

of the transference relationship. It was also evident that these changes were related to those that were occurring in the dynamic structure of his personality habits, his tolerance for people and his willingness to form adult relationships with them. His guilt for his incest drive, castration fears and aggression disappeared and with it his fear of failure. He developed a greater feeling of security with people in general and especially in his relationships to women and sexuality.

The patient was given a follow-up interview 13 years after completing his analysis. He said that he had continued to remain well and progressively gained more confidence in himself. There had been some slight recurrence of his symptoms but these would only last for a few hours and were usually associated with aggressiveness. His relationship with his mother and sisters has improved; he helps support them and can visit them and have them visit him without anxiety and tension. Three years after the completion of the analysis he had married his girl friend and they have two children. About 4 years after completing his analysis his sisters married and both have two children; he has remained on good terms with them and their husbands. Ten years after the analysis his mother died and he went through what he felt was a period of normal mourning that lasted about a month. Through it all he felt that he had not regressed and had been capable of facing and meeting his difficulties.

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THEORIES OF PARANOIA

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Paranoia is a functional disorder and for that reason most of the workers in the field of psychiatry had tried to explain the symptoms of this disorder with the help of psychological theories. But its chronicity and the permanence of the delusions have created doubts in the mind of some of the workers as to its being purely functional and they believed that degeneration of brain might be responsible for symptom formation in this disorder. Bleuler, in his 'Text book of psychiatry' wrote that 'behind the paranoia there was also supposed to exist a process of brain degeneration' and in favour of this view he had given several reasons. He believes that "prodromal symptom formation before the release of paranoid symptoms, the appearance of the paranoid symptoms usually in the advanced age, remissions and exacerbations occurring from within independently of the external conditions are points in the favour of the view that this disorder might have originated as a result of degeneration of brain".

Kraepelin also considered paranoia to be an expression of degeneration and insisted on the importance of brain pathology. Many authorities gave emphasis on hereditary factors. It was a general belief, fostered by Lombroso, Morel and Esquirol that all types of mental disorders were varying manifestations of degeneration. Psychosis being a Mendelian unit character it was believed that it would appear in malignant form in succeeding generation and the stock would be vanished from the earth ultimately.

Meyer believes that paranoia develops in persons as a result of such factors as alcohol, syphilis, senility and arteriosclerosis but they must have paranoid constitution to begin with. He thinks that the dominant feature of the development of the paranoid process is an inability on the part of the individual to connect motives or make concession to others. According to him the paranoids have "illbalanced" aims which lead to suspicions of the intents and goals of other people and consequently they attribute hostile meaning to behaviour of others but do not attempt to verify them.

People have been noticed to develop paranoid symptoms in the convalescent state of infectious diseases like typhoid, mumps, chicken pox and influenza ect. Landis and Bolles have described a patient who when returned to his work after a month's absence due to his being ill from infectious fever manifested persecutory delusions against his coworkers and he was then advised to take further leave and when he returned to his work next time his attitude of suspicion and mistrust had disappeared. Paranoid type of symptom formation are very well marked in the general paralysis of insane where actually syphilitic virus damages the brain and there is reason to believe that these lesions are really responsible for the origin of the paranoid symptoms. In infectious fevers due to the influence of toxin, antitoxin and metabolic products induced by these substances the brain might be influenced and its normal inhibition would be lost and consequently paranoid symptoms would be released. This, however, does not prove that paranoid symptoms are produced due to damage in the brain. In general paralysis of the insane where damage to the brain actually takes place the paranoid symptoms are similarly produced due to loss of control from the centre.

One of the most ancient of ideas concerning the aetiology of psychosis is the belief that a toxic substance circulating in the blood stream is responsible for the production and maintenance of this disorder. Relying on this theory Denis in 1663 is stated to have transfused a psychotic patient with calf's blood and reported marked improvement. This theory has been once more revived by Heath and his colleagues. They claimed that a substance could be extracted from the blood of the schizophrenic patients and when it was injected into the human volunteers they exhibited psychotic symptoms. According to Heath that substance is taraxein. If the above hypothesis is correct then removal of such a substance from the blood of psychotic patients should be followed by remission of the disease. Kielholtz treated schizophrenic patients with exchange transfusion and found marked improvement in three cases and slight changes in the remainder but Freedman did not find any improvement in his psychotic patients by this method.

Marazzi has postulated that psychosis can be produced by the direct alteration of normal patterns of neural activity by

undue influence of synaptic inhibitors. He said that such inhibitors by impeding the flow of impulses from higher controlling centres release the more primitive, simpler and less adapted patterns of activity that we call abnormal. Waver has demonstrated anatomical evidence of synaptic disturbance in psychotic patients from the study of biopsies of cerebral cortex collected at lobotomy from schizophrenic patients. Denber believes that mescaline, an alkaloid found in mescal produces delusions and hallucinations as it acts on the centres in the wall of the third ventricle—the diencephalon and inhibits the control of the centre and there is subcortical release.

The substance adrenaline as is well known is concerned in the reaction of threatening stimuli and produces anxiety. It has another function that of transmitting nerve impulse across the synapses between certain nerves. Osmond and Smythies remarked that there is resemblance between the configuration of the mescaline molecule and that of the adrenaline and they proposed that symptoms like delusions and hallucinations in schizophrenia might be produced due to intoxication of some abnormal breakdown product of adrenaline or some normal breakdown product in abnormal quantity. Adrenochrome and adrenolutin are two metabolites of adrenaline when produced in excessive quantity may produce symptoms of schizophrenia. Hopper, Osmond and Smythies carried on an experiment on normal volunteers by administering on them adrenochrome and adrenolutin and found a great disturbance in their personality which resembled schizophrenia.

