset with moments of trouble, mental agony, anguish, and depression overcoming me now and then. But never had I opened my heart to any one, not even my husband. God was the sole companion of my broken heart. An introvert from childhood, I had not even opened my heart to my parents. Something happened to me the moment I looked into the divine eyes, all restraint, and all constraints just vanished, tears welled up in my eyes and poured down my cheeks. I was sobbing like a child. I felt my heart was purified through and through.

(ibid., p. 28)

Baba then tells her that

> I should not worry about my son who, being busy with studies, was not writing letters. Secondly, I need not bother about my arthritis. In due course the pain would be reduced even though it would not go altogether. Thirdly, my younger daughter would have a safe delivery. These thoughts were in my mind no doubt but I had not uttered a word to him on these matters. He is the indweller. He knows all that goes on in our mind.

(ibid., p. 29-30)

Over the years Mahamaya's healing is evident in a marked increase in her zest for life and a creative outpouring in which she writes many poems and songs in Bengali and Hindi.

The patient's feeling of being deeply understood by the teacher, of the Swami being the 'indweller' - of the teacher's empathy, the analyst will say - is a primary feature of the healing discourse in Eastern, especially Hindu and Tantric Buddhist spiritual traditions. I shall argue in the rest of this paper that an exploration of the basic features of the spiritual guide's empathy can make a significant contribution to the psychoanalytic discussion of empathy and the ways in which it gets communicated by the analyst to the patient.

Empathy and its discontents

It seems to me that empathy, Freud's *Einfuehlung*, the 'feeling into' another person, has been the object of a good deal of ambivalence in psychoanalytic literature, an ambivalence that has perhaps to do with what Freud, in a letter to Ferenzci, called its 'mystical character' (Grubrich-Simitis **1986**, p. **271**). The Oxford English Dictionary's definition of empathy seems unabashedly 'mystical' when it defines it as 'the power of projecting one's personality into (and so fully comprehending) the object of contemplation'. Although empathy constitutes

the foundation of psychoanalytic work, of essence for gathering data for analytic interpretation, its connection to poorly understood unconscious processes in the analyst and to a required permeability of his self (with the attendant dread of a loss of self), has surrounded the concept with a degree of unease in psychoanalytic discussion. Its general usage in psychoanalysis as one person's capacity to partake of the inner experience of another through unconscious attunement skims over the underlying mystery of the process. In other words, how does our normal non-empathic state, a state of self experience with thoughts which are usually self related **(Satran 1991)**, change into a state where we can transcend the boundaries of the self to share the conscious and unconscious feelings and experiences of another self? Even the analyst's psychic state that is conducive to the operation of empathy, namely his evenly suspended, free-floating attention, when examined closely, seems to belong as much (if not more) to the meditative practices of spiritual traditions as to a 'scientific' psychoanalysis. Consider, for instance, Freud's **(1923)** description of the psychic state:

> Experience soon showed that the attitude which the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of evenly suspended attention, to avoid as far as possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means catch the drift of the patient's unconscious with his own unconscious.

(p. **239**)

Ehrenzweig **(1964)** has called free-floating attention 'unconscious scanning' which depends on a conscious blankness and is liable to be disturbed by introspection. Unconscious scanning clearly has a meditative character, very different from the process of introspection. Ehrenzweig compares unconscious scanning to Paul Klee's 'multidimensional attention' or to 'horizontal listening' in music where one hears polyphonic voices as opposed to normal, 'vertical' listening where one follows a single melody underscored by a harmonic background of accompanying voices. Horizontal hearing, in which several voices contending for exclusive attention cancel each other out, is totally blank in so far as conscious memory is concerned. This conscious blankness, however, does not preclude precision and fullness of information. In such comparisons and descriptions of (an ideal) free-floating attention (**Eyre 1978**; **Bion 1967**), expert meditators will not fail to recognize advanced stages of meditative contemplation in certain Hindu and Buddhist spiritual disciplines, such as the *shamatha* practice of sitting meditation without object or goal. In other words, the analyst's potential for unconscious scanning or what Ogden **(1997)** calls the use of reverie experience, namely his unobtrusive thoughts, feelings, fantasies, ruminations, daydreams, bodily sensations and so on, seemingly unconnected to what the patient is saying at the moment, may well be related to his capacity for metaphysical openness. It is this openness which bears on his capacity 'to feel the alive moments of an analytic session in a visceral way, to be able to hear

that a word or a phrase has been used, has been made anew in an interesting, unexpected way' (Ogden **1997**, p. **719**).

