

SAMIKSĀ

JOURNAL OF
THE INDIAN PSYCHOANALYTICAL SOCIETY.

EDITOR
SARADINDU BANERJI

Volume 42



Number 1

1988

SAMIKSA
JOURNAL OF
THE INDIAN PSYCHOANALYTICAL SOCIETY

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REVISTA DE PSICOANALISIS

Official organ of the
Argentine Psychoanalytic Association
is issued every three months.

It publishes articles of interest in the field of psychoanalysis. It
also contains abstracts and reviews.

Annual subscription \$. 10 . . u. s.

Back volumes \$. 12 . . u. s.

Address to .

Rodriguez Pena 1674,
Buenos Aires-Republica Argentina

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Number 1

14, PARSIBAGAN LANE
CALCUTTA-9

**THOUGHTS ON PSYCHOLOGY : VIVEKANANDA
AND FREUD**

AMARENDRANATH BASU*

“Among that class who have gone deeply into the study of the mind, the facts observed have been the same, no matter in what part of the world such persons may be or what religious belief they may have. The results obtained by all who go deep enough into the mind are the same.”

—Vivekananda

This is a very humble effort to compare the thoughts of Vivekananda and Freud on human mind. Vivekananda represents Indian classical thoughts in this regard. Hence, the comparison extends, to some extent, between Indian and Freudian thoughts,

To compare the views on psychology of the personalities—one a Hindu Sannyasin and the other a Western atheist. Swami Vivekananda and Sigmund Freud, may appear a luxurious and fruitless cerebral exercise. But, I think, we need not be discouraged, because we know that according to the law of dialectics the interaction between thesis and antithesis gives rise to a higher synthesis. Moreover, in the attempts to find out truth no paths are totally divergent; they meet and cross each other at several points; they mingle with each other at these cross-roads where humanity gets new light and vision, because the travellers on those paths endeavour for truth. In this respect Vivekananda and Freud are co-travellers.

* The article was read before a scientific meeting of the Indian Psychoanalytical Society in May, 1987.

Freud was an empiricist in his method of investigation into psychology and reality. He was an out and out non-spiritualist.

Vivekananda, in spite of being a spiritualist, sought after truth on the credibility of direct proof. In that way he also may be called an empiricist. Moreover, spiritual experience is also a kind of experience or perception of the mind. He says: "What right has a man to say he has a soul if he does not feel it, or that there is a God if he does not see Him? If there is a God, we must see Him, if there is a soul, we must perceive it; otherwise it is better not to believe" (Vivekananda, 1963b). According to him, Yoga is the science of spiritual experience and through it one can have a direct experience of Truth.

Vivekananda, 1863 to 1902, and Freud, 1856 to 1939, were contemporaries, though the former lived a shorter life. Vivekananda, through his Chicago lectures in 1893 became known to the Western world. In the year 1893 Freud had been undertaking his researches on hysteria, obsession and anxiety; he published jointly with Breuer the *Studies on hysteria* and had been developing his preliminary thoughts on Psychoanalysis. In 1894 Vivekananda met Prof. William James in the U. S. A. and demonstrated Raja-yoga, "the mystery of divine communion for the noted philosopher by plunging, in his presence, into samadhi" (Burke, 1984). In 1894-95 he wrote the treatises on Raja-yoga and delivered lectures on the same subject in the same country. Vivekananda delivered his lectures on the topics like Psychology, Applied Psychology, Hints on practical Hints on practical spirituality, Spiritual breathing, Theory of concentration, The powers of mind, The mind — its powers and possibilities and etc. in Los Angeles and California in the years 1899 and 1900. He visited Paris in 1900 where he again met Prof. James. At this time (perhaps) he got acquainted with Frederick W. H. Myers who in 1897 introduced Freud's *Studies on Hysteria* to the English speaking people by way of delivering lectures to the Society for Psychical Research in London.

Regarding Freud, 1900 was the year of *Interpretation of Dreams* by him. By then Freud had become famous in the Western countries for his revolutionary ideas on human mind. In the year 1896 Vivekananda visited Berlin and in 1900 he went to Vienna. Freud was then in Vienna. But the two personalities never met, though

they crossed each other. Perhaps fate was developing the science of Psychoanalysis without making it come into contact with spirituality. Psychoanalysis was then in its formative period, or just in its infancy and should not be swayed by any other idea as that would impede its independent growth.

