SAMĪKSĀ

JOURNAL OF
THE INDIAN PSYCHOANALYTICAL SOCIETY

EDITOR
SARADINDU BANERJI

Volume 40 Number 3

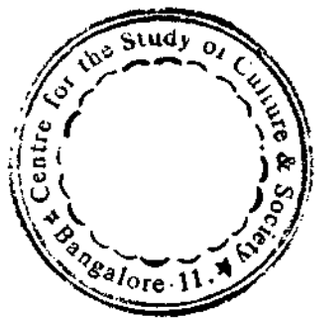
1986

SAMIKSA
JOURNAL OF
THE INDIAN PSYCHO-ANALYTICAL SOCIETY

SAMIKSA

JOURNAL OF

THE INDIAN PSYCHO-ANALYTICAL SOCIETY



CONTENTS

Volume 40 1986 Number 3

14, PARSIBAGAN LANE
CALCUTTA-9

SAMIKSA, 1986
Vol. 40, No. 3

DENIAL IN NON-PSYCHOTIC ADULTS—A DISCUSSION OF SOME OF ITS ADAPTIVE AND NON-ADAPTIVE ASPECTS

RAFAEL MOSES

When one peruses the literature on the defense mechanism of denial, one cannot fail to be impressed with the difficulties we encounter with this concept. Like so many concepts in psychoanalysis, it is too elastic and is used to include too large a group of defensive operations (Cf also Carmi 1984). However, this state of affairs also has its advantages in that it allows for a conceptual development of the mechanism, albeit in different directions (Sandler 1983). Let me list some of the problems particular to the concept of denial, which stand out in the literature : Is the institution of denial a conscious or an unconscious process ? Is it directed towards a threatening internal or a threatening external reality ? Does it occur at an early, primitive archaic stage of development ; so that therefore we find it used by very disturbed persons—psychotic or borderline ? Or, alternatively, does it belong to a later stage and is therefore found mainly in neurotic and normal persons ? And finally, does the defense mechanism of denial delete, as it were, the total existence of the percept to be defended against, for the person who uses it ? Or, alternatively, does it erase only the impact, the meaning or the meaningfulness of what threatens him who thus defends himself ? The implication of this question relates to whether the use of denial is concomitant with the split proposed by Freud (1927a) with regard to fetishism; namely that there exist, concurrently, two perceptions

of the threatening material : one that is accurate but unconscious, or not quite conscious ; and another, the denial, which contradicts reality, and is therefore less threatening and less painful ? With such a split, there still exist two possibilities : the denial may be so complete that there is no accurate conscious perception of the reality to be warded off at all. Or the denial may be partial, so that at times there is a conscious or partly conscious perception of the threatening reality (Cf, for a variety of descriptions and points of view, the works of Freud 1910b, 1924a, 1924b, 1926a, 1927a and b, 1938a and b, Anna Freud 1936, Altschul 1968, Brunswick 1943, Deutsch 1922, Dorpat 1983, Geleerd 1965, Greenson 1952 and 1958, Jacobson 1957 and 1967, Katan 1964, Kernberg 1975, Klein 1935, 1945, 1952 and 1963, Levin 1969, Lewin 1950, Linn 1953, Lipson 1963, Modell 1961, Miller 1977, Rubenfine 1952, Siegman 1964 and 1967, Smith and Danielsson 1982, Sperling 1958, Trunnel & Holt 1974, Waelder 1951 and Zetzel 1949).

These questions are clearly confluent, at least to some extent. If denial is used by neurotic persons, such a defense will tend more to be unconscious, will be more directed against external rather than internal percepts. In my view, it will also then result in the co-existence of different levels of awareness. If, on the other hand, the view is that denial is a primitive archaic mechanism (Klein 1952), and is probably—therefore—used more by psychotic persons (Lewin 1950 ; Jacobson 1957 and 1967), then it will be viewed as taking place on a level nearer consciousness ; as being directed mainly against internal percepts—i.e. drives and affects. It will then be more likely to be viewed as eliminating the threatening stimulus from consciousness totally. I refer you for a fuller discussion of these problems to five out of the many publications listed ; a master's thesis by Carmi in 1984 at the Sigmund Freud Center of the Hebrew University ; monograph number III of the Kris Study Group of the New York Psychoanalytic Institute published in 1969 ; a paper by Stewart in 1970 ; and finally two newer and somewhat different works ; a paper by Dorpat in 1983 and a book on defenses in childhood and adolescence by Smith and Danielsson in 1982.

So much for a bird's eye view of the very complex and fairly divergent literature on this widely discussed defense mechanism. A brief sentence of warning ; in order to examine the mechanism of

denial in some detail, we must artificially remove it from ths surrounding psychological soil in which it is naturally consistently embedded. In other words we will examine the operation of denial as if it were separated from the matrix of the personality in which it functions. This is obviously a severe drawback ; yet one necessary, I believe, in order to examine the use of denial as it is used by many individuals in similar situations.

Keeping in mind this artificial limitation, let me say that I view the mechanism of denial as one which is at first primitive, in that it is used by children at an early phase. As jacobson says, it is a defense which originates in the child's efforts to rid himself of unpleasent perceptions of the outside world (1957). Indeed, for the child denial is almost appropriate and adaptive (cf Anna Freud 1946), while in the adult its use seems to many authors to be an indication of the existence of much psychopathology because it implies a distorted reality testing. And yet at the same time, most authors agree, as did Freud in 1930, that denial is also a normal mechanism in adults. How can we understand this discrepancy, how bridge the gap between the two contradictory views ? I believe that one way of understanding this is by looking at how denial is used in different ways. When used in a limited way, it is a remarkably widespread mechanism in adults, much more so than we generally allow. In grown-ups we often see more extensive denial being activated by a particularly thereatening external reality, particularly danger to one's physical or psychological existence. And yet, this denial does not then seem to be the same primitive form of denial used either at an early age or by psychotic or borderline persons. It does not clash as completely with reality or wholly eliminate reality testing. It is here used with more differentiation and applies to a more limited area of reality and of psychic functioning. This adult version of denial is set in motion, then by mostly not very disturbed persons ; it is unconsciously activated ; and it is directed mainly if not exclusively at external reality. Clearly, this external reality must at the same time always be representative of an overpowering threat which necessarily has internal psychic correlates. Jackobson lucidly describes how the disclaiming and disowning and subsequent projection onto the outside of a threatening precept enables the person to handle his

intrapsychic conflict as though it were a conflict with reality (1957). It seems to me both very evident and logical that similarly outside dangers are perceived in relation to the inner conflicts which they mobilize or are perceived to represent. In other words, external and inner realities are perforce alwas interrelated. In a more disturbed person, but alo in a smaller child, the primitive mechanisms will dominate the arena ; and thus the inner reality will dominate over the external one. In the less disturbed adult, the external reality will serve as a stimulus—of lesser or greater intensity—for the inner conflicts of which they are representative.

It is my experience, as I will try to show, that such denial leads most often to a concurrent multi-level awareness of what is denied ; and that the two levels are not wholly separate ; that they are not so separate as Freud saw them many years ago when he postulated a split in the ego with relation to to the perception of the threatening reality of the absence of the penis in the woman (1927a). To my mind the different levels of awareness are, rather, co-existing. They are often in a state of flux ! which means that denial has its ups and downs ; that there are changes over time both in what is denied and in the extent to which it is denied (of Moses and Cividalli, 1967). The type of denial on which I focus is the one used by the individual. I have described elsewhere a very similar type of denial as being in use in political process (Moses in press). It can be shown to be used by persons in the large group, in the community and in the nation.