The increasing psychoanalytic ambivalence towards empathy seems to have its origins in (how could it be otherwise?) Freud's changing views towards the phenomenon as he aged. Paul Roazen, in his Introduction to a paper by Hélène Deutsch **(1989)**, suggests that Freud took a far more distant and detached view of his patients in his later years than in an earlier, healthier period. Although in 1921, in his draft of 'Psychoanalysis and telepathy', the 'secret essay' that was published posthumously **(1941)**, Freud had been sympathetic to the operation of such 'occult' phenomenon as telepathy and thus, presumably, to the non-rational, intuitive, 'occult' aspects of empathy, by 1927 he was taking a much more unambivalent stance on behalf of positivist science:

> The riddles of the universe reveal themselves only slowly to our investigation; there are many questions to which science today can give no answer. But scientific work is the only road which can lead us to a knowledge of reality outside ourselves. It is once again merely an illusion to expect anything from intuition and introspection; they can give us nothing but particulars about our own mental life, which are hard to interpret, never any information about the questions which religious doctrine finds it easy to answer.

(Freud 1927)

All his close followers did not share Freud's criticism of intuition and introspection; Hélène Deutsch **(1926)**, for instance, viewed the analyst's intuition as a powerful therapeutic tool. Yet with hardening attitudes towards the 'occult' in wake of Freud's distancing from it, empathy too became an object of suspicion since there were no satisfactory criteria that distinguished it from telepathy in the analytic situation **(Rycroft 1954)**.

In contemporary psychoanalysis, the unease with empathy is expressed variously. Many psychoanalytic contributions on the nature of empathy **(Levy 1985)** seek to temper its self-transcendental character by emphasizing that the analyst's identification with the patient is transient, non-regressive and under the analyst's ego control. Beginning with Freud (Grubrich-Simitis 1988, p. 272; **Pigman 1995**), other analysts have emphasized the intellectual and rational aspects of empathy. They have sought to domesticate its highly subjective, experiential character by enlarging the scope of the concept to include more neutral and cognitive aspects. Empathy, they assert, is not only an unconscious process in which the analyst shares the patient's experience for a short time but it also includes the placing of this experience in a larger, more objective and complex understanding of the patient and then responding with an appropriate interpretation **(Levy 1985)**. The analyst's unconscious resonance with the patient oscillates with a more intellectual attitude **(Reich 1966)**, to produce what has been called 'generative empathy' **(Schaefer 1959)**, 'vicarious introspection' **(Kohut 1959)** or 'emotional knowing' **(Greenson 1960)**.

Yet others, again going back to Freud who pointed out the difficulty of knowing whether our empathy is not merely the projection of our own feelings

on to the patient (Freud **1912-13**, p. **103**), have surrounded empathy with danger signals (**Shapiro 1974**; **Buie 1981**; **Moses 1988**; **Spence 1988**; **Tuch 1997**). What we often take for empathy may only be an empathic fantasy **(Satran 1991)**, a projective distortion **(Spence 1988)**. Empathy is also imprecise in that the range of empathic immersion into another person can extend from a state of minimal feeling with him to the extreme of nearly becoming the other person and thus psychotic (Satran **1991**, p. **739**). A prolonged identification with the patient is quite likely to be a pathological gratification of the analyst's own unconscious needs **(Greenson 1960)**.