The pursuit of spiritual life requires superior mental functioning and strength. Hence, a traveller on the spiritual path like Vivekananda, cannot ignore the science of psychology and avoid to give proper importance to the working of mind. According to Vivekananda (1963a), "psychology is the science of sciences". But he differs from the Western standpoint on the importance of psychology. According to him, in the West science is mostly used for the attainment of material pleasure, comfort and benefit. So, there the value of psychology depends upon how much material benefit it can bring to man. But to him its importance lies in the fact that it can help man to understand and control his own mind in the journey towards spiritual goal. Thus, Vivekananda lifts the aim of psychology to a higher plane (1963a).

For Freud, also, material benefit was not the only criterion upon which rested the higher value of psychology. He ventured into psychology with the feeling of "an overpowering need to understand something of the riddles of the world in which we live and perhaps even to contribute something to their solution" (Freud; in Jones, 1974). An impelling 'curiosity' about Nature led him to a "restless search into the meaning of humanity" (from Jones, 1974). Freud never felt any predilection for the career of a physician (Jones, 1974); to him, it was only a means to the higher goal of his life—pure self-knowledge, and consequently knowledge of the human mind. Thus it was the approach, so to speak, of understanding truth through knowledge—the approach, according to Indian concept, of a Jnana-yogi. Freud says: "...I have opened up a pathway for an important advance in our knowledge" (From Jones, 1974). Freud's psychoanalysis is "a procedure for the investigation of mental processes", and thereby a method to control the neurotic disorders; it is also a collection of psychological information which turned to be a scientific discipline (Freud, 1929).

According to Vivekananda (1963a), psychology helps us to know our mind and "teaches us to hold in check the wild gyrations of the

mind, place it under the control of the will.....Psychology is, therefore, the science of all sciences....." Thus for both Vivekananda and Freud, the proper application of psychology lies in its employment to the higher aim of knowing and controlling the mind.

The realisation of the importance of sexuality in human life is another fundamental factor in the thoughts of both Vivekananda and Freud. That the sexual energy is a tremendous force and this force is converted into spirituality is accepted by Vivekananda in quite agreement with the Indian classical thoughts. He says: "The sexual force, .. becomes Ojas or spiritual force.... No man or woman can be really spiritual until the sexual energy, the highest power possessed by man, has been converted into Ojas" (1963c). According to Freud (1923), sexual instinct is sublimated to some higher aim. He (1938) says: "...much of our most highly valued cultural heritage has been acquired at the cost of sexuality and by the restriction of sexual motive forces". (In a way of note it may be said here that in the Taittiriya Upanishad the proper erotogenic zones were included within the purview of its Brahman contemplation. It is said, one should meditate on Brahman as the action of evacuation in the anus (64/10/2). Again it is said, one should meditate on Brahman as procreation, immortality and joy in the organ of generation (65/10/3). Reference may also be made to a verse of Vaishnavism, the verse which was presented by Prof. S. K. Chatterjee to Freud in the year 1935. It is said there--Lord Govind or God manifests Himself in erotic feelings and pleasures (Chatterjee, 1945). Vivekananda says (1963c) that sex love remains at the root of Vaishnavism. Again, the Tantra propounds that the Kundalini power, the basal power for our earthly needs and sex-force has to be sublimated into cosmic principle which is stated to be the state of self-realisation).

We know that Freud abandoned hypnotic method and suggestion for the treatment of psychoneurosis and discovered the method of Free Association for the same purpose. Vivekananda (1963c) also rejected and severely criticised hypnotic suggestion as a method for the cure of patient, as well as for spiritual upliftment, because hypnotic method does not bring freedom of the man. He says (1963c): "The so-called hypnotic suggestion can only act upon a weak mind. And until the operator, by means of fixed gaze or otherwise, has succeeded in putting the mind of the subject in a sort of passive,

morbid condition, his suggestions never work..... At each one of these process the man operated upon loses a part of his mental energies, till at last, the mind, instead of gaining the power of perfect control, becomes a shapeless, powerless mass, and the only goal of the patient is the lunatic asylum".

"Every attempt at control which is not voluntary, not with the controller's own mind, is not only disastrous, but it defeats the end". Similarly, according to psychoanalysis, also, without the voluntary participation of the analysand no integration and unification of the personality is possible.