The use of denial as a widely used mechanism—in a clear and well-defined form as I have described it—is found most obviously in responses toward the painful impact of an external reality. Here in Israel we cannot fail to be aware of two areas in which denial is thus used : soldiers in battle and persons mourning for their loved ones. Soldiers in battle deny the danger to which they are exposed. This has been general knowledge certainly since World War II and has been described by different authors (Ferenczi 1921, Grinker and Spiegel 1945a and b, Stouffer et al, 1949, Colbach and Parrish 1970 and Zetzel 1949). In the face of extreme danger to life and limb, it seems that man needs to disavow such extreme danger so that he can continue to function effectively. This sounds, therefore, like an

adaptive use of denial. In this form of denial, it is the unawareness of the soldier to the direct danger to which he is exposed, which is most striking. And yet, when talking to soldiers about the battles in which they participated, the impression persists that they did, at the same time, also have some awareness that they could be hurt or killed—most understandably so. We have learned in Israel that the extent of such denial and the degree of awareness of what is being denied, clearly change with the changing of social mores (cf Moses and Cohen 1984). When society is more accepting of emotional reactions to danger and therefore of people being afraid, the need to use denial becomes less widespread. I have thus found it interesting to note that there has been considerable change in the awareness of fear for oneself, and also for one's loved ones ; but similarly with regard to the recognition of external dangers in Israel over the past 20 years. Amongst the factors which seem responsible, we must list a changing social climate in these respects (similar to changes the world over) ; but also the advent of television with the immediacy that its reporting of war and battle scenes brings—again a very widespread phenomenon, tending towards the universal.

A very marked form of denial in soldiers seems to occur when they make blatant use of feelings of omnipotence in an attempt to push away the dangerous reality. Such evidently omnipotent denial can be seen in soldiers who subsequently break down in combat ; but it also exists in soldiers in whom we would not at first expect it ; those who face danger in heroic ways and are often decorated as a result. In these latter, the awareness of the danger seems often even further diminished. In both these types of the use of denial it seems quite difficult to decide what behavior is adaptive and which maladaptive. In the combat reaction, the soldier breaks down psychologically but is usually physically intact. In the hero, his denial may help him come through the experience intact ; or he may die or be severely wounded.

I believe it is appropriate to wonder whether all usage of denial towards an external danger does not involve the use of omnipotent thinking and feeling to varying degrees. Such an exploraiton requires and deserves a separate presentation.

A variety of forms of marked denial can be seen in persons when

intrapsychic conflict as though it were a conflict with reality (1957). It seems to me both very evident and logical that similarly outside dangers are perceived in relation to the inner conflicts which they mobilize or are perceived to represent. In other words, external and inner realities are perforce alwas interrelated. In a more disturbed person, but alo in a smaller child, the primitive mechanisms will dominate the arena ; and thus the inner reality will dominate over the external one. In the less disturbed adult, the external reality will serve as a stimulus—of lesser or greater intensity—for the inner conflicts of which they are representative.

It is my experience, as I will try to show, that such denial leads most often to a concurrent multi-level awareness of what is denied ; and that the two levels are not wholly separate ; that they are not so separate as Freud saw them many years ago when he postulated a split in the ego with relation to to the perception of the threatening reality of the absence of the penis in the woman (1927a). To my mind the different levels of awareness are, rather, co-existing. They are often in a state of flux ! which means that denial has its ups and downs ; that there are changes over time both in what is denied and in the extent to which it is denied (of Moses and Cividalli, 1967). The type of denial on which I focus is the one used by the individual. I have described elsewhere a very similar type of denial as being in use in political process (Moses in press). It can be shown to be used by persons in the large group, in the community and in the nation.

The use of denial as a widely used mechanism—in a clear and well-defined form as I have described it—is found most obviously in responses toward the painful impact of an external reality. Here in Israel we cannot fail to be aware of two areas in which denial is thus used : soldiers in battle and persons mourning for their loved ones. Soldiers in battle deny the danger to which they are exposed. This has been general knowledge certainly since World War II and has been described by different authors (Ferenczi 1921, Grinker and Spiegel 1945a and b, Stouffer et al, 1949, Colbach and Parrish 1970 and Zetzel 1949). In the face of extreme danger to life and limb, it seems that man needs to disavow such extreme danger so that he can continue to function effectively. This sounds, therefore, like an

adaptive use of denial. In this form of denial, it is the unawareness of the soldier to the direct danger to which he is exposed, which is most striking. And yet, when talking to soldiers about the battles in which they participated, the impression persists that they did, at the same time, also have some awareness that they could be hurt or killed—most understandably so. We have learned in Israel that the extent of such denial and the degree of awareness of what is being denied, clearly change with the changing of social mores (cf Moses and Cohen 1984). When society is more accepting of emotional reactions to danger and therefore of people being afraid, the need to use denial becomes less widespread. I have thus found it interesting to note that there has been considerable change in the awareness of fear for oneself, and also for one's loved ones ; but similarly with regard to the recognition of external dangers in Israel over the past 20 years. Amongst the factors which seem responsible, we must list a changing social climate in these respects (similar to changes the world over) ; but also the advent of television with the immediacy that its reporting of war and battle scenes brings—again a very widespread phenomenon, tending towards the universal.

A very marked form of denial in soldiers seems to occur when they make blatant use of feelings of omnipotence in an attempt to push away the dangerous reality. Such evidently omnipotent denial can be seen in soldiers who subsequently break down in combat ; but it also exists in soldiers in whom we would not at first expect it ; those who face danger in heroic ways and are often decorated as a result. In these latter, the awareness of the danger seems often even further diminished. In both these types of the use of denial it seems quite difficult to decide what behavior is adaptive and which maladaptive. In the combat reaction, the soldier breaks down psychologically but is usually physically intact. In the hero, his denial may help him come through the experience intact ; or he may die or be severely wounded.

I believe it is appropriate to wonder whether all usage of denial towards an external danger does not involve the use of omnipotent thinking and feeling to varying degrees. Such an exploraiton requires and deserves a separate presentation.

A variety of forms of marked denial can be seen in persons when

they first learn of the death of a loved person. Often, the immediate response is: "No! It cannot be!!" This form of denial is very brief; it usually lasts from seconds to minutes. While one part of the person already accepts the bitter truth, another part tries to push it away, to not have it be true. A form of denial which appears a little later in mourning is the feeling—the conviction, the hope—that the notification, especially in the case of soldiers, was a terrible mistake; that it was really somebody else who was killed—not "our son", not "my husband". Again, this denial is not totally accepted; and yet on some level it is. These early reactions seem to be quite ubiquitous. The further we move away in time from the moment of learning of the death, the more complicated do the reactions seem to become. Sometimes it is during the funeral that the thought occurs: "It's probably a mistake! It must be someone else in the cotton!" Subsequently, we will find a variety of persons who—after the death of a loved one—will tell us that, as they walk in the street, they spot someone who looks like their lost love object; or even that they expect him to come back—in spite of all they know rationally—and to enter the house, to rejoin them; to tell them it was all a mistake, a terrible mistake. The reaction of a mourner seeing someone in the street, not long after the death, who reminds him of their loved one, seems more on the "normal", i.e. realistic side. In those, on the other hand, who continue for a longer time after the loss to expect their dead loved one to walk into the home, the mourning process has usually not been adequately completed. On the other hand, when denial of death occurs within a short time after the loss, it is usually part of the normal mourning process.

As the time comes when we would expect the process to have been completed, (although none of us, I think, know what that time limit should be or how rigidly we should adhere to it) we will begin to consider whether these are instances of pathological mourning. However, even at a later point in time, we will find persons who may show seemingly blatant forms of denial without other evidence of pathology. We would view thus a continued holding on to the belief that the loved one might come back, when it appears only sporadically. A much more widely found phenomenon, is that the bereaved person relates to his dead loved one as though he were an alive body

in his grave—experiencing for example the concern that the body in the grave will be cold in winter; or will get wet in strong rains—and, by implication, will fell the cold and wetness. In this category also belongs the person who—when something moves him strongly—feels that he must share this with his loved one, the one who no longer exists. In summary, I believe it is important to accept the fact that there are a large variety of forms of denial which fall within the framework of a 'normal' grief reaction. They are adaptive in that they allow the person to gradually accommodate to the change in his external object relations. We will assess the degree of adaptiveness or maladaptiveness by the intensity of the denial, by its duration and by the frequency of its appearance; and in an overall way by the extent to which it interferes with adequate overall functioning and adaptation, possible improves them. Geleerd (1965) distinguishes a form of denial—which she calls neurotic—that leads to an at least partial dysfunction, from what she calls "denial in the service of the need to survive" (p. 123), which she sees as necessary for normal functioning and as helping to sustain it.

Another aspect of denial demonstrated by this "adaptive" form of denial is that it always—so it seems—leads to different co-existing levels of awareness. In our examples, the person so uses denial in the ways described in order to avoid full acceptance of the death of a loved peron, at the same time also does accept the death—partially, that is.

