



## Panel Report

### Psychoanalysis in a ‘shame culture’: Japanese psychoanalytic insights<sup>1</sup>

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In his introduction, Dr. Etezady gave a brief overview of the psychoanalytic, phenomenological and cultural implications of shame. He noted that universally shame is defined as an aversive affective experience containing somatic, experiential and fantasy elements that, along with other essential affects including anxiety and guilt, serves a signal function in self and interactive regulation, empathy, mentalization, maintaining narcissistic homeostasis and adaptive or defensive mechanisms.

Shame is first observable, in its objective, behavioral, facial and body-language, after differentiation and not before the end of the first year, at the dawn of the emergence of intersubjectivity. This roughly coincides with the practicing sub-phase of separation–individuation process and the beginnings of upright locomotion. After the resolution of *rapprochement*, followed by consolidation from age 24 to 36 months, by the end of the third year, the attainment of the beginnings of self-and-object-constancy pave the way for triangulation and the passing of the oedipal complex. This leads to the formation of superego and ego-ideal as intrapsychic structures responsible for maintaining moral inhibitions as well as boosting ambitions and ideals. Fantasy content in shame is associated with the dread of being regarded as worthlessly deficient and humiliated in the eye of the observer. The observer is initially the mother, whose gleam in the eye affirms and supplants primary narcissism. By the time of latency, the critical eye can be internal and a source of conflict and neurotic compromise formation. Shame implies falling short of expected standards regarding whom one is, while guilt by distinction is related to atonement and punishment for transgression against others, in deed or wish, consciously or unconsciously.

Dr. Etezady left to the panel the task of addressing, in universal or culture-specific terms, questions of gender, social and moral boundaries, as well as matters of private versus public, personal versus non-personal and acceptable versus unacceptable in shame cultures.

Dr. Freeman (USA) summarized the contributions of Japanese analysts to the understanding of the pre-oedipal period and their awareness of an earlier conflict that Freud had described in girls only. In 1932 Kosawa

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<sup>1</sup>Panel held at the 46th Congress of the International Psychoanalytical Association, Chicago, Illinois, USA, 1 August 2009. Panellists: Daniel Freeman (USA), Osamu Kitayama (Japan), Jhuma Basak (India).

introduced Freud to the Ajase complex, depicting an earlier and even more appalling dyadic conflict of mother–child ambivalence which he suggested preceded the triadic Oedipus complex. Three decades later, studies in the West made it clear that the account of Ajase's matricidal impulses were a vivid portrayal of the ambivalence of the second year of life, coinciding with the 'terrible 2s', Mahler's *rapprochement*, and Erikson's shame versus autonomy and doubt. In 2004, Okonogi described dyadic maternal ambivalence at various stages, including before, during and after the pregnancy. In Japan, because of the mother's self-sacrifice for her son, issues of aggression and *rapprochement* are only partially resolved. A dyadic ambivalence erupts later in childhood, and later disillusionment during preadolescence is experienced as a loss of a previously held sense of sharing in the omnipotence of the idealized mother of symbiosis.

In his 1996 paper, *Beyond the prohibition of 'don't look'*, Dr. Kitayama (Japan) described a private self and a public self. Nishizono extended this distinction to the inner versus outer and Okano distinguished the shameful self from the ideal self. In Kitayama's view it is this dichotomous experience of the self that results in shame and increase in the sense of guilt in Japanese culture. Dr. Kitayama (1985) added an important perspective in showing how this crisis is vividly portrayed in Japanese mythology, folklore and drama. The dyadic mother–son conflict is ultimately resolved as a result of mother's patient tolerance and self-sacrificing caretaking and providing *Amae*.

Normally maturation continues, supported by affirmation by peers, empathy and compassion for the plight of others, with the help of Buddha, remorse and forgiveness. *Amae* continues into adulthood, in the form of brief episodes, during which the usual rules of propriety are suspended and adults are allowed to refuel in the maternal care of a benevolent parental figure, 'taking off' one's mask, using the opportunity to have one's true self be acknowledged and cared for. Kitayama also describes the taboo of 'don't look' against gaining genital and complete knowledge about mother, which is a source of disillusionment and cause of disruption in the mother–child relationship.