Vivekananda's first step for spiritual exercise for the upliftment of the mind is akin to the Free Association method to a great extent. He enunciates (1963c): "...sit for sometime and let the mind run on. The mind is bubbling up all the time. It is like that monkey jumping about. Let the monkey jump as much as he can, you simply wait and watch ... until you know what the mind is doing, you cannot control it .. many hideous thoughts may come into it; you will be astonished that it was possible for you to think such thoughts .. until at last the mind will be under perfect control; but we must patiently practise everyday". In psychoanalysis, too, we allow our mind to run wherever it likes and to pour out its thoughts and imaginations in an unrestricted way.

Psychoanalysis was discovered in a clinical situation and Freud sharpened it by its application upon his own mind, i.e., by self-analysis. It was a formidable task Freud had undertaken. He was guided by two principles in this adventure. One is 'know thyself', and the other is 'love for truth'. At the end of his endeavour or Sadhana he came to learn: "To bear all naked truth / And to envisage circumstance all calm, / That is the top of sovereignty" (from Jones, 1974).

This self-analysis is also a way to meditation which lifts one to the sovereignty of calmness. According to the Indian tradition, a Yogi or spiritual aspirant is required to analyse, observe and face his own mind. In the first six stages of the eight-limbed discipline of Yoga the aspirant has to find out the true nature of the empirical self, which paves the way for him towards the realisation of the Absolute or Self. The actualization in one's life of the dictum 'Atmanambiddhi' is synonymous to Self-realisation, though at the

out-set it is empirical self. Therefore, the spirit as well as the method of self-analysis of psychoanalysis is not alien to the Indian mind.

Raja-yoga as well as psychoanalysis require direct contact with a teacher or analyst. In both the cases, as it were, it is to light a lamp from another lamp. Psychoanalysis is a teacher-pupil concern—"solely a private matter between the analytic consciences of the two participants" (Monograph. 5). We are aware of the controversy between 'open' and 'closed' systems of training in psychoanalysis. Originally this training was of 'open system' and of oral tradition' i.e., by direct verbal communication between the analyst and the analysand. Many moderners favour it. This fact puts psychoanalysis at par with the training system in spiritualism—a sort of esoteric system.

According to the Encyclopedia of Religion (1987) the word 'esoteric' (Gr., *esoterós*) means 'inner' or 'interior'. An esoteric system makes possible for one to enter into the self through a special kind of knowledge. The individual must enter or 'descend' into himself by that knowledge. It also implies some kind of initiation and, consequently, of initiator who acts as an intermediary and with whom a necessary type of relationship is required to be established. This relationship regenerates a new form of experience and consciousness in one regarding one's relations with the universe. Active imagination' is said to be an essential key to esoteric knowledge—a practical form of knowledge—which transforms the knowing subject. Thus, in esoteric knowledge it is learning and coming into being simultaneously.

All these characteristics of esotericism, which are found in the realm of spiritualism, are noticed, somehow or other, in psychoanalysis as well. Psychoanalytic knowledge is, also, learning and coming into being at the sametime. Over and above all these, the special kind of relationship between the analyst and the analysand, i.e., the transference relationship, is also observed in teacher or preceptor-disciple relationship in the realm of spiritualism. It is very striking that a monk of the Ramakrishna order, Swami Akhilananda (1942), describes the relationship between the spiritual teacher and the disciple in psychoanalytical terms. He says: "To use the modern psychological term, there must be a 'transference' of the highest type

between the teacher and the disciple". This 'transference' phenomenon in psychoanalysis has given a mystic mark upon it, because surrender in love is one of the factors of the mystic way, and it is also one of the aspects of 'transference'. True psychoanalytic experience involves a feeling of joyful surrender which is, like mystical experience, more 'feminine' than in any other pursuit of knowledge. Again in psychoanalysis the analyst appears as a model to the analysand in the same way the spiritual guide stands to the disciple.