The overwhelming majority of psychoanalytic contributions on the nature of empathy, then, have tried to distance it (perhaps also defensively?) from its moorings in unconscious, still poorly understood but no longer completely mysterious mental states which, as we shall see later, seem to be quite similar to those traversed during the meditative process. Even Kohut's important contribution does not lie as much in the reclamation of empathy in its 'mystical', experiential sense but in his emphasizing it as a primary tool of gathering psychoanalytic data and in raising its status to that of a vital curative agent in psychoanalysis; even incorrect or contradictory interpretations of different analytic schools can be therapeutically effective so long as the analyst's empathic resonance with the patient's psychic state is also being conveyed through other means of communication (Kohut **1984**, p. 94-5).

Communication of empathy

In psychoanalysis, the analyst's understanding of the patient's inner state is primarily conveyed through a verbalizable and verbalized interpretation. In other words, the analyst's communication of empathy for the patient's inner state is primarily conveyed through words. Other means of communication, employing the aural, visual, tactile and olfactory senses, have received a limited attention in analytic literature (Jacobs **1973**, **1994**, **1995**; Lachman & Beebe 1997) although analysts have long known that it is these other non-verbal means and not words which constitute the fundamental layer of human communication in infancy **(Spitz 1957)**. To take the aural sense first, the *music* of healing, the prosodic aspects of the analyst's discourse - tone, accent, pauses, silences, intonation - may amplify, accentuate or belie the empathy of his words. The importance of prosody differs with individuals but may also vary across cultures. In the major Eastern civilizations, for instance, the formal mode of communication required within the family and especially in hierarchical relationships, the reliance placed on prosody to divine, the real meaning of a speaker's words, may be greater than in cultures which hold 'the saying what one means' and 'meaning what one says' as highly desirable virtues.

The psychoanalytic setting, with the patient lying on the couch and an absence of eye contact between the patient and the analyst during the analytic hour, is actively inimical to the visual aspects - expression in eyes, gestures,

facial mimicry, positions of body - of communicating empathy. The psychoanalytic emphasis on free association, fostered through a restriction of the visual channel, outlaws the *dance* of healing even more than its music.

And, of course, because of the rule of abstinence and the dread of 'crossing boundaries', amplified by psychoanalytic lore around the transgressions of once heroic and now tragic figures in history of the discipline **(Ross 1995)**, the tactile aspects of empathic communication between the analyst and the patient must perforce be completely excluded. Not for the analyst the clasping of a shoulder, the taking of a hand between one's own, the consoling stroke on the head, which convey empathic connection to a person as nothing else can in his/her periods of acute distress. For the analyst is acutely aware that a touch of understanding can soon become a caress of desire - or a stab of anxiety, a risk that spiritual teachers routinely take, sometimes with disastrous consequences for the seeker.

I must also add that like many people deprived of sight who develop acute aural or tactile perceptions, the emphasis on words in the analytic situation, I believe, increases the patient's (and the analyst's) sensitivity to the nuances and particularities of language. At least this has been my own experience when in the full throes of transference during my training analysis in Germany, I not only began to dream in German but also to write fiction in that language, a gift that was snatched away when the analysis ended. This enhanced linguistic sensitivity receded when the transferential context which had made it possible disappeared.

Compared to the analyst, then, the spiritual teacher is relatively uninhibited (but also more endangered) in employing the full register of communication to convey his empathic understanding of the patient-seeker's internal state. In describing their experiences of the teacher's empathy, patient-seekers in the Eastern traditions often emphasize factors other than the content of his words. 'I did not understand but I came away with the words alive within me', is a typical reaction (Jayakar 1987, p. 8). The Indian spiritual traditions even have a technical term for the teacher's look, *darshanat*, 'through the guru's look', in which the seeker-patient is believed to be seen 'in every detail as in a clear mirror' (Swami Muktananda **1983**, p. 37).