Pavlov's theory.

Pavlov says that the organism can exist in this world so long it is in equilibrium with the environment and reflexes are the means by which it is brought about. Reflexes are of two kinds, the positive excitatory and the negative inhibitory. The positive ones excite certain activities, the negative ones inhibit them. There are unconditioned inborn reflexes and conditioned reflexes also. For the formation of conditioned reflexes an indifferent stimulus must be presented immediately before the presentation of unconditioned one.

As for example, when food would be presented to a dog there will be secretion from his salivary glands. If a bell is rung several times whenever food was presented to the dog then bell sound would be turned into a conditioned stimulus. Later on whenever the bell sound would be presented there would be salivary secretion in the dog. Numerous indifferent stimuli of the environment when become conditioned to the animal in this manner his problem of adjustment with the external world becomes easier. But any strong stimulus, prolonged stimulus or a weak unusual stimulus would produce inhibitory reflex in a dog.

Pavlov from this experimental study of conditioned reflexes on dogs attempted to elucidate the cause of human mental disorders by physiological laws of higher nervous activity. He found that inhibition takes place in cerebral cortex whenever there is excessive stimulation of cells in order to protect the weakened nerve cells. According to him this protective inhibition underlies many pathological phenomena in mental disorders. He says "now we are aware that in the laboratory we are able to make pathological, and besides, in a functional way an isolated part of cerebral cortex, leaving all other parts absolutely intact. I wish to make use of this phenomenon of isolated disorders for interpreting very interesting and very enigmatic psychiatric form, namely paranoia. As is known that paranoia is characterised by the fact that a mentally normal person, who, like all healthy people, reckons with logic and reality. It seems to me that this form can be understood on the basis of our laboratory findings relating to isolated disorders of separate points in cerebral cortex." He says that persecutory mania may develop in a person when his nerve cells fall into hypnotic state due to over stimulation. In this state the positive stimulus would increase the inhibition of the cells but the negative one would excite them...This is known as rule of extra paradoxicality. In this stage when the patient wanted to be respected or wanted to be alone as this was a strong positive stimulus the opposite idea of being insulted or being watched by others would appear in his mind.

Paranoia is essentially a mental disorder and any attempt to find out pathological changes in the brain or any part of the body which could be held responsible for the symptom formation in this

disorder would meet with failure. Many workers like Berze, Specht openly declared that paranoia originates from the disorder in the mental sphere. Berze said that the real defect of the paranoiac lay in the derangement of their apperception and they lack in their capacity to elaborate their perception. Linke believed that due to the pathological condition of the affection the attention of the paranoiac would be defective and consequently perception formed with this defective attention would also be defective. Specht and Griesinger also believed that paranoia occurs from the disorder of the affective side of the mind and considered it to be related to the manic depressive psychosis. According to Specht paranoia develops from the elaboration of suspiciousness which is a complex affect and a mixture of pleasure and displeasure. This affective view of paranoia was severely criticised by Bleuler in his wellknown monograph entitled, "Affectivity, suggestivity and paranoia". He stated that suspiciousness can not be an affect and it is not a mixture of pleasure and displeasure and consequently paranoia can not be an affect psychosis.

Bleuler's theory of paranoia.

According to Bleuler suspicion and mistrust of the paranoiacs originate from perception and interpretation and therefore they are dependent in the first place on the intellectual process. Manic depressive psychosis on the other hand is a typical affect psychosis because in it mood is variable whereas in paranoia disease develops gradually and occasionally takes a long period of time for its full development but through out this period the emotional state of the patient remains same. He believes that in manic depressive psychosis delusions are produced as a result of change in the mood, be it excitement or depression whereas in paranoia the mood of the patient would be determined by the nature of the delusion. He also believed that there are paranoiacs in whom suspicion might be altogether absent and the delusion of grandeur would be the only symptom. He therefore believed that specht's theory of paranoia arising out of the elaboration of the suspiciousness is untenable.

According to Bleuler suspicion even in a paranoiac would

be just like that of a normal person in the beginning but gradually it would take up the pathological form. At first the patient would be suspicious towards the motive of a person due to faulty judgement just like any normal person but he would not be able to correct it later on like a normal man and on the contrary it would be fixed; it would then gradually take up the delusional character and in the course of time when this delusion would be systematised we should be justified in calling the person paranoid. I quote here a paragraph from Bleuler's 'Text book of psychiatry' to make his view point clear. "In the cases of paranoia which I have been able to analyse in the recent years, the same cause for the direction and content for the delusions could be easily given. It was always from the affectively determined errors which spring up from a way similar to the daily experience of the normal person but which are fixed and extended" Bleuler believes that complex of ideas associated with emotions form the point of departure for the formation of delusions. According to him a person with high ambition but lacking the capacity to achieve it in reality would not be able to reconcile himself to this state and would start blaming other people and this is how the delusion of persecution takes its origin. In course of time he would make up his deficiencies in phantasy and would believe that he had already attained his ambition and in this state the delusion of grandeur would be manifested. The delusion of jealousy would appear also from same sense of insufficiency. According to him a person suffering from impotency or having some sexual experiences of which he was ashamed and could not admit it to himself would start accusing his wife for infidelity and in this way the delusion of jealousy would be manifested. Bleuler believed that persons with constitutional predisposition would develop paranoid delusions in this way and not others and among them those who are of depressive type would manifest persecutory delusion and the optimistic one the delusion of grandeur.