One of the corner-stones of psychoanalysis is "the assumption that there are unconscious mental processes" (Freud, 1922). Almost akin to it is Vivekananda's conception of human mind. He says: " .. we have just a little bit of sensuous consciousness and imagine that to be our entire mind and life; but, as a matter of fact it is but a drop in the mighty ocean of subconscious mind. Deep down in our subconscious mind are stored up all the thoughts and acts of the past, not only of this life, but all other lives we have lived. This great boundless ocean of subjective mind is full of all the thoughts and actions of the past. Each one of these is striving to be recognised, pushing outward for expression, surging, wave after wave, out upon the objective mind, the conscious mind. These thoughts, the stored-up energy, we take for natural desires, talents, etc .. " (1963c). It is easy to see in the above description the glimpses of Freud's dynamic unconscious — the store-house of instinctual impulses and also of higher values, which are acquired in the present life and also received from the stock of racial inheritance (Freud, 1923). Both Vivekananda (1963 and Freud (1923) compare our unconscious desires and thoughts, which are dynamic in nature, to horses which are to be held in check by the self or ego in order to have a livelihood in accordance with the laws of reality. (In the Katha Upanishad, too, the senses are called the horses which are also to be controlled by the self — senses are like wild horses (1. 3. 4.),

Vivekananda (1963 b & c) identified, in agreement with the Yoga, the working of mind on three planes. It is like Freud's topographical description of mind. First comes the conscious plane where the mind is concerned with rational knowledge in accompaniment with a feeling of egoism. Secondly comes the unconscious plane where the egoism ceases to exist and which is sensationless. This region is the store-house of instinctual drives, reflexes and racial inheritances or

Samskaras. Next, thirdly, over and above these two planes there is another region, which he calls super-conscious. Super-conscious, like the unconscious, is also sensationless and devoid of any egoism. This is the pure state of the mind in which our real nature is manifested. All others are its modifications when it comes in contact with the external world. Vivekananda gives a topographical appearance to this classification by placing the unconscious to a lower or deeper region and lifting the super-conscious to the highest plane. In between these two, in the middle region, the conscious mind operates.

Freud's dissection of mind also yields three divisions—conscious, preconscious and unconscious, though in a wider sense the preconscious is included in the unconscious. Therefore the main division is in two — the conscious and the unconscious. This conscious mind, like that of the Vivekananda's, is the rational mind which functions with an egoism in the external world. Similarly, the unconscious of Freud, like Vivekananda's unconscious and superconscious, is devoid of any sense of egoism and having no direct contact with the external world. Therefore, it is sensationless. It is the store-house of instinctual drives, reflexes and racially inherited attributes. Not only what is lowest in the scale of our values, but what is highest according to that scale, also are in the unconscious. (Freud, 1923). This unconscious is without any influence by the passage of time — it is timeless. Here there is no sense of external, the external reality is replaced by internal psychological reality. The dominant principle here is pleasure.

Freud (1938) says: "The mental, ... is in itself unconscious": "every physical act begins as an unconscious one" and originally, everything was id" (1938) which is unconscious. This unconscious, as such, according to Freud (1935) is unknown and unknowable, except indirectly through some other agency. And this unconscious is our "core of being". In this unconscious operate two primal forces, Eros and Death, without any contradiction though they are opposite in nature.

Vivekananda's super-conscious is also timeless, and the knowledge it acquires is metaphysical or pure psychical. In super-conscious there is no contradiction. This super-conscious state is the real nature of mind — "mind itself has a higher state of existence beyond reason, a super-conscious state" (Vivekananda, 1963d). This

state can be attained through Yoga—in perfect concentration or Samadhi. In it the mind undergoes a direct experience of its own true nature. Bliss or Anandam is the dominating principle of this state. One can lift the veil of time in this state and experience timelessness.

Vivekananda applied psychology for the attainment of super-conscious perception. According to him (1963c), Raja-yoga "... is an analysis of the mind, a gathering of the facts of the super-conscious world and so building up the spiritual world. In super-conscious experience one can experience the unity or oneness of the universe or creation.

Freud's (1922) psychoanalysis is the "light which illuminates our path and leads us through the darkness of mental life ...". It helps us "in translating unconscious processes into conscious ones, and thus filling the gaps in conscious perception...". Freud built up his psychology by gathering facts from the unconscious world, indirectly through the experience of the conscious, i.e., the ego. His psychology does not permit him to experience directly the sensationless unconscious. Therefore, he expressed his inability to give any conclusive opinion regarding spiritual experience. But time and again he raised the issue.

Romain Rolland wrote to Freud in 1928 about his mystical experience of identification with the universe which Freud called 'oceanic' feeling (Jonnes, 1974).