On the other hand, bereaved persons who maintain the room of their dead loved one exactly as it was while he or she was alive, indicate through this type of denying behavior that they have not adequately completed their mourning processes. They are still not ready to appropriately accept the reality of the death, of the loss they have suffered; and their acceptance of this reality is less, and less full, than that of those just described.

In other words, we meet a variety of denying behaviour in response to the death of a love object. Some forms of such behaviour are ubiquitous and do not interfere with adequate functioning; therefore they are acceptable. To the extent that they encourage better functioning they are adaptive. Others are clearly pathological and lead to dysfunction; and a third group lies somewhere in between these two extremes.

We are all acquainted with the widespread use of denial in fatal illness. Many of us have met even well-trained medical persons who —although we would expect them to 'know' the signs of their illness— have remained unaware, so it seemed, of the fatal illness which was bringing them nearer to their death. On closer examination, we usually see that total denial, complete unwareness, exist only at times. On other occasions, with different people, in different moods or situations, the fatally ill person will show a different readiness to confront the implications of his illness. Sometimes we see such a person allowing himself to know separately all the items which would, if connected, lead him to the inevitable conclusion ; and yet he has no awareness of the conclusion itself. What Sperling (1967) calls the denial of the meaningfulness of the percept is here clearly demonstated (cf also Moses and Cividalli 1967 . I remember most vividly a patient on an oncological ward whom I was asked to see for a psychiatric consultation. He told me in great detail that he was suffering srom a most silly fear : he could not rid himself, he said, of the irrational fear that he had cancer ! ! When we examine the functionality, the effect, which such a form of denial has on the development of the illness, we immediately become aware of the fact that often such denial brings about a delay in seeking medical help, which can by itself be fatal (Moses and Cividalli 1967). In other words, it is very much maladaptive with regard to the patient's physical state.

One further area in which denial is regularly encountered is in sudden disasters. Here - similar to the death of loved ones, especially young ones—the immediate response is almost invariably : "It cannot be !". A poignant example is an older man waking up in the middle of the night, hearing a roaring "like a train", actually from a flood which was already rising in his bedroom. Yet he managed to convince himself that 'it was nothing' and go back to sleep. There are very many similar examples quoted in the relevant literature (of Moses 1977). While denial here was adaptive in letting him sleep, it was maladaptive in that it endangered his life.

One last widespread and indeed often adaptive form of denial which I would like to mention is that expressed through the use of humor. Humor often allows the person to accept a painful reality

and achieve a minimal degree of mastery over it. How partially does humor serve to express denial ? An example is the joke about how to solve Israel's terrible economic plight back in the fifties ; when people said that what we should do was to declare war on the United States of America ; then Israel would be occupied by its new enemy, and all its woes would come to an end ! Or in the joke of man about to be executed on a Monday who says : "What a way to begin a week" Or the other one, in the same situation, who requests a scarf so as not to catch cold ! (cf Freud 1908). These, then, clearly are ways of distancing oneself to some extent from the terrible reality which faces one, one even if the mechanism involved is not denial proper. The mechanism is adaptive in that it helps one accept what can be avoided.

Does humor, then perhaps serve to partially replace denial ? Such a use was made, in a way which seems gruesome to an outsider, yet most appropriate to the participants, by Israeli 12th graders about to be conscripted into the army. They would say to each other, as they celebrated graduation from High School : "Well, meet you under the grass !" It seems that a threatening or overwhelming reality which may need to be denied, can be accepted a little more essily, can be let into consciousness somewhat, so-to speak, when accompanied by humor ; and particularly when it is at the same time shared with the other members of the group. But it seems that partial denial and partial expression of reality by humor go together. I think it was the Germans who coined the phrase 'Galgenhumor'— humor of the gallows.

We also find the mechanism of denial used in a fairly massive way in one other category of non-psychotic adults, namely some pregnant women, usually unmarried, who manage to remain unaware of their being pregnant, in extreme cases until the child is born. Sometimes, the mother of such an unwed mother-to-be joins in the denial and explains away her daughters physical group by strange rationalizations. Amongst the pregnant women I have encoutered in such a state, there was also the daughter of a gynecologist, who in her fifth month was sure that she had a tumor ! An immediate result of the denial is that the pregnancy cannot be interrupted in its early stage, or perhaps at all. This is similar to, and yet different from, the delay in seeking medical care in fatal illnesses, which often

determines the terminal outcome. Yet in these pregnant women, too, the denial does not seem to be total. There is apparently a partial awareness, yet this is not acted upon. It is for that reason that I spoke of a 'fairly massive' denial—massive, because the woman so imperiously does away with an obvious reality ; fairly—because somewhere there lurks an awareness beneath the denial.

Let us look now at some ways in which the defense mechanism of denial is used by groups of individuals. Again, we will note that these are adults who are not psychotic ; we will find that they are exposed to stress or a crisis or to external dangers.

In April of 1982, Sinai was due to be returned to Egypt under the agreement signed at Camp David. Ophira, known to the Arabs as Sharm-e-Sheikh was a small town due to be returned as part of this agreement. When a group of Israeli professionals interviewed a representative sample of Ophirians during the three months prior to their forced evacuation, we were most impressed with the widespread use of denial. Three months before the due date we talked to Ophirians about their feelings and their future plans. They told us that they did not know yet where they would settle after evacuation. 2 1/2 months, 2 months, 6 weeks, sometimes 4 weeks before the date on which Ophira was once more to become Sharm-e-Sheikh in Egyptian hands, many of its inhabitants were still not ready with plans—of where to move, of their alternative housing. They knew that it was out of the question for them to stay on after Sinai was handed back to Egypt. Yet some phanatasied that they might so stay on—to run a business jointly with the Egyptians or to serve some function in the town. Still later some had not yet arranged for the arrival of the movers who were to take their belongings back to Israel before the hand-over. The answers to our questions were evasive. They didn't know yet. There was still time. They would see. When pressed further, most of them would finally come out with : "Well, may be they (the government) will change their plans at the last moment". Or : "Maybe we can continue to run our small business in conjunction with the Egyptians." Or, as a final resort, "maybe we can come back here afterwards—they will need somebody to be the Israeli consul here, won't they ?" This kind of denial seemed to carry with it only a minor degree of dysfunction.

They all managed to sort things out in the end—with the help of the unmistakable pressure of outside events, and possibly of our nudging.

A more frequent example of the denial of an unpleasant or dangerous external reality, and one closer to home for ordinary Israelis, can be seen in the attitude of many of us—for many decades now—to the daily dangers facing us. We would manage not to be aware of the fact that in the round of our daily activities we were being endangered by a variety of possible routes of attack on us : terrorist attacks throughout the last six decades ; before 1967 the fire of Jordanian snipers from the walls of the old city ; the danger of a new outbreak of hostilities ; the danger of Israel being overrun and occupied by an Arab army ; the dangers to which our loved ones were exposed : those that lived here ; or, even more so, the sons in the Israel army, who were—and are—exposed to possible wounding or death. In the course of normal events, most Israelis would not pay attention to these considerable risks. You may say that they needed to disavow them, to keep them out of awareness in order to continue functioning. For how can one function adequately when concerned at all times with threats to one's life and limb ? In this respect, the use of denial here seems similar to that described for soldiers in battle—exposed to the danger of death—and to persons with fatal diseases who are similarly threatened. If we compare the use of denial in the Israeli situation with that existing elsewhere, we will all be reminded that the same is true in other parts of the world where violence can be a sudden occurrence. People in Northern Ireland, or in London when a bombing has taken place, or nowadays in Brussels, or Rome or Paris—or anywhere else in the world where such dangers exist—do not continuously maintain an awareness of the risks they incur. They make considerable use of the mechanism of denial. The same happens when, while driving, we pass the scene of a serious accident. We, or they, use, and must use, denial as a mechanism of defense : we will slow down and be impressed for a quite short time. Soon we will resume our previous dangerous speeds. We are all aware of the fact that people who have friends or loved ones in an area where such violence occurs will worry about them so much more than will the people themselves. To the outsider

it looks much more dangerous than it is in actuality. To the insider, the one present, it looks less dangerous that it is in fact, because he makes use of denial.

And this denial, too, like that used by the soldier, or by the person suffering from a fatal disease, has an unmistakably omnipotent quality to it.