Kretschmer's body built theory.

Kretschmer believes that paranoia develops in hereditarily

tainted people only. This type is easily fatigued by work and emotion and this fatigue paves the way for the idea of reference and delusion. Kretschmer attempted to bring anthropological and psychiatric typology together. He believed that there are three morphological types such as pyknic, athletic and asthenic among human beings and to this he added the fourth type later on giving it the name of dysplastic type which according to him was an incompatible mixture of all the types. Following table would show the relation between nature of the body built and the types of the psychosis.

TABLE

No.	morphology	psychosis
1	pyknic	cycloid manic depressive psychosis
2	pyknic dysplastic	cycloid manic depressive schizophrenia.
3	pyknic athletic	cycloid manic paranoid schizophrenia.
4	pyknic athletic	cycloid manic depressive psychosis
5	Athletic	paranoid schizophrenia
6	Athletic asthenic	paranoid schizophrenia
7	Asthenic	Hebephrenic schizophrenia
8	Asthenic	Paranoid schizophrenia
9	Asthenic dysplastic	Mixed schizophrenia
10	Dysplastic	Hebephrenic schizophrenia.

Sheldon's view.

Sheldon believes that a nature of a person's temperament depends on the nature of his bodily structure and his bodily structure on the other hand takes a particular shape due to the preponderance of the structures derived from one of three germinal layers such as ectoderm, endoderm and mesoderm. He wants to classify temperament into three groups such as viscerotonia, somatotonia and cerebrotonia. Viscerotonia would be noticed in a person with endomorphy and its main manifestation are relaxation, conviviability and gluttony for food and for company. Somatotonia would be manifested by a person who in bodily level would show mesomorphy. Somatotonia expresses the

function of movement and prediation—the somatic function. Somatonia is expressed in bodily assertiveness and desire for muscular activity. A person with ectomorphic bodily built manifests cerebrotonic temperament. According to Sheldon cerebrotonia is manifested by (1) both viscerotonic and somatonic expression (2) hyperattentionality or overconsciousness. Sheldon believes that biologically the paranoid reaction seems to stem from lack of or interference with the normal expression of viscerotonia. The paranoid manifests the visceropeic reaction. Manic depressive psychosis takes place as a result of disturbances in the normal expression of cerebrotonia. A man becomes excited due to lack of cerebral tone and depressed due to excessive somatonia. Dementia praecox take place similarly due to the interference in the normal expression of somatonia.

Freud's view on paranoia.

Freud's approach to paranoia was different from all other previous workers as he looked at the disorder from the stand point of depth psychology. He believed that paranoia develops from homosexual fixation during the development phase and typical paranoid delusions are nothing but manifestation of this homosexual desires in a distorted form as a result of projection. These delusions can come into the consciousness as symptoms as a result of partial failure of repression mechanism, Ferenzi, a contemporary of Freud advocated the same view in his paper, 'The role of homosexuality in the genesis of paranoia'. He boldly asserted that paranoia is nothing but distorted homosexuality. Freud from the analysis of Dr. Schreber's delusion of persecution showed that the persecutor is usually a person who had a great influence in the emotional life of the patient or an easily recognisable substitute of that person. In fact a person who had been loved and respected previously by the patient would appear to be a persecutor when the disease would break out. Thus Dr. Fleschig who was revered and loved by Dr. Schreber before he fell ill became a 'soul murderer' during his illness. Later on Fleschig was replaced by God in his delusions and perhaps it was needed to check his unbearable homosexual desires. Freud believes that this homosexual wish was originally directed towards his father and

Dr. Fleschig and God were brought as substitutes. Freud asserts that all the varieties of paranoid delusions usually arise as a defence against the homosexual wish expressed in the sentence "I love him".

(a) **Delusion of persecution**.....The first defence against the wish 'I love him' would be expressed in the sentence 'I do not love him' and this negative attitude would be converted into an attitude of hatred and it would be expressed in the sentence 'I hate him' but as this kind of wish too would be unbearable to the patient it would be projected and he would feel that he was being hated by the other-person. This is how the delusion of persecution is created as a result of projection of homosexual love.

(b) **Eratomania**.....Here the defence against the homosexual love would be different from the previous one. The original love for the man would be denied and he would take up a feminine object for his love and this attitude would be expressed in the sentence 'I do not love him but I love her'. But here too the love for the woman would be projected and he would feel that a woman loves him and gradually this idea would be developed into an idea that all women love him.

(c) **Delusion of jealousy**.....Here the defence against the original wish to love a man is expressed in the sentence "I do not love him, she loves him". Here he identifies his own femininity with the woman and consequently his love for the man gets transferred to the woman and as he does not understand the mechanism and believes that the woman who is his wife usually, loves his homosexual object and would be jealous towards her.