In the book 'Civilization and its discontents (1930) Freud refers to Rolland's experience of the 'eternity', a feeling as of something limitless, unbounded — as it were, 'oceanic'. In this connection he also refers to the two books written by Rolland in 1928: 'The life of Ramakrishna', and 'The life of Vivekananda'. In these books Rolland speaks of the spiritual experience of 'oneness' or 'unity' of the whole creation, experienced by the two saints — Ramkrishna and Vivekananda. Here Freud (1930) says: "From my own experience I could not convince myself of the primary nature of such feeling. But this gives me no right to deny that it does in fact occur in other people ... I have nothing to suggest which could have a decisive influence on the solution of this problem". On the basis of psycho-analytical findings Freud (1950) agreed that the ego can identify itself and be completely merged with the external world through love, and hence it is possible for the ego to experience a feeling of 'oneness'

with the world. He (1930) says: "At the height of being in love the boundary between ego and object threatens to melt away". Freud (1930) argues that in the 'oceanic' feeling or in the feeling of 'oneness' the primary ego-feeling of an undifferentiatedness is revived due to some favourable condition. The basis of one's primary ego-feeling is the feeling of oneness—an all-embracing feeling—with the mother's breast in one's early infancy. He (1930) says: "... originally the ego includes everything, later it separates off an external world from itself. Our present ego-feeling is, therefore, only a shrunken residue of a much more inclusive — indeed an all-embracing — feeling which corresponded to a more intimate bond between the ego and the world about it ... the ideational contents appropriate to it would be precisely those of limitlessness and of a bond with the universe ... the 'oceanic' feeling". Then, according to Freud (1930), in this 'oceanic' feeling the external world is incorporated into the ego. Freud (1930) further contends that this feeling of 'oneness' is "...another way of disclaiming the danger which the ego recognizes as threatening it from the external world". That is, it is a defense mechanism of the ego — a defense through all-comprehensive love.

Now, let me refer to an idea from the Brhadaranyak Upanisad. There it is said that when the Self or Atman identifies itself with all, that is its highest state — "This (universe) is myself, 'and I am all', that is his highest state". This is a state of the Self free "from desires, free from evils, free from fear" — 4/3/20. That is, this is the Self's fearless form — 'Abhayarupam'. Thus the Self by identifying itself with the external world takes a defensive mode. According to the Upanisad, this identification with universe makes possible for one to realise the Self or Brahman. In the Upanisad it is said again: "But when to the knower of Brahman everything has become the Self, then what should he see and through what ... what should he know and through what"? This is the state of Brahman realisation. The Upanisad gives an analogy: "As a man fully embraced by his beloved wife knows nothing that is without, knows nothing that is within, so does this infinite being (the self), when fully embraced by the Supreme Self knows nothing that is without, nothing that is within ...". And this state of the Self has been described there as the state of self-love (or narcissism) — 'Atmakamam'. The ego by incorporating everything in itself becomes the 'extended ego' and the

'object-libido' becomes narcissistic-libido — there is no without, there is no within — a complete oneness with the universe prevails. Duality is lost, hence there is no question of being afraid of — 'Abhayarupam', a form of fearlessness. In that state who is the enemy and who is to be defended against? This is the situation of absolute defense. And this is the only defense man has to adopt if he has to survive the threatening peril of nuclear war.

[A little digression: Several questions may be raised in the context of the foregoing discussion. First, in this all-comprehensive identification is there any scope for demarcation between the id and the ego? As the external world does not exist, the ego ceases to function; hence, there is no necessity on the part of the id being modified into ego. Does the extended narcissistic state of the Self — Atmakamam (and necessarily, the fearless state — Abhayarupam) correspond in any way to the pure id state?

Secondly, in this unalloyed id state, as there exists no external world in separation from it, there exists only a coenaesthetic feeling — a feeling of general awareness or consciousness. Can we call it the state of pure self-perception of the id? Is this the state of 'Nirvana'?

Thirdly, as there is no second object of experience in this state, there is no flow of libido from the subject to the object; hence there is no experience of duality. Is this id-feeling equivalent to the feeling of 'oneness' or pure bliss which Vivekananda advocated for?

Then, fourthly, is the Id's self-perception state equivalent to the super-conscious state of the Self or Atman (of Vivekananda)? Is it experiencing our 'core of being' (of Freud)?]

In the afore mentioned book Freud (1930) referred to the practices of Yoga, trances and ecstasies. Again, in this connection, in his typical manner he quoted Schiller: "Let him rejoice who breathes up here in roseate light".