Like analysts, spiritual teachers, too, differ among themselves in their innate empathic capacities. Yet with their meditative practices designed to weaken what Brickman **(1998)** calls the encapsulation of the self, not in an uncontrolled regression but in controlled de-centring experiences, a spiritual discipline seems to open the doors to an empathic responsiveness to the surround, that can extend to the point of a high degree of identification with another person.[1] Analysts, too, may have these 'transcendental' moments during an

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[1] A radical increase in empathy for another person, claimed by spiritual adepts, is supposedly a part of their generally heightened responsiveness - empathy in its widest sense - towards the animate and inanimate worlds. In the *homo religiosi*, this empathy is translated into a heightened metaphysical openness towards the Divine.

analytic hour but these do not follow from being a part of a rigorous training explicitly designed to foster the mental state of what Bion called 'ignorance' and whose first stage is what Keats (1958) called 'negative capability', a passive, receptive state where there is no irritable reaching after fact and reason and no search for meaning. For Keats it is the 'unitive' imagination - an active interchange between mind and its object rather than the impressions the object produces on the mind - which makes the empathic participation in the existence of other persons possible. The poet, perhaps a person of particularly strong empathic development, grasps the 'truth' about the animate and inanimate Other through this empathy and then reproduces it in literary images (Leavy 1970).

In their empathic identifications, analysts can perhaps never go as far as a few spiritual teachers are reputed to have done. In describing Anandamayi as a 'spiritually realized' person, for instance, a devotee explains: 'It means you have no personal center. The center of the realized person is everywhere. She can identify with whoever comes in contact with her. She becomes yourself and has your problems at the very moment and can help you from inside.' (Hallstrom 1999, p. 98). Another disciple describes her as: 'She had no sense of "I" or "mine" and often simply mirrored the emotions of those around her; she seemed to have no desires of her own, so the incentives to her behavior took shape out of the wishes of her companions' (p. 26). Here Anandamayi approaches the ideal of the spiritual master met with in almost all the Eastern traditions. In the Sufi tradition, for instance, the Shaykh's 'own bodily form has been annihilated and he has become a mirror; within it are reflected the faces of others… If you see an ugly face, that is you; and if you see Jesus and Mary, that is you. He is neither this nor that, he is plain; he has set your own reflection before you' (Chittick 1983, p. 145).

Compare these portraits of the 'enlightened' spiritual teacher with Keats's description of the identity - he called it Character - of the poet:

> As to the poetic Character itself - it is not itself - it has no self - it is everything and nothing. It has no character - it enjoys light and hate; it loves in gusto, be it foul or fair, high or low - it has as much delight in conceiving a Iago as an Imogen. What shocks the virtuous philosopher, delights the chameleon Poet - A Poet is the most unpoetical of anything in existence; because he has no identity - Not one word I ever utter can be taken for granted as an opinion growing out of my identical nature - the identity of everyone begins to press upon me.

(Keats 1958, p. 386-7)

The reflecting mirror ideal of the spiritual teacher, then, is quite different from the earlier psychoanalytic ideal of the analyst as a blank screen; the analyst's self is hidden, unlike that of the spiritual master where it often appears to be absent, transiently replaced by the experience of the Other. Anandamayi, like some spiritual teachers, but unlike many analysts, can accompany the patient to the land of pre-psychological chaos met with in psychosis and borderline

states. It is perhaps only Bion's **(1967)** ideal analyst who has eschewed memory and desire (and, in a later amendment, has also abandoned understanding) who is a twin of the (also ideal) spiritual teacher.

Hindu spiritual traditions give detailed descriptions of the process that augments empathy to a point where there is no affective obstacle to an identification with another's experience, the temporal and essential limits to the identification extended to a degree that are inconceivable to our normal consciousness. A complete empathic knowledge of another person, they claim, involves the activation of a normally dormant 'higher' faculty or consciousness. In Yogic practice, for instance, reason, imagination, memory, thought, sensations have to first become sufficiently quiet for the higher faculty of Buddhi to become active and to know itself as separate and different from the lower qualities **(Sri Aurobindo 1911)**. Buddhi is the Yogic analog of Bion's 'sense organ' of psychical qualities which responds to the broadcast of a 'sender' which dwells in the domain of the inner world, quite unlike the three-dimensional space of the external world, to which psychoanalysts need to develop a keener reception. Analysts, Bion maintained, needed to screen out the noise of sensible life - subject it to 'a beam of intense darkness', as he poetically put it - so as to become more receptive to other messages from the psychical world **(Grotstein 1981)**. This receptivity leads to expansion of preconscious communication channels and a greater capacity for retrieval from the depths of the psyche **(Bolognini 2001)**.