Let me provide one further example for the widespread use of denial, and again it will be denial in the face of danger. I am referring here to the dangers of that unimaginable horror : nuclear war. Lifton (1969) has coined the term 'psychic numbing' and has later begun to speak of 'beyond psychic numbing' (1982). He has spoken of 'The second death : Psychological survival after a nuclear war (1984). John Mack speaks of 'The conditions of collective suicide and the threat of nuclear war' (in press) ; and about 'staying ignorant about nuclear war' (1985) ; but also about 'resistances to knowing in the nuclear age' (1984). Carey (1983) writes on 'Saying the unsepakable about the unthinkable'. Peattie speaks of 'Normalizing the unthinkable' (1984) These are authors, many of them psychoanalysts, who try to work against the existing denial of the dangers and consequences of nuclear war. They do so by trying to shake the public out of their equanimity by using shard and strong words and phrases in order to try and make them aware that something is radically amiss. They hope thus to have some effect in breaking through the barrier of denial.

I have tried to show that there is a fairly widespread usage of the mechanism of denial in a variety of situations which have in common an external threat or danger, mostly a threat to one's bodily integrity or to one's life. Such denial is not total ; it tends to change over time. At certain times of acute crisis—such as the notification of the death of a loved one, or the danger of being killed in battle—a certain amount of denial seems to be appropriate and therefore adaptive in that it mutes the impact of the terrible news or danger.

And yet we must ask : is there then a price to be paid for this type of denial ? Such a price should vary with the immediacy of the danger, with the suddenness with which one is faced with the news that a terrible danger lurks right here. The pertinent question is the following : Is the price paid for the denial of these dangers visible

in the fact that it becomes less imperative for us to solve the basic problems which underlie these dangers ? And that therefore we are not impelled to fight with all our might against the cause of the danger which threatens us and thus try to remove it ? Does the use of denial therefore make a person less capable of finding ways out of the life threatening (or love-object-losing) situation ? Framing it like this already makes the answer clear : In the face of external dangers, denial inhibits our ability to actively deal with the danger. If the external danger is, in fact, one that cannot be dealt with, denial can help the individual to cope with his responses to the external situation. And so it can in the case of the sudden death of a loved one. However, in certain cases (forced removal from Sinai above), denial helps deal with the internal reactins for a while until the external situation forces the individual to do away with the denial—and act realistically.

We have sketched some details and some problems of the use of denial in situations which do not involve children but adults, not psychotic persons but neurotic or normal ones (or character disarders which is what most of us seem to be). We have discussed some aspects of what makes denial adaptive or maldaptive. Yet it seems to us that much is still unclear. Therefore we consider it appropriate and fruitful to subject this area to further study.

REFERENCES

Altschul S., Denial and ego arrest, J Amer Psychoanal Assn 16 : 301-318, 1968.

Brunswick M., The accepted lie, Psychoanal Quarterly 12 : 458-464, 1943.

Carmi M., A critical discussion of the concept of denial (disavowal) in psychoanalytic literature, MA thesis, Hebrew U of Jerusalem, 1984.

Carey M. J., Saying the unspeakable about the unthinkable, 1983, unpublished manuscript.

Colbach E. M. and Parrish M.D., Army mental health activities in Vietnam 1965-1970, Bull Menninger Clinic 34 : 333-342, 1970.

Deutsch H., Ueber die pathologische Luege (Pseudologia fantastica), Z f Psychoan 8 : 153-167, 1922.

Dorpat T.L., The cognitive arrest hypothesis of denial, Int J Psa 64 : 47-58, 1983.

Ferenczi S. et al, Psycho-Analysis and the War Neurosis, London, Int Psychoanal Press, 1921.

Freud S., 1900, Interpretation of Dreams, Std Ed, 4—5

„ 1910, The psychoanalytic view of psychogenic disturbances of vision, S, E. 11 : 209 : 218

„ 1924a, The loss of reality in neurosis and psychosis, S, E., 19 : 183—187

„ 1924b, Neurosis and psychosis, S. E., 19 : 149 : 153.

„ 1926, Negation, S. E., 19 : 235-239

„ 1927a, Fetishism, S. E. 21 : 149—157

„ 1927b, Humour, S. E. 21 : 159—166

„ 1938a, An outline of psychoanalysis, S. E. 23

„ 1938b, The splitting of the ego in defensive processes, S.E. 23 : 271—278

Freud A., (1936) The ego and the Mechanisms of Defense, Int Univ Press, 1946

Geleerd E., Two kinds of denial, in : Schur M., Ed., Drives Affects and Behavior, Vol 2, Int Univ Press, N. Y., 1965.

Greenson R., On negation and denial, paper read before LA Psychoanal Soc, 1952.

„ On screen defenses, screen hunger and screen identity, JAPA 6 : 242—263, 1958

Grinker R. R. and Spiegel J. P., War Neurosis, Blakiston, N. Y., 1945

Grinker R. R., and Spiegel J. P., Men under Stress, Blakiston, N. Y., 1945

Jacobson E., Denial and repression, JAPA 5 : 61—92, 1957

„ Psychotic conflict and reality, IUP, NY, 1967

Katan M., Fetishism, splitting of the ego and denial, Int J Psychoanal 45 : 237—246, 1964

Kernberg O., Borderline conditions and pathological narcissism, Jason Aronsson, N. Y. 1976

Klein M., A contribution to the psychogenesis of manic-depressive states, in : Love, Hate and Reparation, Hogarth and Inst of Prychoanal, London, 1937

„ Notes on some schizoid mechanisms, Int J Psychoanal 27 : 99—110, 1946

„ (1952) Some theoretical considerations regarding the emotional life of the infant, in : Envy and gratitude and other works Delacorte Press, London, 1975

„ Some reflections on the Orestea, ibid.

Kris Study Group, The mechanism of denial, Monograph III, Ed : Fine B. et al, Int Univ Press, N. Y. 1969

Levin S., A common type of marital incompatibility, JAPA 17 : 421—436, 1969.

Lewin B., The Psychoanalysis of Elation, Norton, N. Y. 1950

Lifton R. J., Death in Life : Survivors of Hiroshima, Basic Books, N.Y., 1969

„ Beyond psychic numbing : A call to awareness, Amer J Orthopsych 52 (4) : 619—629, 1982

Lifton R. J., Markusen E. and Austin D. A., The second death : Psychological survival after a nuclear war, in : The Counterfeit Ark, Leaning J. and Keyes L. 'Eds), Cambridge, The Ballinger Publishing Co., 1984, pp. 250—300

Linn L., The role of perception in the mechanism of denial, JAPA 1 : 690—705, 1953

Lipson T., Denial and mourning, Int J Psychoanal 44 : 104—107, 1963 Mack J. E., Resistances to knowing in the Nuclear Age, Harvard Educational Rev 54 (3) : 260—270, 1984

Macj J. E., Staying ignorant about nuclear war, Political Psychology 6 (3) : 371—373, 1985

Mack J. E., The conditions of collective suicide and the threat of nuclear war, Bull Menninger Cl, in press

Miller F., Denial: a contribution to psychoanalytic theory, J Amer Acad Psychoanal 5 : 187—194, 1977

Model I A. H., Denial and the sense of separateness, JAPA 9 : 533—547, 1961

Moses R. and Cividalli N., Differential levels of awareness of illness : their relation to some salient features in cancer patients, Transactions of N. Y. Acad of Science, 125 : 984—994, 1966.

Moses R., Emotional response to stress in Israel : A psychoanalytic perspective, in : Bresnitz S., Ed., Stress in Israel, van Nostrand Reinhold, N. Y., 1983

,, Community Mental Health Service in trues of emargency, 1st Anuals Psychiet 15 : 277—288, 1977

Moses R. and Cohen I., Understanding and treatment of Combat Reactions : the Israeli experience, Chapter 10, pp 269—303, in : Schwartz H., Ed., Psychotherapy of the Combat Veteran, SP Medical & Scientific Books, Spectrum Pub l, N. Y., 1984

Moses R., An Israeli psychoanalysst looks back in 1283, in : Psychoanalytic reflections on the holocaust ; selected essays, Ed : Luel S. and Marcus P., pp. 52—70, U of Denver and Ktav Publish, N. Y., 1984

Moses R., Denial in political process, in : The mechanism of Denial, E. Edelstein (Ed.), Plenum Press, in Press.