It may be mentioned in this connection that Freud in the year 1926 admitted to Prof. S. N. Dasgupta of Calcutta, who called on him at Vienna, that it would be hazardous to deny the possibility of Yoga to a higher experience as such experiments had been made (Das Gupta, 1941).

Freud's 'self-perception' of id or 'the core of our being' is unknown and unknowable. We are to remain contented within the

boundary of empirical reality as psychoanalysis pleads its inability to investigate beyond that limit.

Vivekananda or Indian tradition plunges into the experience of super-consciousness and claims that transcendental reality is knowable.

Here Freud and Vivekananda go apart. Freud's psychoanalysis impels him to be an empirical realist, and Vivekananda's psychology of Raja-yoga induces him to be an empirical spiritualist. Again, Freud's psychoanalysis led him to construct the ultimate conception of the dyad of Eros and Death, and leave the creation at the interplay of these two. But Vivekananda's Raja-yoga urges him, in agreement with the Indian classical tradition, to overcome this interplay of Eros and Death, and reach the Reality beyond them. To him Eros (or Life) and Death are nothing but the two phases of the One Divine Bliss or the Ultimate Reality. Creation is the manifestation of the Reality through Eros and Death.

Freud spent his whole life in the task of exploration of the nature of love. Psychoanalysis reveals how important the experience of love is in the life of a man in determining his personality. In a sense psychoanalysis is the science of love as it investigates into the region between love and hate polarities of human emotion. It tries to impair the injured love-life of a person. It is the psychology of love applied to the suffering mind.

Vivekananda's endeavour, following Indian tradition, was also to apply the psychology of love to a universal frame-work — love to all creatures — jibe prem — and thereby attain spirituality.

Lastly, this is to suggest that Freud in the last leg of his life had an experience of blissful wonder in the analysis of the life of Moses. Freud was amazed to see the stature of Moses's spirituality and found solace in it. He lamented: "How enviable to those of us who are poor in faith, do those inquirers seem who are convinced of the existence of a Supreme Being" (Freud, 1938). Freud (1938) contends that in course of development of the human mind instinctual pleasure is relegated to an inferior status, whereas renunciation of instincts is up-held with immense joy. Intellectuality takes the place of sensuality, direct sense-perception is replaced by reflection, imagination and inference. Men feel proud and elevated at this advance. Then comes the most puzzling phenomenon, faith, which overpowers intellectuality and

that is regarded as the supreme achievement. Freud (1938) raises the question: where from comes the sense of elevation in that achievement of faith? He (1938) answers: there must be 'something else' other than the role of the super ego in it. According to him "perhaps it is due to narcissism augmented by the consciousness of a difficulty overcome". Again, it is to mention here the Upanishadic concept of Atmakamam — the extended ego-feeling. The phenomenon of faith overwhelms Freud. He (1938) writes: "We can only regret that certain experiences in life and observations in the world make it impossible for us to accept the premise of the existence of such a Supreme Being. As though the world had not riddles enough, we are set the new problem of understanding how these other people have been able to acquire their belief in the Divine Being and whence that belief obtained its immense power, which overwhelms 'reason and science'." All these thought currents in Freud show that he recognized the fact of spirituality as a 'fresh psychological problem' (Freud, 1930) having distinction from the problem of conventional and ritualistic religion. But he pleaded the inability of psychoanalysis to dive deep into the task of exploration of that transcendental realm, where Vivekananda's psychology of Raja-yoga ventures to tread on.

Let us look forward to the coming of a future researcher with utmost zeal, sincerity and logical or scientific attitude, who would be able to penetrate into the deep mystery of mind and bring into harmony the two ways of looking at Reality — the empirical realism and the empirical spiritualism.