Conclusion

From the viewpoint of spiritual traditions, the chief obstacle to an analyst's empathy is his phenomenal, sensual self. Fuelled by the senses (in Bion's formulation even memory and desire are respectively the past and future of the senses), the sensual self prevents the emergence of Buddhi and the generation of the 'beam of intense darkness'. The meditative practices of the Eastern spiritual traditions are directed precisely towards the reduction of noise and glare produced by the sensual self. Thus although empathy is common to both spiritual healing and psychoanalytic cure, the concept itself veers towards its 'mystical' (in a non-pejorative sense) pole in the former case and towards its rational, intellectual pole in the latter. If we concede the spiritual teacher's claim, supported by personal testimony of spiritual adepts over the centuries, that the activation of Buddhi is accompanied by an extraordinary increase in his empathic capacity, then it follows that some kind of spiritual training may significantly enhance an analyst's potential for empathic identification. Such a training not only contributes to a greater ease with the setting aside of ego functions, making one less defensive against the anxiety of 'drowning', but can also expand the analyst's potential for 'reverie' or implicit listening, and thus for deep empathy. This is perhaps true even if one does not regard empathy as

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a primary curative agent in psychoanalysis as Kohut does, but is prepared to concede that it is indeed a very significant tool for gathering psychoanalytic data in the treatment situation. After all, even the most sophisticated interpretation can only be as good as the data on which it is based. Empathy, and the meditative state that underlies it, may well be the sluice through which the spiritual enters the consulting room and where it flows together with the art and science of psychoanalysis in the practice of psychotherapy.

This is not to suggest that psychoanalysis should lose its distinctive character by an indiscriminate borrowing from Eastern spiritual traditions. For one, psychoanalysis can also be viewed as a singularly modern meditative praxis, unique in its emphasis on being a meditation that is joint rather than individual. Yet in the spirit of Freud's legacy of openness to other disciplines (Freud recommended the study of anthropology, folklore and mythology to the budding analyst), analysts need to remain open to the possibility that an Eastern meditative discipline could become a part of their training if, as claimed by its practitioners, it demonstrably contributed to an enhancement in empathic capability. The traditional Freudian suspicion of the spiritual domain, and the cultural pride in psychoanalysis as a uniquely valuable product of Western civilization and imagination, should not come in the way of such borrowings.

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References

Agarwal, M. (2000). *Sai Ek, Roop Anek* ('Sai is one but forms are many'). Calcutta: Sri Satya Sai Book and Publications Trust.

Alexander, F. (1931). 'Buddhist training as an artificial catatonia'. *Psychoanal. Rev.*, 18, 129-45. [→]

Bion, W.R. (1967). 'Notes on memory and desire'. *Psychoanalytic Forum*, 2, 271-80. [Related→]

Bolognini, S. (2001). 'Empathy and the unconscious'. *Psychoanal. Q.*, LXX, 447-71. [→]

Brickman, H. R. (1998). 'The psychoanalytic cure and its discontents: a Zen Buddhist perspective on "common unhappiness" and the polarized self'. *Psychoanal. Contemp. Thought*, 21, 3-32. [→]

Buie, D. (1981). 'Empathy: its nature and limitations'. *J. Amer. Psychoanal. Assn.* 30, 959-78. [→]

Chittick, W. C. (1983). *The Sufi Path of Love: The Spiritual Teachings of Rumi*. Albany: SUNY Press.

Deutsch, H. (1926). *Okkulte Vorgaenge waehrend der Psychoanalyse*. *Imago*, 12, 418-33. [→]

Deutsch, H. (1989). 'On satisfaction, happiness and ecstasy'. *Int. J. Psycho-Anal.*, 70, 715-23. [→]

Ehrenzweig, A. (1964). 'The undifferentiated matrix of artistic identification'. In *The Psychoanalytic Study of Society*, Vol. 3, eds. W. Muensterberger & S. Axelrad. New York: International University Press.