Moses R. and Hrushovski—Moses R., A form of group denial at the Hamburg Congress, Int Rev Psychoanal 13 : 175—180, 1985

Moses R., Psychotherapy and World Peace, Int J of Social Psychiatry 32 (1) : 76—9, 1986

Moses R., Hrushovski-Moses R and Rosenfeld J., Facing the threat of removal—lessons from the forced evacuation from Ophira, in : Cohen E., Ed., the forced removal of settlements and towns from Sinai, in press

Moses R., Hrushovski-Moses R., Rosenfeld J. and Beumel R., A Psychological view of the forced evacuation of a small town at the southern-most tip of the Sinai Peninsula as part of Israel's evacuation of Sinai in April 1982 : A case study, Amer J Soc Psychiat 5 (4) : 31—38, 1985

Peattie L., Normalizing the unthinkable, Bull of the Atomic Scientists 40 (3) 32—36, 1984

Rosenfeld J., Hrushovski R., Moses Rand Beumel R., North of Eden : The evacuation of Ophira, Sinai, Jerusalem Quart 33 : 109—124, 1984 Rubenfine D.L., On denial of objective sources of anxiety and "pain", Psa Quart 21 : 543—545, 1952

Sandler J. J., Reflections on some relations between psychoanalyticconcepts and psychoanalytic practice, Int J Psychoanal 64 : 35—45, 1983 Siegman A., Denial and screening of object images, JAPA 15 : 261—281, 1967

,, A note on the complexity surrounding the temporary use of denial, JAPA 18 : 372=378, 1970

Smith G. W., and Danielsson A., Anxiety and defensive strategies in childhood and adolescence, Int Univ Press, 1982, Psychological Issues, Monograph 52

Sperling S., On denial and the essential nature of defense, Int J Psychoanal 39 : 25—38, 1958

Stewart W., The split in the ego and disavowal, Psychoanal Quart 39 : 1—16, 1970

Stouffer S. A. et al, The American Soldier, vol. 2, Combat and its aftermath, Wiley, 1949

Trunnel E. and Holt W., The concept of denial of disavowal, JAPA 22 : 769—785, 1974

Waelder R., The structure of paranoid ideas, Int J Psychoanal 32—167—177, 1951

Zetzel E. (Rosenberg), Anxiety and the capacity to bear it, Int J Psychoanal 30 : 1—12, 1949, also in : The capacity for emotional growth, Int Univ Press, N. Y., 1970

SAMIKSA; 1986
Vol. 40, No. 3

A PSYCHO-ANALYTICAL STUDY OF KORO*

D. N. NANDI AND GAURANGA BANERJEE

Definition

Koro has been described as as a syndrome characterised by acute panic state occurring suddenly with a fear that the penis is shrinking and tending to disappear into the abdomen and the patient makes a desparate attempt to pull out the penis by hand or sometimes by tying it with thread or ribbon or by clamping it into a wooden box. When it occurs in female, shrinkage of the breast and / or vulval labia are complained. The syndrome is always associated with acute fear of death.

Koro has been generally regarded as a culture-bound syndrome occurring almost exclusively among the people of Malay a peninsula & South China. By the term "culture-bound" one intends to mean that the syndrome is not only confined to the people of a given culture but also phenomenologically related with the norms of behaviour of the said community and dynamically initiated and perpetuated by the shared belief, faith, myth and values which mould the unconscious part of the minds of the people. In chinese this malady is called 'suk-yeong' which literally means the shrinking of the penis. Koro in Malay a means the head of a turtle (tortoise). In ancient China the turle symbolised longevity and vital forces. Gulik (1961) a well-known Sinologist has pointed out the similarly between the head of a turtle and the glans penis. Lee et al (1962) described a traditional Chinese sex theory that a balance of the two humours, male (yang) and female (yin) in the human body keeps him healthy. In normal coitus a healthy exchange of yang and yin takes place. But this balance of humour is disturbed in masturbation and nocturnal emission. The loss of male humour produces Koro. This explanation is an attempt to understand a strange phenomenon on the basis of a folk belief prevalent in a particular area.

* Read at a scientific meeting of the Indian Psychoanalytical Society on 17.12.1983 at Calcutta.

Incidence

Yap (1965) reported about 19 Koro cases which were collected in 15 years in Hong Kong where he observed manifest history of sexual abnormalities. Ngui (1969) reported epidemic Koro in Singapore where 228 cases were recorded, majority of whom where Chinese. Kraepelin (1921) reported the symptoms of penis in depressive states. Schilder (1950) observed two similar cases. Bychowski (1952) reported Koro like syndrome in Sudan. Lapierre (1972) described Koro syndrome in a case of brain syndrome in Canada. Dow and Silver (1975) also observed similar syndrome in a Canadian youngman with amphaticmine intoxication. Yap (1965) collected information from Dr. M. R. Chowdhury of Pakistan about the occurrence of a similar case at Lahore. Shukla and Mishra (1981) reported one case of Koro from U. P., India. Another case of koro was reported from Ahmedabad (Chakraborty, 1982). Dutta et al (1982) reported about a Koro epidemic in Lower Assam which swept different districts of Assam within a span of few months. They examined 83 cases (64 male and 19 female) themselves.

It is, therefore, clear that Koro occurs almost everywhere in the world endemically, sporadically and as an epidemic. It is not confined to a particular area.

Background of the present study

In the middle of 1982 we read in the newspaper that a mysterious illness was occurring in Assam in epidemic form. The news report mentiond that the disease was characterised by acute panic and the feeling of shrinkage of the penis with its disappearance into the abdomen. Within a few months, time, about the end of 1982 we got a similar news from the northern districts of West Bengal adjoining

Assam. Early in 1933 when I (D.N.) visited Mursidabad which is about 200 Km. from Calcutta attending a seminar on mental health, a case as described in the newspaper was shown to me in the hospital. The doctors who attended the seminar told me that they saw many such cases during the last few months. Subsequently within a few weeks time I got the opportunity to see more cases which occured within 30 Km. from Calcutta. Of the cases I have examined personally three will be presented here.

Case No. I.

S. G. a married woman of 22, mother of one child, living in a village in the District of Jalpaiguri. One morning in July, 1982 her husband casually told her about the rumour of a strange disease which had broken out in an epidemic farm the adjoining villages. The victims of this disease were suddnly seized with fear that their external genitalia was gradually shrinking and disappearing into the abdomen and their death was imminent. Within a few minutes she started screaming at the top of her voice and dropped down on the floor before her husband could come to her rescue. When her husband and the close neighbours gathered round her she, in a pani-stricken voice, told them that her breasts were shrinking and an unpleasant sensation in the vulva was distressing her. She appealed to them to save her from impending death.

At once her husband and several villagers carried her to the courtyard and poured buckets of water all over her body till she complained of a sensation of trembling inside her skin. Thereafter her dresses were changed and a hot drink was served. After an hour's rest she felt better and was ashamed of what she did under panic. She was a quiet, simple and well-adjusted house-wife and had no past history of mental illness. She was well for three years after this episode and gave birth to her second child normally at term in July 1985. About a month after the child-birth she became sleepless, restless and inattentive to her household duties. When I examined her in December, 1985 she was depressed and retarded. On treatment she is now doing well.

Case No. II.

B. D. an unmarried girl of 17, lived with her parents in a village near Katwa in the district of Burdwan. One afternoon, in the month of September, 1982, a hawker came to her house from a neighbouring village. He told the story of a strange disease which was ravaging the adjacent villages. The victim of this disease was suddenly afflicted with an intense panic caused by the belief that her external genital organ was shrinking and disappearing into the abdomen. She was convinced that her death was imminent. Within a few hours, the girl developed a sensation of lightheadness and an awkward feeling of heat and losing her breasts. She implored her mother to catch hold of her breast and to save her from impending death. She was extremely panicky and restless. All the members of the family gathered round her and some of them started pouring water on her body. This treatment continued till she was drenched to the skin and started visibly shivering. The symptoms were ameliorated by then and she was put to bedrest for the night. The following morn-nining she behaved properly as if nothing had happened to her. Since then she has been keeping well. Indeed I came in contact with her as she accompanied a patient (her aunt) who came to me for consultation. This girl was better than average in school and passed her Secondary examination. She was warm, friendly and sociable. She had no past history of mental illness.

Case No. III.