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THE PATHOGENESIS OF CANCER —A PSYCHOANALYTICAL PERSPECTIVE

GAURANGA BANERJEE

The relationship between psychosocial factors and the susceptibility to cancer has attracted the attention of scientists having interdisciplinary approach. A large number of studies have explored the biological processes involved. An altered immune system has been implicated in the pathogenesis of malignant tumours. It has been postulated that the immune deficient state may result from the activation of the adrenocortical system due to emotional influences. Le Shan (1959) reported that stressful life experiences, particularly experiences of separation and loss frequently precede the onset of various kinds of cancer, including cancer of the cervix and leukaemia. Numerous studies have attempted to relate personality traits and susceptibility to cancer. Kissen and LeShan (1964) have repeatedly observed that patients with lung cancer have a more limited ability for emotional discharge than normal controls. A recent report suggests that the combination of personality and stressful life experience was characteristic of lung cancer patients. Thomas and Greenstreet (1973) showed in a 30 year prospective study of medical students that persons who developed cancer in later life had tended not to express emotions readily. The personality traits of extroversion has been found to be associated with cancer (Coppen & Metcalfe, 1963; Hagnell, 1966.) Greer and Morris (1975) found that extreme suppression and extreme expression of emotion were characteristic of women having breast cancer. These clinical studies do suggest that emotional factors are associated with the onset of malignancies. Fox (1978) has, however, pointed out that multiple theoretical and methodological problems make it difficult to determine from clinical

studies alone the validity of the hypothesis that emotional states are involved in the causation of cancer. A new dimension needs to be added to the clinical and experimental methods of investigations for a better understanding of the problem.

Dr. Roger H. Garcia's recent book* on the psychogenesis of cancer is a major attempt in this direction. Dr. Garcia's main thesis is that cancer is an eminently psychogenetic illness. By virtue of his medical background and special training in Gastroenterology at Saint-Antoine and Salpetriere Hospitals in Paris under the eminent Gastroenterologist Prof. R. A. Gutmann, Dr. Garcia, a practising Psychoanalyst, is the right kind of person to make such investigations. The concepts expressed in this book are the results of the study he has carried on with patients who have suffered from cancer. The period covered was 32 years, the number of patients was 962 and the method applied was Psychoanalytic, gastroenterological and clinical.

In order to appreciate and evaluate the theories put forward by Dr. Garcia regarding the pathogenesis of cancer one must trace the history of our ideas about its organic causation. Efforts were made to explain the causation of malignancy on the basis of organic cellular pathology propounded by Virchow. The thrust of these efforts was to find out some local pathology in the affected cells caused by occlusion of blood supply to the area or local irritation or invasion of microbes or chronic trauma. Cushing among others, carried out numerous experiments to produce haemorrhagic and ulcerous change in the stomach and duodenum by producing lesion in the brain. But their results were inconclusive. Dr. Garcia points out that it was not the local organic trauma but emotional conflict which affects the central nervous system and acts as the starting point. The whole organism takes part in it through the integrative process of the brain. The physical, chemical, humoral endocrine and physiological modalities are involved.

As a preamble to the presentation of this psychosomatic viewpoint Dr. Garcia, a Gastroenterologist, concentrated on the concept of psychic genesis of gastric and duodenal ulcer. He refers to the

* Cancer, A Psychogenetic Illness. Roger H. Garcia. Translated by Prof. Robert E. Pollack. Psychoanalysis and Medicine. Mexico, DF. 1980 pp. 175. Price not stated.

theory of Franz Alexander who explained the genesis of gastric ulcer on the basis of the personality and coping mechanism of the individual. According to Alexander, the personality of the ulcerous patient is characterized by competitive ambition, that is, aggression frequently stimulated by the mother. Fear of failure, however, incites anxiety which is inhibited. Inhibition in its turn causes withdrawal to the infantile phase of maternal dependence. This infantile dependence induces shame and is therefore repressed and compensation is sought through aggressiveness. The vicious circle is thereby established. Unconsciously, the desire for love becomes equivalent to the desire to be fed as an infant. When this gratification is not forthcoming the subject reacts with hostility. The unsatisfied desire to be fed lingers and is repressed. The process of repression activates the stomach and duodenal bulb constantly through the autonomic nervous system which leads to continuous hypersecretion of gastric juice. This in turn, ends up by physically affecting the mucous membrane of the stomach and duodenum thereby bringing on an ulcerous lesion. Alexander gives the history of a medical student who suffered from duodenal ulcer for five years before he was brought under psychoanalysis. Psychoanalysis helped him achieving adjustment, excellent grades on his college examination and recovery from gastric ulcer. A physical examination of the patient done two years later showed proof of his complete cure.