Epstein, M. (1990). 'Beyond the oceanic feeling'. *Int. Rev. Psycho-Anal.*, 17, 159-64. [→]

Eyre, D. P. (1978). 'Identification and empathy'. *Int. Rev. Psycho-Anal.*, 5, 351-9. [→]

Fingarette, H. (1958). 'Ego and mythic selflessness'. *Psychoanal. Rev.*, 45, 5-40. [→]

Freud, S. (1912-13). *Totem and Taboo*. *SE* 13. [→]

Freud, S. (1923). 'Two encyclopaedia articles'. *SE* 18. [→]

Freud, S. (1927). 'The future of an illusion'. *SE* 21. [→]

Freud, S. (1930). 'Civilization and its discontents'. *SE* 21. [→]

Freud, S. (1941). 'Psychoanalysis and telepathy'. *SE* 18. [→]

Fromm, E. (1960). 'Psychoanalysis and Zen Buddhism'. In *Zen Buddhism and Psychoanalysis*, eds. D. T. Suzuki, E. Fromm & R. De Martino. New York: Harper, 77-141.

Greenson, R. (1960). 'Empathy and its vicissitudes'. *Int. J. Psycho-Anal.*, 41, 418-24. [→]

Grotstein, J. S. (1981). 'Wilfred R. Bion: The man, the psychoanalyst, the mystic. A perspective on his life and work'. *Contemp. Psychoanal.*, 17, 501-36. [→]

Grubrich-Simitis, I. (1986). 'Six letters of Sigmund Freud and Sandor Ferenczi on the interrelationship of psycho-analytic theory and technique'. *Int. Rev. Psycho-Anal.*, 13, 259-77. [→]

Hallstrom, L. L. (1999). *Mother of Bliss: Anandamayi Ma*. Delhi: Oxford University Press.

Horton, P. C. (1974). 'The mystical experience: substance of an illusion'. *J. Amer. Psychoanal. Assn.*, 22, 364-80. [→]

Horton, P. C. (1984). 'Language, solace and traditional relatedness'. *Psychoanal. St. Child*, 39, 167-94. [→]

Jacobs, T. J. (1973). 'Posture, gesture and movement in the analyst: cues to interpretation and countertransference'. *J. Amer. Psychoanal. Assn.*, 21, 72-92. [→]

Jacobs, T. J. (1994). 'Non-verbal communications: some reflections on their

role in the psychoanalytic process and psychoanalytic deucation'. *J. Amer. Psychoanal. Assn.*, 42, 741-762. **[→]**

- 676 -

Jacobs, T. J. (1995). 'When the body speaks: psychoanalytic meaning in kinetic clues'. *Psychoanal. Q.*, 64, 784-8. [→]

James, W. (1902). *The Varieties of Religious Experience*. New York: Longmans, Green.

Jayakar, P. (1986). *J. Krishnamurti: A Biography*. Delhi: Penguin.

Jones, E. (1923). 'The nature of auto-suggestion'. In *Papers on Psychoanalysis*. Boston: Beacon Press, 1961, 273-93. [→]

Jones, J. W. (1991). *Contemporary Psychoanalysis and Religion*. New Haven: Yale University Press.

Kakar, S. (1982). *Shamans, Mystics and Doctors*. New York: Knopf.

Kakar, S. (1991). *The Analyst and the Mystic*. Chicago: University of Chicago Press.

Kalton, M. (1995). 'Self transformation in the Confucian tradition. *Psychotherapy East and West*. Seoul: Korean Academy of Psychotherapists.

Keats, J. (1958). *Letters of John Keats*. Ed. H. E. Rollins. Cambridge, Mass.: Harvard University Press.