H.P. a married man aged 28 years, keeps a small shop in the outskirts of Calcutta. In January 1983, the rumour of the spread of epidemic Koro in different parts of West Bengal was a talking point in any group-discussion. One morning some of his customers were discussing about this strange malady. They were describing the complaints of the victims and the preventive and curative treatment. The shopkeeper heard everything but made no comments. At about 8 P.M. he returned home and by 10 P.M. he went to bed. Soon after that he started shouting and aroused all the members of the family. He complained that his penis was rapidly disappearing into the abdomen and his death was imminent. His brother was bewildered and rushed to call in a doctor. The other members of the family by this

time understood that it was Koro and started pouring water on his body. After a short while he felt free from his symptoms. The doctor prescribed some sleeping pills and advised rest for a few days. The man was, however, fit to resume his duties in the shop on the following day. For one year he was keeping well. Thereafter he developed depression and consulted me. Patient was the youngest of three brothers. The family migrated from East Pakistan (now Bangladesh) and was in difficult circumstances for the first few years which affected his education. He left school when aged 12 years and joined the family business. He is now fairly prosperous and lives in a joint family. He was robust physically and had no mental illness in the past.

Dicussion

The syndrome appears to have some direct connection with castration anxiety. So it will not be out of place to discuss the nature of the castration complex. Freud (1923a) described castration complex as "those excitations and consequences which are bound up with the loss of penis". In the early phallic phase a child (both male and female) discovers that there is an organ (penis or clitoris) in its body which is highly excitable and full of pleasurable sensations. The child feels that it is much superior to any other part of the body in its capacity for rousing intense pleasurable sensation. In his article on the "Infantile genital organisation" Freud (1923b) wrote "The part of the body which is easily excitable, prone to changes and so rich in sensations, occupies the boys' interest to a high degree and is constantly setting new task to his instincts for research". The penis at this stage is not considered as a symbol of maleness or femaleness. In his consideration all living organisms possess this prized organ. But one group has manifest organ and the other group has it castrated or hidden.

As the object relationship develops, mother is the first object for every individual (male or female). The boy in his subsequent stage of development remains bound to this first object, the mother and the love for the mother remains a dominant drive during infancy. At this time a conflicting situation crops up because of the rivalry with the father. This is called "oedipus complex". He apprehends that

a danger might fall on him. This danger is identified as mutilation of his penis. This is what is castration complex. What may be the reason for identifying the danger or loss of penis as very important? Freud (1923c) in his paper on the 'Dissolution of the oedipus complex stated "If the satisfaction of love in the field of oedupus complex is to cost the child his penis, a conflict is bound to arise between his narcissistic interest in the part of the body and libidinal cathexis of parental object. In this conflict the first of the forces normally triumphs; the child's ego turns away from the oedipus complex". As the climax point of oedipus complex coincides with the phallic stage of development so a choice has to be made and we see that narcissistic danger of penile injury becomes stronger than the erotic attachment to the mother. The phallic oedipus phase and with it the infantile sexuality comes to an end due to the castration fear and the latency period begins.

From all these we understand how important is the penis in the emotional life of a man. So anything that threats or appears to the child as threat in phantasy, may be enough to disturb the child's sense of reality and to become a victim of terror.

Turning our attention to the position of the girl we see that during her phallic phase she discovers that her clitoris is the richest source of pleasurable sensation and through which intense gratification can be obtained. However very soon she also discovers that her clitoris is inferior to the corresponding male organ—the penis. The penis envy starts here and she painfully considers this deprivation as punishment or injustice. This discovery rouses in her an intense sense of loss and narcissistic injury and she attempts to compensate for the inadequacy, with a penis, or the possessor of the penis (the father) or a baby from the father. But she struggles in vain. At end she gives up all infantile sexual interest and her latency period starts.

At this point let us consider about the status of breast. From the anatomical and physiological considerations the nipple of the breast has a great similarity with the glans-penis or glans clitoris. Abraham (1925) in his article "An infantile sexual theory not hitherto noted" described a childish theory of reproduction—where the man embracing the women passes milk from his to her breast. He also referred to the idea that the female has a hidden large penis into

which the smaller male organ must penetrate. In the same article abraham stated "A disparity between the male and the female organ in which the latter is the larger, does actually exist as regards the breast". It is derived from such childish theory that the female has penis. Possibly the girl's feeling of injustice done to her and her desire for compensation for her inadequacy are made good, at least partially, by the growth of the breasts of which she is proud.

Studying the psychological complications of surgery, Dickes (1980) mentioned that losses of any part of the body are unconsciously connected with the fear of castration and loss of potency. He also mentioned that men are more concerned with the loss of potency and women are concerned with the capacity to bear children and physical attractiveness. In connection with mastectomy operation for cancer, the women are more afraid of rejection and loss of attractiveness than of dying.

Fenichel (1945) stated that in women castration anxiety may not be as strong as that of men ; but the analysis of some women still gives evidence of the presence of unconscious fear of castration as a punitive measure for sexual practices.

From the psychoanalysis of women in general it is also consistently evident that they evaluate their breast with strong narcissistic importance and smallness and loss of which are considered as great damage of the body image and injury to narcissism.

Man's attitude towards female breast—as appears from slang conversation of young men is that projected female breast is a symbol of penis. They say "She has two cannons whereas a military tank has only one or she will knock down everything on her way or she will commit sodomy with her breast."

Analysis of the syndrome in male

We observe here that the following factors are acting as precipitants—

(i) cold weather (ii) feeling tired after day's work (iii) hunger (iv) hearing or an anxiety providing rumour about the incidence of of dreadful malady causing shrinkage of penis and its disappearance into the abdomen and death. Another part of the rumour is that as remedial measure assembly of relatives and other people around

the patient and helping him by attempting drawing out the penis or tying it by ribbon and pouring cold water on him to cool down. (iv) Being seized with overwhelming fear of loss of some important body part—i.e. castration and death. The above factors weakens his ego so that repressing forces are partially withdrawn and brings out certain unconcious wishes. This situation gives him liberty though pathologically by way of painful symptoms for the fulfilment of passive phallic wishes, homosexual wishes, oedipal wishes (showing the organ to every body men and women.)

The sensation of heat stands for sign of sexual excitement and the effort to cool is to get rid of the excitement. Painful state associated with castration anxiety can be explained as punishment for sexual act and expiation for guilt sense. The fear of impending death arising out of punishment for expresstion of sexual wishes and guilt.

Analysis of of the syndrome in female

(i) feeling tired and relaxing to sleep (ii) hearing of similar rumour of the said illness. Apart from concious fear of losing an important body part and a sense of impending death. The condition weakens the ego with partial withdrawal of repressing forces, rouses unconscious oedipal striving and to expose herself. The suffering of pain—can be explained in the same way as in male.

In the above phenomena the important psychological mechanism that operates is identification—an identification on identical aetiological needs. The patients' ego get identified with ego of patients in the rumour even without knowing them personally or having any sympathy for them as our patient shares some identical unconscious wishes with them. Freud (1923d) in his book 'Group psychology and the analysis of the Ego' explained such mass phenomena as mental infection. He wrote "The identification by mens of the symptom has become the mark of a point coincidence between the two egos which has to be kept repressed". We also see in this syndrome that some passive wishes are prominently demonstrated. The first is phallic passivity—Loewenstein (1935) in his article 'Phalic passivity in men' showed how the child while gratifying himself by manipulation of the phallus, desires his phallus to be manipulated by other, he him-

self remaining in the passive role. Secondly we see the patient unconsciously satisfying his or her passive dependency need of being taken care of and protected which stands for passive oral striving. Thirdly a wish to castrate so that as a female he can now have perfect unconcious identity with mother to have father's love to gratify his negative oedipus wish. As he feels 'if I am to sacrifice my penis then at least let me remain satisfied with what I may have",

Similarly in the female loss of breast give her an opportunity to get rid of her obvious feminine identity and to satisfy her unconscious wish to be a man. It is sometimes observed that adolescent girls wear brassiere in such a manner that the elevation in front of the chest may not be seen. So we observe that in both the sexes both type of wishes masculine and feminine are simulteneously seeking gratification demonstrating thereby the bisexual nature of psychic constitution.

Regarding the fear of death getting assocsated with the loss of phallus—we know that in the phallic phase of development the child identified himself with his penis because of its high narcissistic significance so the loss of penis is equated with death, The ideas of sexuality and death are connected—the sexual fulfilment may bring about death. Children phantasise, both sex and death are adult secrecy as a result by way of condensation these two are brought together. A fear of death may represent a fear of one's own excitement. In our cases excitement in the form of feeling hot and fear of death simultaneously exist. A feeling of relaxation may represent as a terrible sensation of loss of ego. In our cases a tendency to relax was present at the outset so both may be equated.