(d) **Delusion of grandeur**.....A fourth kind of defence against the homosexual love would be negation of that love altogether. The patient would say, "I do not love him, I love my own self" This self love is the basis of the delusion of grandeur. Any object that would be invested with excessive amount of libido would be overestimated and in this situation when all love would be withdrawn to the ego from the object the ego would be similarly overestimated. This is how the delusion of grandeur is produced.

According to Freud paranoia is a narcissistic disorder as libido in this state is withdrawn to ego. Briefly speaking homosexuality itself has a strong narcissistic element in it as love for a person of same sex means one's love is offered to a person who is like the self

and consequently flowing back of libido from this kind of object to the ego is not difficult. He also says that megalomania is the only symptom which is usually produced after the regression of libido has taken place but other symptoms would be produced when attempts would be made to refix the libido to the homosexual objects once more. In many cases the act of withdrawal of libido will be synchronised by the appearance of the idea of the end of the world as the withdrawal of love from the objects and their death would be synonymous.

Jung's View on Paranoia.

Jung believes that Freud has clearly shown in his Schreber case out of what infantile forms of thought and instincts the delusional system of a paranoiac is built up. The patient had peculiar delusions about his doctor whom he identified with God and expressed blasphemous ideas. Freud in a very ingenuous way was able to reduce the delusions of the patient to the infantile relation to his father.

Jung thinks that the delusional systems of a paranoiac should be studied from two aspects, the objective and constructive stand points. The reduction of the structural phantasy of the patient to his infantile wishes is an objective method and Freud has done it in his study of Schreber's case. But he has done only half of the work. The constructive understanding of the Schreber's delusional system remains to be done. For the proper understanding of the purpose of the origin of the delusional system one must answer the question, what end and what freedom did the patient wanted to achieve by the creation of his delusions? He thinks "the mind is a point of passage and thus necessarily determined by two sides. On the one side it offers a picture of the precipitates of the past, and on the other side a picture of the germinating knowledge of all that is to come, in so far as the psyche creates its own future."

Looking at the delusions of a patient one would be impressed that he is unmistakably trying to express something through them; Freud had said that the purpose was to get the repressed infantile wishes satisfied. Adler explained it in a different way when he said that through the delusion the patient expressed his will for power and thus the delusion formation was a kind of masculine

protest for overthrowing the menacing hostile power and acquiring superiority. Jung believes that Adler's explanation is also not constructive as this will to power is an infantile wish of the past.

He thinks the constructive stand point is different and judging the delusional ideas from this stand point it is neither pathological nor infantile but subjective. When it is said subjective it does not mean it contains symbolic infantile wishes or egoistic wishes. If we decompose the delusions into typical components we shall get materials which are unmistakably analogies with mythological formations. From the intensive study of the delusions of the patients Jung had found that patients are consumed by the desire for a new world philosophy and through it they want to adapt their own unconscious materials to the world. It is an attempt on the part of the patient to adapt their personalities in regard to the world in general and their unconscious materials produced in the delusional system are in a necessary transition stage on the way of this adaptation. It is only a subjective understanding and his adaptation with the world would not be complete unless his understanding is in accord with other people. But the paranoiac remains stationary in this transitory stage and considers his subjective view is world's and thus develop mental illness.

Jung says there is no doubt that in the psychological process of adaptation with the world there is no need of creating a world philosophy and it is in itself a sign of unhealthy mental disposition. There are innumerable persons who can adapt to the world without creating any philosophical understanding of the world in the beginning and if they form any theory it is usually done after the adaptation is completed. But there are many persons who can not adapt themselves to the world unless they create a subjective formulation in the beginning and they can not adapt to any thing they do not understand. But if they could be successful in their adaptation it would be noticed that their subjective understanding would be in accord with other people.

Jung had divided all human beings into two groups—the introverted and the extroverted types. "The introverted type is characterised by the fact that his libido is turned towards his own personality to a certain extent—he finds within himself the unconditioned value. The extroverted type has his libido to a certain extent

externally; he finds the unconditioned value outside himself. The introvert regards every thing from the aspect of his own personality; the extrovert can hardly conceive the necessity which compels the introverts to conquer the world by means of a system." Paranoiacs are introverted persons and for that reason they try to adapt to the world with subjective formulations but as they can not bring into accord with the understanding of other rational beings their formulations become delusional.

Cameron's theory

Cameron believes that paranoid reaction develops in a person when he can not take up the role assigned to him by the society. He then imagines that he has got a hypothetical relationships with other people but which really do not exist. These imaginary relationships are based on fragment of social behaviour of other people and arise out of patient's own motives and intentions which are projected. He has introduced the concept pseudo-community to designate this kind of relation. He believes that homosexuality noticed in paranoids are nothing but an expression of social immaturity.