In Japan one must conform to the standards of the group. Deviations are shameful and poorly tolerated. Nonconformity might mean ostracism. One can think freely, within oneself, but must act respectfully and conform. While they cannot share their private thoughts (back side) with other members of the group, they have no problem talking to an outsider who may become a friend, or in therapy after trust and neutrality have been adequately established. Kitayama suggests that the therapist and the patient are at first like actors on a stage interacting with each other's public persona. As the analyst begins to understand the script and the role the patient assigns to him, he interprets the patient's resistances and anxieties. The relationship gradually moves towards trust and confidence, and the patient is able to remove his mask and return to his true self, being able to reveal and examine his shameful feelings and thoughts, thereby entering a psychoanalytic process.

In his slide-show, including three examples from Japanese folklore, Dr. Kitayama explored cultural aspects of the psychology of shame and the prohibition of 'don't look', while using clinical material to demonstrate the over-determined nature of cultural symbols and myths and their utilization as part of the therapeutic technique and process.

The common theme was described as mother's self-sacrifice and efforts, beyond her limits, to provide care. Her self-sacrifice damages and wounds her as she provides gratification for the endless demands of the child (or the man). This brings shame to the maternal figure for her wound and suffering, and can be a source of disillusionment, shame and guilt for the voracious child. When the prohibition of looking at this imperfection is violated, the result is destructively disruptive and results in separation and termination of the relationship.

Dr. Kitayama noted that in the psychology of shame cultures there is a sharp dichotomy between the true self and the ideal self, or a public self and a private self. Using Winnicott's terms this may be considered the true self versus the false self. This dichotomy is reflected in daily language. The front side is for public display and conformity, while the back side is where one's heart and real personal experiences are concealed. A treatment room, where the depths of hearts are explored, has the potential for becoming a backstage dressing-room of life, where one can take off one's mask and reveal his/her true self and become more mature and capable of seeing one's own back side and those of others.

In excerpts from three sessions with a 'shameful man' Dr. Kitayama demonstrated the use of the dream image of a snake, representing the analyst seducing the patient into being helplessly swallowed. This useful metaphor enabled the patient to note his difficulty with looking at his own shortcomings and the back side of others. He became able to see the back side of people as he became less shameful about himself in 'the backstage dressing-room'.

Dr. Basak (India) enumerated contributions of Japanese analysts to the understanding of the pre-oedipal period. She noted that both Kosawa and Girindrasekhar Bose, the founder of psychoanalysis in India, gifted Freud with their works on pre-oedipal attachment, which were never shared with the rest of the world. Freeman observed that the early control of the Japanese infant's postural/behavioral modulation in the first year led to the minimization of negation struggles. In Kitayama's view it is this dichotomous experience of the self that results in shame and increase in the sense of guilt in Japanese culture.

In exploring several Japanese myths, Dr. Basak traced the role of anger in the maternal figure as the source of masochistic surrender and her need to conceal her private archaic self-representation. The wound is inflicted on the self rather than others. In the Indian culture an area of conflict and confusion arises when the integration of the love object with the sexual object is the task. Terror of female sexual appetite hides behind glorification of maternal role. Sudhir Kakar refers to Ganesha complex as the inhibition of the son to look at the separation-individuation process. In India giving birth to a son is considered holy, as he will extend the family lineage, while

a girl is born to be given away as she belongs to the husband's family, dominated by loyalty to the mother-in-law. Dr. Basak presented material from the treatment of Mrs. M who suffered from depression, could neither eat nor sleep, was neglecting her own care and felt worthless and suicidal. Her concern was about how her son no longer needed her and had instead turned his attention to his new bride. She felt she was no longer needed and her life was worthless as no one needed her and her husband had always been 'a vegetable'. Jealousy against the new wife was aroused. Examination of her development as an unwanted female and inadequate mothering during her childhood along with transference manifestations of her dependent expectations, frustration, anger and guilt resulted in better understanding of her own needs and emotions which helped to promote a separation-individuation process that had been arrested in her at a symbiotic level.

#### *Reference*

Kitayama O (1985). Pre-Oedipal Taboo in Japanese Folk Tragedies. *Int Rev Psychoanal* 12:173–86.

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