Reference :

Abraham, K. (1925) : An infantiie sexual theory not hitherto noted. Seleccted Papers of Karl Abraham, p. 304, The Hogarth Press London,

Bychowski, G. (1952) : Psychotherapy of the psychoses. New York.

Chakraborty, P. K. (1982) : Koro : A peculiar anxiety neurosis (a case report). Indian J. Psychiat., 24, 192.

Dickes, R. (1980) : In ; Kaplan, H. I., Freedman, A. M. and Sadock, B. J. (Editor) Comprehenslve Text Book of Pshchiatry, 3rd Ed., Vol. 2, p. 1735, Williams and Wilkins Co., Baltimore.

Dow, T. W. and Silver, D. (1973) : A drug induced Koro syndrome. J. Florida. Med. Assocn., 60, 32.

Dutta, D., Phookan, H. R. and Das, P. D. (1982) : The Koro epidemic in lower Assam. Indian J. Psychiat., 24, 370.

Fenichel, O. (1945) : The psychoanalytic theory of neurosis. p. 95, Routledge & Kegan Paul Ltd., London.

Freud, S. (1923a) : A phobia in a five-year-old boy. Standard Ed., Vol. 10, 8. The Hogarth Press, London.

Freud, S. (1923b) : Infantile genital organization. Standard Ed., Vol. 19, 142, The Hogarth Press, London.

Freud, S. (1923c) : Dissolution of the œdipus complex. Standard Ed,, Vol. 19, 176, The Hogarth Press, London.

Freud, S. (1923d) ; Group psychology and the analysis of the Ego. Standard Ed., Vol. 18, 107, The Hogarth Press, London.

Gulik, R. H. Van (1961) : Sexual life in ancient China. Leiden.

Kraepelin, E. (1921) : Manic-Depressive insanity and paranoia (Trans. Barcley), Edinburgh.

Lapierre, Y. D. (1972) : Koro in a French Canadian. Can. Psychiat. Assoc. J., 17, 333.

Lee. T., Ch'eno, C. F., Chang, C. S. (1962) : Some early records of nervous and mental diseases in traditional Chinese medicine, Chin. Med. J., 81, 55.

Loewenstain, R. (1935) : Phallic passivity in men. Int. J. Psycho-anal., 16, 334.

Ngni, P, W. (1969) : The Koro epidemic in Singapare. Aus. NZ. J. Psychiat. 3, 263.

Schilder, P. (1950) : The image and appearance of the human body, New York.

Shukla, G. D. and Mishra, D. N. (1981): *Koro like syndrome*. Ind. J. Psychiat., 23, 96.

Yap, P. M. (1965): Koro a culture bound depersonalization syndrome. Brit. J. Psychiat. 111, 43.

* D. N. Nandi, Consultant, Girindrasekhar Clinic, 14, Parsibagan Lane, Cal-9
Gauranga Banerjee, Reader, Psychiatry Unit, N.R.S Medical College, Cal-14.

SAMIKSA 1986
Vol 40, No. 3

APPRAISEMENT AND DISPRAISE

GERARDO GUIDO WAINER

Let us see how dispraise starts. We must remember that in a clinical state called hypomania there is a basic mechanism of defense called renegation. What happens with renegation? Here the ego maintains a sort of repression of instincts, avoiding thus the demands of external world perceived as displeasing. In this way, the hypomaniac ego is the same as the pleasurable and purified ego, governed by the principle of pleasure, before the ego, in its mature form, can confront the proof of reality and conscious judgement. Mania constitutes a counterpart of the interruption in the elaboration of the duel; in this way elaboration of sadness is temporarily put aside, knowledge is suspended, there is a denying of the relation to the object. We must remember that when the subject confers the role of model to the other one, occupies here the place of a helper establishing so a bond of being; different here than the bond of object, related to having. In this way, in hypomania the subject is through the model.

Let us talk now about dispraise. Dispraise is the affection that goes with renegation, with the rejection of the object. Etymologically, "dispraise" comes from price, from Latin "pretium" and "prez" = esteem, honour, opinion, reputation; it is a word coming from the language of minstrels meaning value. The recognition of being valuable, on psycho-analytic treatment, is expressed among other ways, with the paying of wages; action that implies, in certain ways, the feelings of appraisement and dispraise.

Invalidity, ("Invalid" = without value, without honour), incapacity, implies the feeling of dispraise ; while price is related with value. Let's state that the idea of invalidity includes the concept of an irreversible process, of a fixed structural change ; implying also a materialisation and a localization, that determine an alteration of the corporal image, such as an amputation. It constitutes itself into a specific fantasy, a fantasy with a source, a goal and a force. "Invalidity" is that which is dispraised, that has lost value for ego, that has been excluded from associative commerce as unacceptable for conscience. The first type of charge of object, the charge of longing (and its correlative, desperation) are the previous stages to the loss that ends up with invalidity ; invalidity that defines itself as countercharge avoiding the flow of libido from ego to the exterior, to the service of the pulses of self-conservation.

As happens in the oral phase, at the moment of the narcissistic charge to the bond of devouring (second to a charge of organ). The object at this stage is warranter of being and its ingesta determines its disappearance. Let's continue now considering other variations of this affection. So, on the capacity of feeling pleasure or sadness ; emotivity is the rapidly spreading tendency of excitement. Regarding indifference, Vallejo Najera says that the absence of affective reaction is not exclusively a product of weakness of affectivity, but, as example, of the narrowing of the field of interests, as can be seen in depressed patients. The affective drowsiness seems to inhibit the instincts of self-conservation. In these cases that frequently announce schizophrenia, there is not incapability of feeling, but a loss of interest for it.

Disinterestedness, according to Corominas, derives from latin, "interesse" that means "inter" = between, and "esse" = being, be interested or rise interest. "Indifferent", comes from "defer, adjourn" ; from Latin "difiere" derived from "ferre"—to take, to carry.

Lastly, we'll describe acidity, a kind of melancholy. This word also means "sourness, asperity of address, roughness, dispraisable, a kind of heartburn or stomach indisposition". Lopz Ibor describes acidity as minimal depressions in which predominate, a drowsiness of feelings. In them, the most important factor is not oppression, pessimism, but the blankness, the vacuity of life ; there is a sort of

lack of interest in the incentives of the external world.

We'll round out these ideas. We can refer dispraise to the relation of the child with the maternal breast, as a prototypical relation of object. We have pointed out beforehand some of the vicissitudes of this bonding describing the attitude of the subject towards the dispraised object. We see, as a consequence, that dispraise presents characteristics of acidity. According to Corominas, "acid", comes from Latin, "acettum—vinegar", being the "sour one" the one that contains the persecutory feeling of the victim of the dispraised food. The condition of "acrid" (from Latin "acer" —sharp, penetrating), points out these same contents. We must remember that according to the dictionary, "acrid' means : "sharp and severe, concerning language," it also refers to that which is "pungent and stinging to taste and scent". The fantasies belong to oral sadism, which reaches its peak during and after weaning, and leads to the development of all sadistic tendencies. These fantasies, directed to the maternal breast spread afterwards to the interior of the mother's body, wishing to steal its contents.

The process of renegation, on the maniac situation, means then the dispraise of the object. The fear of punishment; as retaliation of the dispraisable castration, appears as mutilation, and the destroyed breast can signify the destruction of one's own breast.

It institutes itself on a principal cause of anguish. As any anguish can be referred to as anguish of birth, also on this point we can point out the very important role in anguish of the trauma of weaning.

Let's keep on what we just saw. In the dictionary dispraise is defined as "blame, disparagement, censure, lack of appraisement, disdain". These words, in reality, constitute synonyms, more than defining the concept of dispraise, or categorisations due to its opposite. Let us try to be precise on these ideas. Let's take dismay, despite, as example. (Here we must clarify a couple of words that might bring some problems of translation. The word "despite" can be translated to Spanish as "despecho". Now, in Spanish, this word can mean, literally, "lack of breast", which relates it directly with weaning, so the author's intention.