Bose's theory of paranoia

Bose believes that paranoia originates from the disturbance in the normal relation between the ego and its objects. In any wish situation when the subject realises the characteristics of the position of the object he unconsciously places himself in the position of the later. A bond of identity thus unconsciously develops between the subject and the object. As for example when a person makes a gift to a poor man he unconsciously understands the sufferings of the object and his willingness to accept the gift. The portion of the ego that effects this identification may be supposed to feel like the object or in other words it may be said to be invested with the desire to receive the gift through the object into which it is foisted. The part of the ego that wants to make the gift is the subjective ego and the portion that can appreciate the position of the object and gets identified with it may be called an objective ego in contradistinction to the subjective half. While the subjective ego in the illustration feels the desire to make the gift the objective

one has got the desire to receive it. It would be noticed that the subjective ego feels the active desire whereas the objective ego the passive one and some times the unconscious wish of the objective ego sets an opposition to the wish of its subjective counterpart and it might happen that the original ego would transfer itself entirely to the objective position and behave like a secondary ego from the stand point of the latter. In such a situation the desire of the subjective ego would be unconscious and the person in question feels the desires of the object consciously and they would appear to him as his own. When a patient says that he has been transformed into his object of attention we may consider that this mechanism has been working. According to Bose "paranoid delusions are an exaggerated form of secondary ego formation or objectification with complete dissolution of the original ego. When the whole ego loses its moorings and goes over in its entirety to the position of the secondary ego paranoid delusions arise. The objective projection takes place with reference to real or imaginary symbolic objects."

According to Bose there is no idea of body and self in a new born child and the ego grows up gradually as a result of experience. If a sweet thing was given to such an infant and if it were endowed with the power of expression it would simply say, 'there is sweetness' and this idea of sweetness would have no reference either to the experiencer or to the thing experienced. In the next stage the rudimentary ego makes its appearance. Now the infant's expression would be, "some thing feels sweetness" It was a sort of composite body ego feeling. Some thing that feels the sweetness is the gustatory organ and with which is linked up the rudimentary ego. As the child's different sensory zones of the body come in contact with different objects and different varieties of sensation are roused in him he gradually comes to know about his composite body. This body is first intimately connected with ego feeling and when it is developed further the composite body ego gets transformed into an immaculate ego represented by 'I' and the body which would be hence forth looked upon as some thing separate from the ego and yet having some link with it. In the next stage there will be another transformation in the nature of the ego. In this stage the ego knows the external world as some thing different from the body

and has learnt to foist his own experience on the object. If a child is given a sweet thing to eat he would, say, I perceive sweetness in my mouth in eating sweet thing. Then there will be an another transformation in the ego and it will have the capacity to form the secondary ego. When ego achieves the capacity to form secondary ego it looks at the object at a different stand point. It becomes some thing independent of the ego and transfer all its attributes to the object and from the stand point of the object the secondary ego tries to establish fresh moorings.

I will quote here a passage from Bose's monogram, "Paranoid ego," to make his view point clear. The normal ego never loses its mobility from soma to external object and back again although usually it concerns itself more with the external world than with the body. In illness the body becomes the centre of interest of the ego; we say in psychoanalytical language that during illness the ego withdraws its objective libido and diverts it into the narcissistic channels.

The body thus functions as ego's house from which it sallies forth in quest of the external world and to which it comes back whenever the occasions demand it. Perhaps this peculiarity of ego's behaviour renders it possible for the unconscious to consider a house as a body symbol. Under certain condition of repression the ego behaves like an Indian noble man's son who has gone astray; the lure of the external objects proves too strong and it refuses to come back to the house. The ego is then replaced by a secondary ego which stands for an outside entity. If the moorings have been completely severed the ego behaves as a different personality altogether. If however, the primary attachments of the ego persist to some extent it hears command and prohibitions from the secondary counter part and may have other delusions and illusory experiences. It is under this circumstances that the patient sometimes complains of his uncontrollable thoughts and instead of saying 'I think' says "it thinks"; the contact with reality is impaired. Bose believes that this state comes into being due to autoerotic repression. When the subjective sensations and perceptions are not properly appreciated the ego wants to shift its moorings to an object in the external world. In the studies of the paranoid cases it was clearly noticed that a large number of them manifest disturbance of organic

sensations and some borderland cases manifest lack of capacity to experience bodily pleasure even of the sexual type. When organic sensations become absent many paranoiacs take the help of drugs for regaining those sensations by artificial means but if these measures fail ego would take up a love object and transfer itself more or less completely as a secondary ego to the situation of the object and cast its new moorings. Narcissistic and autoerotic disturbance resulting from secondary ego formation is responsible for regarding own's own experience as foreign and for that reason delusions and hallucinations are produced.

Tausk's modification of Freud's theory

Tausk accepts Freud's theory regarding the origin of paranoia from homosexuality but wants to explain it slightly different way. He believes that psychoneurosis results from unsuccessful repression whereas psychosis from unsuccessful denial. Denial is usually looked upon as a mechanism to deal with external facts with danger, anxiety and guilt but not necessarily the instinctive desires; but sometimes when the defence of projection is adopted the instinct too would be denied. Phantasies produced as a result of counter cathexis would be used for the maintenance of the denial. Delusion would be produced as a result of the return of the denied. According to him psychotic projection and normal projection are different. He believes that the denial of one's own desire by the method of projection itself is not psychotic but when the person on whom the love has been bestowed is denied and returns in a disguised form the psychotic projection takes place.

Diagrammatic representation of the theory.

Conflict producing impulse		Homosexuality (I love him)
Defence mechanism (denial)	No, I do not love or I hate him	No, I am not a homosexual
Counter cathexis (counter claiming)	I do not care about him or I hate him	Rather he is a nonsexual
Return of the denied		Reappearance of the love object as stranger or enemy,
Symptoms		Delusion of persecution

Melanie Klein's theory of paranoia.