Kohut, H. (1959). Introspection, empathy and psychoanalysis. *J. Amer. Psychoanal. Assn.*, 7, 459-83. [→]

Kohut, H. (1971). *The Analysis of the Self*. New York: International: Universities Press. [→]

Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press.

Kohut, H. (1984). *How Analysis Cures*. Chicago: University of Chicago Press.

Lachman, F. & Beebe, B. (1995). 'Self psychology today'. *Psychoanal. Dial.*, 5, 375-84. [→]

Leavy, S. (1970). 'John Keats' psychology of creative imagination'. *Psychoanal. Q.*, 39, 173-97. [→]

Levy, S. (1985). 'Empathy and psychoanalytic technique'. *J. Amer. Psychoanal. Assn.*, 33, 353-78. [→]

Masson, J. M. (1980). *The Oceanic Feeling: The Origins of Religious Sentiment in Ancient India*. Dordrecht: Reidel.

Meissner, W. W. (1994). *Psychoanalysis and Religious Experience*. New Haven: Yale University Press. [→]

Moeller, M. L. (1977). 'Self and object in countertransference'. *Int. J. Psycho-Anal.*, 58, 356-76. [→]

Moses, I. (1988). The misuse of empathy in psychoanalysis. *Contemp. Psychoanal.*, 24, 577-94. [→]

Newberg, A. et al (2001). *Why God won't go away: Brain Science and the Biology of Belief*. New York: Random House.

Nurbaksh, D. (1978). 'Sufism and psychoanalysis'. *International Journal of the Society of Psychiatrists*, 24.

Ogden, T. (1997). 'Reverie and metaphor'. *Int. J. Psycho-Anal.*, 78, 719-32. [→]

Pigman, G. (1995). 'Freud and the history of empathy'. *Int. J. Psycho-Anal.*, 76, 237-56. [→]

Reich. A. (1966). 'Empathy and countertransference'. In *Psychoanalytic Contributions*. New York: International Universities Press, 1973, 344-60. [Related→]

Rizzuto, A. M. (1970). *The Birth of the Living God*. Chicago: University of Chicago Press.

Ross, J. M. (1995). 'Commentary on "The impact of boundary violations in colleagues and family members"'. *J. Amer. Psychoanal. Assn.*, 43, 4. [→]

Ross, N. (1975). 'Affect as cognition: with observations on the meaning of

mystical states'. *Int. Rev. Psycho-Anal.*, 2, 79-93. **[→]**

Rycroft, C. (1954). 'Review of G. Devereux (ed). "Psychoanalysis and the occult"'. *Int. J. Psycho-Anal.*, 35, 70-1. **[→]**

Satran, G. (1991). 'Some limits and hazards of empathy'. *Contemp. Psychoanal.* 27, 737-47. [→]

Schaefer, R. (1959). 'Generative empathy in the treatment situation'. *Psychoanal. Q.*, 28, 342-73. [→]

Shafii, M. (1973). Silence in service of the ego: psychoanalytic study of meditation. *Int. J. Psycho-Anal.*, 45, 431-43. [→]

Shapiro, T. (1974). 'The development and distortions of empathy'. *Psychoanal. Q.*, 43, 4-25. [→]

Spence, D. (1988). 'Discussion of I. Moses: The misuse of empathy in psychoanalysis'. *Contemp. Psychoanal.*, 24, 594-98. [→]

Spitz, R. (1957). *No and Yes*. New York: International Universities Press.

Sri Aurobindo (1911/1986). 'Yogic Sadhan'. *Sri Aurobindo Archives and Research*, 10, 1, 55-83.

Swami Muktananda (1983). *The Perfect Relationship*. Ganeshpuri: Gurudev Siddha Vidyapeeth.

Tuch, R. (1997). 'Beyond empathy: concerning certain complexities in the self psychology theory'. *Psychoanal. Q.*, 66, 259-82. [→]

Vergote, A. (1988). *Guilt and Desire*. New Haven: Yale University Press.

Werman, D. (1985). '*Freud's Civilization and its discontents*: a reappraisal'. *Psychoanal. Rev.*, 72, 239-54. [→]

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