"Despecho" is defined as, "bad disposition of character due to

disappointment, desperation, *weaning*", by Spanish dictionaries. Being explained this incompatibility of meanings, and the acceptance of the English word "despite" as similar to "despecho", we can continue with the text.) We can state now that dispraise points to an economic aspect of traumatic separation, while despite shows the emotion directly related to this procedure : hate towards the object, lack of hope, and the basal traumatic situation, weaning.

According to Corominas, etymologically the word "despecho" (despite) comes from Latin, from the word "despicere" to look upwards ; which would indicate another aspect of the same fantasy : the gesture of resentment of one that has lost something that can't be regained (as we stated beforehand, the maternal breast) and, not accepting the loss, renegates it. As a consequence of this situation, we find "disdain", a word that comes from the Latin, "designari", which means "rejected as unworthy, dispraise"; feeling in which renegation and resentment lead to an attitude of rejection of the object, charged with a negative sign and known as unworthy ; that is, not worthy of affection.

Let's add here another concept, spite, rancour, word originally derived from German, meaning "lame", the crippled, the one that's full of resentment due to a loss that can't be regained or repaired. (In Spanish, "desaire" = without air. In English "disdain". Rejection of air. The first nourishment.)

Following Melanie Klein we can consider the connection of the feeling of dispraise, despise, with envy. This author says that the feeling of guilt that comes with the act of sucking can be explained in terms of the aggresive components in the biting and devouring of the maternal breast and the paternal penis. She adds :

"The process of weaning, along with the child's wishes of incorporating his father's penis and his feelings of envy towards his mother are the ones that start the Oedipal complex. At the base of this envy, is the first sexual theory that the mother, while copulating with the father incorporates his penis and retains it inside her."

Knowing the clinical unity of the manic depressive state, let's see now how dispraise plays its part in melancholy. This illness is characterized by the loss of the capacity to love, loss of general interest, general inhibition to affectivity, loss of self-esteem, guilt,

remorse and reproach, suicidal ideas.

Psychoanalysis describes the melancholical process in this way : the mother is felt as the cause of a primary narcissistic wound ; the actual hate, in the form of oral incorporation and destruction, is felt as cause of the loss of the object ; the loss is similar to an anal expulsion, appearing then, the fantasy of introjecting the mother in order to hang back narcissistic satisfaction.

If the mother is absent during the first years of life, the ego can't unify the different erogenous zones, with the hegemony of dental sadism. The retirement of the charge of the object (lost), implies the loss of sense referred to the object of desire ; the charge of ego, in these cases gives place to a hypochondriac language ; and as restitution an idealistic world is charged, a world lacking in affection.

M. Klein referring to envy, states that :

"The breast is strongly desired, and part of this strength is projected ; the breast is felt as retainer of nourishment or as not very generous ; now it's felt as eager, it is hated ; the hate for the breast assumes the special form of harming it".

We can conceptualize dispraise as the specific form of this hate for the maternal breast, being hate a more general affection.

M. Klein adds that in depression there exists a sensation of void, of being good for nothing, while in melancholy there exists the feeling of being really bad The cited author says :

"Frequently I've said that sadistic attacks against the mother's breast are determined by destructive impulses. I'd like to add here that envy gives particular strength to such attacks. This means that when I refer to the voracious emptying of the breast and the body of the mother, to the destruction of her children, and to the location of bad excrements inside her, I was lining out what later on I came to know as the damage done to the object by envy".

Defense against envy frequently takes the form of a devaluation of the object, dispraise. The devalued object does not need to be the cause of envy ; it is so that the idealized object, due to dispraise, is not ideal anymore. When an animic commotion is produced, for example, when repression is suppressed and repressed memories emerge, a situation comparable to a shock is produced, an accident, a meeting with what mustn't be encountered ; since remembering is

finding seduction and offense, excitement, pain and frustration (on these cases of invalidity). Thus, an offense to honour has been produced, an unbearable narcissistic wound.

Somatization appears then as a definitive exclusion, due to the passage to another area, that permits ego to free itself from remembrance (that nevertheless reappears in disguised form). The relation between these circumstances mentioned beforehand and the price of the wages that the patient pays for a psychoanalytic cure can be interpreted in terms of the quantity of charge ego can bear, an economic factor between that which is repressed and repression.

The emotion more closely related to accident is panic. It's in all that's latent in every accident, bonded to Oedipal fantasies with the interplaying of the primary feelings of guilt. In this sense, panic can be interpreted as fear of castration (and the desire to consummate the punishment that represents castration), which is represented in somatization. We can also match accident with birth, the prototype of all following sad situations. Freud in "Inhibition, Symptom and Anguish" mentions the following situations of danger :

a) the danger of psychical impotence, corresponding to the period of lack of maturity of ego.

b) the danger of the loss of the object, of the loss of independence in the primary years.

c) the danger of castration, corresponding to the phallic phase.

d) the fear of the superego, corresponding to the period of latency. Castration, according to the stage of psychosexual development, is represented by the experience of elimination of intestinal contents and by the loss of the maternal breast suffered with weaning. The fear of dying constitutes a form of fear of castration and the fear of being abandoned by the protector superego. The first condition of childhood anguish is related to genitals, not only due to the fantasy of castration, but also due to the relation of genitals with procreation and birth. The genitals of women also constitute a main cause of anguish. And as all anguish can be referred to as anguish of birth, we can also point out the important role of anguish in the trauma of weaning.

Bibliography :

1. Lewin, B. : *"Psychoanalysis of exaltation"*, Buenos Aires, 1953.
2. Corominas, J. : *"Etimological dictionary of Spanish language"*, Madrid, 1967.
3. Wainer, G. G. and coll. : "Contrbutions to a psychoanalytic view in mental retardation and oligophrenia." *II* Symposium CIMP, Buenos Aires, 1970.
4. Cesio, F. : Drowsiness. A reaction to the loss of object (Contribution to the study of the negative therapeutic reaction. In *"A Study of the Man that Suffers"*, Buenos Aires, 1970.
5. Freud S. : *Inhibition, symptom and anguish"*, in Complete Works, Madrid, 1948.
6. Fenichel, O. : *"Psychoanalytic treatment of neurosis"*, Buenos Aires, 1966.
7. *"Diccionario Enciclopedico Ilustrado de la Lengua Castellana"*, Barcelona, 1962.
8. Klein, M. : *"Envy and Gratitude"*, Buenos Aires, 1970.
9. Rolla, E. : *"Phobic Personality"*, Buenos Aires, 1970.
10. Freud, S. : *"Negation"*, in "Complete Works" Madrid, 1948.
11. Sollier, P' y Courbon : *"Semiological Practice of Mental Illnesses"*, Barcelona, 1945.
12. Vallejo Najera, A. : *"Clinical psychiatric propedeutics"*, Madrid, 1944.
13. Lopez Ibor, J. : *"Vital anguish"*, Madrid, 1969.

1. *Samiksa* is published by the Indian Psycho-Analytical Society four times a year, and the journal is supplied to members and associates of the Society free of any charges.

2. The annual subscription, payable in advance, is Rupees Twenty for inland subscribers and $ 6 for overseas subscribers. Special rates may be allowed to students and research workers. The price of single numbers may be ascertained on application. Subscriptions should be sent to Indian Psycho-Analytical Society, 14, Parsibagan Lane, Calcutta-9, India.

Cheques should be made payable to "Indian Psycho-Analytical Society or Order."

3. All editorial communications should be addressed to the Editor, *Samiksa*, Indian Psycho-Analytical Society, 14 Parsibagan Lane, Calcutta-9, India.

4. The management regrets its inability to return the manuscripts of unpublished articles.

5. Articles published in the journal become the copyright of the Indian Psycho-Analytical Society, and cannot be re-published elsewhere either in the original or in any translated form without the permission of the Council of the Society.

6. The editor reserves the right to accept or reject the whole or portions of contributions and will not enter into any correspondence in this matter. The editor does not assume any responsibility for the opinions and statements expressed by the contributors.

7. Every contributor will receive a copy of the issue of the journal in which his article appears along with 20 reprints of the article free of any charges. Postal expenses will be charged when copies are wanted by air-mail.

8. Contributors are requested to submit type-written manuscripts.

Printed by Dr. T. K. Chatterjee, at the Mudran Kendra, 11-B, Thakurdas Palit Lane
Calcutta-12 and also published by him from 14, Parsibagan Lane, Calcutta-9