Melanie Klein believes that in the oral phase of the libido development the child would manifest aggression towards the mother, when his hunger would not be satisfied by her in the proper time. But as this aggression would be unbearable to the child he would project it to the mother and as a result of it she would appear to be a persecutor. On the other hand when the mother would satisfy his hunger in time he would develop love towards her and as a result of projection of this love she would appear to him to be benign. He would then identify himself with the benign object after incorporation and thus stabilise his ego. If the child has to incorporate the mother who would appear to be dangerous he would then manifest the persecutory delusions and express the anxiety not only about the self but also about the good incorporated objects which would be liable to be destroyed just like the ego. He would then feel like annihilating the bad object by the vehemence of his oral sadistic desires but feels that the destroyed object would be a source of danger inside his body. This is the source of persecutory delusion in paranoia.

Klein believes that every individual goes through this early psychotic phase which is later on worked over by neurotic or other mechanism. Whenever there is a miscarriage of normal or neurotic working out of this phase psychosis develops.

Otto Rank's theory

According to Rank all psychotic symptoms have in common the fact that they showed a further regression of libido than the neuroses. He says "for, by freeing the libido from the outer world, replacing the mother, they (psychotics) supplement the loss of primal object by the so called cosmological projection, by which they only go back again to the primal situation through the incorporation (introjection) of objects with their ego (mother and child). In this peculiar psychotic mechanism, which contains a disturbance of the relation to the outer world, the classical paranoia—and the paranoid forms of psychoses—stand closer to the mythological world view." To the paranoiacs due to cosmological projection

the world appears to be the mother's womb and he thinks himself to be exposed to its hostile influence. "By means of the reversal of feeling (hate) towards the father, the entire situation of the mother's protecting womb, in its cultural and cosmological significance, has here become a unique gigantic, hostile entity, which pursues the hero, identified with his father, and ever challenges him to new battles"

Rank has shown that this mechanism of paranoia has been represented in the myth of the birth of the hero. As a matter of fact, the hero myths are in many way similar to the delusional ideas of the paranoiacs. For examples, a paranoiac often declares that persons who brought him up were not his real parents and he was a foster child and his real parents belong to some royal family and for some mysterious reason he was removed from his parents. In most of the legends the hero really belonged to a royal family and he was discarded by the parents in the infancy for some reasons (in oedipus myth because there was a prophesy that the child would kill his father) and he would be brought up by foster parents and when he would be a mighty man he would kill his father or a king and would become a king himself. In oedipus myth the hero actually married his own mother and there was consumation of incest. In paranoiacs also there is oedipus fixation and conflict with the father image and due to fear of punishment of the father the ego adopts the defence of regression into the mother's womb. But after rebirth he would be mighty and attack his father who would appear to be a persecutor due to projection of his own aggression on him. In myths the fact of the hero being thrown into water and rescued represents regression into womb and rebirth.

According to Fodor the unborn's "cry of wrath at the catastrophe of birth" (Kant) is a paranoid reaction to life. He said that the mentally disturbed foetus is a primary psychotic or all-psychotic. The categories of schizophrenia, paranoia, manic depressive psychosis and involuntional melancholia are post natal elaboration. He further says that "only the unstinted love and devotion of the mother can ease the tension of trauma of birth and enable the child to gain control over it in later life. Without abundant love, the child's instinctual needs for acceptance and for the assignment of a place in life in conformity with the archaic pattern of human evolution,

will not be satisfied, In consequence, the prenatally traumatised child will not be able to leave the paranoid schizophrenic level of subsistence and may have to face a life time of misery and conflict in a world never divested of its original hostility.”

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ON CASTRATION,*

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It may be profitable to look back and try to check up the ideas conveyed by the terms and concept used in every branch of our knowledge. Each term by its particular usage gather some special meaning which is not conveyed by its original meaning, at least acquire specific values while others gain in expanse or depth. The picture in psychoanalysis is not in any way different from other branches of human knowledge. One such term is castration. Often we find mention of expressions such as castration complex, castration wish and castration anxiety.

In this short paper I shall try to discuss a few aspects of castration, as it is used in the literature of psychoanalysis and try to give my own ideas about it. Literal meanings of castration, are removal of testicles, gelding, deprivation of vigour, expergate, excision of testicles or ovaries. It should be noted that this word has both a specific usage meaning removal of testicles or ovaries, and a general usage meaning deprivation of vigour. Obviously, vigour does not necessarily mean sexual vigour alone ; it is general vigour. Although it is common knowledge that a castrated animal loses much of its vigour of its activities with the removal of its gonadic glands, yet vigour does not mean vigour of sex function alone.

In the Dictionary of Psychological Words (Howard. C. Warren) we find castration complex means : (1) those unconscious excitations and affects which are bound up with the loss of genital organs or their analogues e.g. withdrawal from mother breast in nursing ; (2) a reaction to intimidation regarding loss of genital organs or the restraint of early infantile sexual activity. (Syn. Castration anxiety).

In the above meanings, we can find one common idea i.e. of removal of the genital organ, particularly the testes or the ovaries.

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Then comes its wider meaning which includes withdrawal of the child from the mother's breast, or restraint from its early infantile sexual activity. It is not necessary for me to mention here all the various forms of infantile sexual activities recognised in psychoanalysis. It is clear from this meaning of the term castration that it is not really the removal of the particular organ that is important, but the essential point is the sense of value attached to an organ or to a particular pleasurable function. When only those organs which cause pleasure or those functions or activities which are pleasurable to the individual be removed or restrained or stopped, the individual may be said to have been castrated. In the limited sense, it appears that the term castration should not be used when it refers to any phase prior to the genital one. But from the point of libidinal development, where psychoanalysis has accepted practically all pleasure-deriving activities as libidinal or sexual in nature, one may claim that the term castration may justly be used to refer to those pre-genital activities as well, as is being done. A little thought in this connection will show that this reference to earlier situation than the genital one is a later connotation of the term, the meaning of which has been stretched back. It is questionable whether such a connotation of a genital term is very happy. In psychoanalytical literature castration has been used in a very wide sense to mean loss of any pleasurable situation, activity etc. due to imposed restraints or removal, excision etc. It becomes a threat when it is done against the conscious wish of the individual. It is only under such circumstances that it appears as a castration anxiety. From the standpoint of Bose this castration anxiety appears only when there is a conflict between the castration wish and its opposite or when it is looked upon from the wish for the continuance of the pleasure derived from it though threatened. Fundamentally there is a basic wish for castration i.e. to become passive. In analysis of patients such a wish may take the form of the wish to become a female. A patient who was suffering from stiffness of the body as conversion symptoms had in his early boyhood days a strong wish to get rid of his penis. He used to push back his genitalia within his thighs, thus hiding it to give the appearance of a female genital region. Also he often had the fantasy of having a child come out with his faeces whom he would rear up keeping it in hiding in hay stack.

In his adulthood, however he developed strong castration anxiety. Another male patient in his fantasy frequently suffered the anxiety of being castrated. His dreams, also, showed the same anxiety in the manifest content. His anxiety symptoms were cured when he could accept and adjust with his passive femininity and passive homosexuality. Examples of similar and more complex nature can be multiplied, but that will not be necessary. Wish to be castrated has its basis in the passive desire of the individual. Some times it appears as a punishment against oedipus or even homosexual wishes. Castration as a punishment against other prohibited sexual activities is very common. In this connection, one very interesting feature was indicated in the analysis of a number of patients, both male and female. By these, any act of sex is considered bad, having undesirable consequences. This belief is mainly found to be connected with the oedipus, homosexual or masturbation guilt. Some of these patients tried to avoid this guilty situation by becoming a female while some others adopted the path of regression to infantile states. In all of this group only active sex was considered as a guilt. So there was no difficulty for them in the female role which they contemplated as a passive partner in sex. For them a female was a person acted upon, in sex, by the active male. The guilt is of one who takes the initiative or active part in sex. It is form of de-sexualisation which may be termed as castration due to sense of guilt in active sexuality. In female patient too, similar attitude and ideas are no less common. They try to inhibit their sexual urges and play the role of decanny in sexual act, declaring that they have no desire in sex, no pleasure in it, they only yield to the desire of the males. Another type of female patients, it is found that although they defensively take up the male role, contemplating themselves as a male, yet they make themselves impotent in actual sex act as a male, in phantasy. All these and many other types are, generally speaking, castration phenomenon in a way. The ideas of uncleanness associated with sex is also found to be connected with either anal or oedipus phases and thus again indicating the some sense of guilt mentioned before. According to their conception purity and cleanliness must be devoid of sex. They select white colour as a symbol of purity and cleanliness. It is interesting to note how this idea coincides with the general popular idea of purity, as well

as with the conception of the particular religious sect who consider white as the symbol of purity, cleanliness and holiness etc. Basically then, all these ideas are castrated phenomena. Christian, Persists, Hindu widows, vashnabs (some of them) and Hindus in mourning for their dead parents wear, white clothes, as a symbol of putity mourning etc. We may say that the unconscious aim of wearing the white robe is to establish desexualisation or castration. I shall not discuss here in detail why they should castrate themselves in such situation except mentioning that they seek some expiation of guilt by castrating themselves. We can therefore, say that such practices and customs etc. in social and religious life of the people, have their roots in the unconscious guilt sense and is adopted and practised as a symbol of castration as has been mentioned above. There are two aspects of religion. One that is positive, aims at knowledge and attaining the truth and the other is the negative aspect which is either a defense or is a form of expiation of the sense of guilt mentioned above. In the later sense, religious rituals are good shelters for many who otherwise might have fallen victims of mental disorders. These socio-religious observances and rituals are thus forms of castration accomplished but in symbols, found acceptable by the Society and applauded, if not glorified. In the wider sense of the term castration it means withdrawal from and restrains of any desire pleasant or even unplesant at times (as in masochism etc.). This concept of sex is basically very much allied with the Hindu Philosophical ideas. In Sanskrit for instance, sex is Kama... The word Kamana.....a derivative of the word..... (Kama) means desire. Bashana..... and Iccha.....are synonymous words of Kamana and mean wish. It is said and also accepted in psychoanalysis that pleasure is derived from the gratification of a wish i.e. from the release of Libido from its state of tension. Also in the study of Aesthetics...in sanskrit of the different basic elements or Rasha...the sex pleasure has been given the first place and has been mentioned as the AdiRasha.... Thus almost every pleasure deriving act or wish is sexual in nature. To control, restrain or prohibit fulfilment or continuance of such pleasure amounts to castration, extended to such distant it loses its significant value. In this sense any loss is castration. For the idea of loss comes only when there is a wish to maintain or retain something or some

situation which is pleasureable and which one does not wish to miss. If weaking is accepted as castration then seperation of a child from the mother at the time of birth or at any time later when it is deriving pleasure temporarily or permanently, should be considered as castration. Cutting of hair, nail, falling of hair missing a pen or pencil, injury of limbs, deafness and blindness etc. may all mean castration case cover all sense of loss. This seems to be too wide of the mark. Viewing from this angle the reality takes the role of a castrating agent, as the hostile father or mother. At birth a child considers this reality work as very unkind. Light, air, water etc. are all unplesant to it. There is a tendency of the child to resent all these. According to our earlier point this is a castration situation for the child to be robbed of his earlier, prenatal, pleasure state of existance. Later when the same eyes which refused to see light at first get adopted to light the child accepts the present castrated situation, enjoys the beauty of mother and nature. Again when the Viswa is lost he feels castrated. That is to say from the begining a child has to pass through repeated states of castrations during the tenure of life. He only adopts himself to one castrated situation to call it normal then again meets with castration in one or the other way and so on. Life then is a chain of castration and acceptance of the castrated condition then again castration and adoption and so on. The more we can adopt ourselves to these repeated states of castration the better for us it seems. Trouble arises when we fail to adopt our castrated condition. Such a picture of life appears to be very much lopsided. A philosophy of life based on this perspective of life can not be accepted as wholesome, though the facts are undisputable and must have to be accepted.

To avoid anomaly and to help clear understanding the meaning of castration should be kept limited the excition or loss of genital organ or sexual power in both sexes, and to the loss of persons part of the persons and things which stand as a symbol of sex organ or is equivalent to it. For other kinds of painful experiences it is better to use the word pain or loss as the case may be. A case of frustration in achieving an object or gaining some end, very dearly cherished, the subjective experience may be either of pain, failure, frustration or loss etc. It serve no good purpose to see castration in every such situation. Anxiety that one feels in insecurity may be explained in

terms of castration. If anxiety is apprehension of danger of loss such danger to self or to a dear one can be easily equated to castration as also the idea of loss may be traced back to castration. Loss of any inanimate object is equally likely to cause anxiety when it becomes a part of the self by close ties of desires with it. When the loss is felt in the emotional sphere i. e. in the subjective valuation and ties with the object, it may then be linked up with castration in the wider sense of the word. But the main question remains unsolved if we look to the different such problems from the same angle. Question of unpleasantness and then frustration and failure play a great part in the life of a child. Greater physical dependence on others together with its inability to express its wants, inability to understand and grasp a situation or its own needs make the child more prone to suffer pain and unpleasantness. From the experience of the initial difference between two states gradually a wish, however vague, to gain back the pleasant condition, develops. There after whenever such situation recur the child's wish to get back to earlier pleasant situation promptly comes in the field. With further development the child tries to guard against the possibility of such painful experience or takes to flight when such possibility is apprehended. Failure, frustration or loss are undesirable but more or less inevitable and unavoidable experiences of life. A great deal of the future development of character and mental health depends on the capacity of the individual to put up with these experiences. That is to say toleration of a child to stand such situation are valuable determinants of their future reaction patterns. To come back to our problem, it is therefore, necessary for us to try to trace the cause of the original reaction pattern of the child to a given situation.

Every child does not react similarly to a given environmental or physical situations. Such reaction may vary in kind, intensity and extensity. Without going into details of any such situations one might infer that the reaction depends on the cumulative experience available to the child at the particular moment when the stimulus is working. This explanation is true to a limited extent. It remains yet to be explained how the primary reaction of a child to a given stimulus experienced. Two factors are involved in it. One that of the physical including neurological condition of the child and the other its mental condition i. e. its mental tension. Bad physical

health in childhood days does not necessarily impair the mental health although it may temporarily affect the mental peace and stability. Quick adoptability of the child helps restoration of its mental equilibrium in many cases. We can not as yet apportion the value of physical and mental condition of the child at birth or even in its prenatal state, towards its future mental development. Nor can we assess the contribution of the factors if any, of heredity as determinant factor in this matter. Leaving this question as yet unsolved, it can be said, from what is found in analysis of patients, that the capacity of the ego to tolerate frustration and loss is an important factor. The feelings of weakness loss or incapacity, if it be strong in the child for various reasons, this feeling shows itself in different ways in different phases of libidinal development. In the genital level this feeling of deficiency may appear in the form of impotency or under the strong punishing super ego castration anxiety may appear. In any case the basic feeling of infantile weakness or loss or incapacity must for some reasons be strong only on which the idea or symptom of impotency and other results of castration complex may develop. But amongst other causes formation of a punishing super ego is also dependent upon the same sense of self deficiency when by projection, the other partner in the situation, is looked upon exaggeratedly strong and critical. In this and similar personalities make up sense of guilt associated with sexual act and fantasy of the child become strong giving rise in its turn the neurotic castration anxiety in the genital phase. Only this and similar anxiety should be truly termed castration anxiety. The generalised meaning of castration needs modification in the light of what I have tried to discuss very briefly in this paper. I am fully aware of the very brief and then mentioning of the points in favour of my view. What I have tried is to give in short only some hints regarding the problems of castration to my colleagues. There are other important points connected with this problem which I have purposely left out of this discussion for the sake of focussing the attention on the main issue and for the purpose of clarity.

In another paper in future I shall try to discuss some other aspects of this topic.