Angel Garma (1954) in his studies on the psychosomatic origin of gastric and duodenal ulcers claimed that an ulcer is an illness of psychic origin in all its aspects including relationship to digestive erosion. He agrees with H. Robinson in calling a gastroduodenal ulcer a psychogenic ulcer brought on by psychic and environmental factors. Garma has emphasized on the more profound unconscious processes in the genesis of an ulcer. Following Freud and Melanie Klein in his interpretation of child development he has propounded the theory of the internalized "bad mother." According to Garma, the mother who is frustrating and aggressive against the satisfaction of instincts is represented in the unconscious of the baby as a bad mother. Such representations of mother which originate as a result of frustration and aggression suffered in infancy are internalized in the superego at a later age. When this individual faces conflicts in adulthood which he cannot resolve, he shows a tendency to partial

regression from his genital instinctiveness to the digestive oral regressiveness. This process leads to damages to the digestive tract as a consequence of the sufferings caused by the inhibition of instincts.

Dr. Garcis delved deeply into the psychic dynamics of those who suffered from a cancerous lesion and came to the conclusion that cancer lesion was indeed the final local result of severe emotional state in the patient. This became the most powerful defence (somatization) used by the ego when the subject faced an object which was characteristically excessively frustrating in the past (loss of object) and dreaded and very much required in the present. Somatization (establishment of the cancerous lesion) prevented the confrontation with the object (Psychotization).

Let us follow Dr. Garcia in his quest for an explanation of the clinical findings of his patients. Many patients, he confirms, had experienced the loss of parents or siblings in their early life. They had to pass through strong traumatic situations and excessive frustrations caused by abandonment (loss of object) during the oral and anal stages of development.

The first universal separation is birth. To be born is to break all organic union with the mother. The mother, however, initiates a new and significant union with the newborn by giving it her breast. If the mother, consciously or unconsciously, does not satisfy this indispensable needs, the child is frustrated. If this frustration is repeated over a long period of time separation takes place once again, giving rise to anxiety and aggression in the baby. It was found that the patients had frustrating mothers or they had lost their mother early in life. In both cases oral aggression was of a highly intense degree. Disproportionate frustration causing impulsive anger is characteristic in the cancer patient. The child who, during the first years of life (the oral and anal stages) has been exposed to intense trauma of loss and frustration, develops a separation anxiety. When he directs his love towards his mother during the phallic phase he enters into a situation of rivalry with the father figure and experiences intense "reunion anxiety". By this term he means the emergence of anxiety as a sign of alarm in the face of the nearness of an object. This anxiety is produced by the imminent risk of the appearance of traumatic situations before which the ego mobilizes its defences. Reunion anxiety may be the result of real or imaginary dangers.

This is the precise clinical point at which past experience of loss and frustration causes the revival of an unlimited aggression towards the mother object. This aggression is not used positively by the ego. It is turned against itself and is used masochistically. This is another characteristic of patients with cancer lesions. There were mothers who consciously or unconsciously tried to separate the child from the father by turning the child against the father and fathers who acted in the same way. These situations, which were so painful, were experienced by the patient as loss of object. Every loss of object gives rise to what Freud calls separation anxiety.

To explain the phases of the solution to this marked separation which occurs not only between the patient and his objects but also among the parts of his own ego, Dr. Garcia postulated the integrative phases in the development of the ego.

In his monograph "Inhibition, symptom and anxiety" Freud sets forth a detailed study on anxiety vis-a-vis separation from the mother, i.e. separation anxiety. He points out that the response to this anxiety is an intense load. Freud says, "This load should be considered as a load of longing". Taking this cue from Freud, Dr. Garcia has applied the term 'longing for reunion' to the step following separation anxiety. It represents a valuable integrating force towards the basic and essential primary object. It has two phases the reunion anxiety & the reunion proper. Reunion proper is characterised by pleasant feeling of security and protection. It means having recovered something. The pattern of integration which will attempt to solve separation anxiety will be according Dr. Garcia, the following :

The longing for reunion-Reunion anxiety-Reunion proper-Identity.

In order to unload the impulsive force caused by separation force caused by separation anxiety and at the same time to avoid the reunion which would set in during the most incipient union with his primary objects, he resorts to "somatization." This means that the unconscious psychic conflict is imposed upon the organism by means of the neuroendocrinological system and the centres of innervation of different hierarchies. This complex mechanism is activated by the unconscious psychic conflict, causing an alteration in the cellular biochemical processes. The complicated chemical structure of the cytoplasm, nucleus and of the chromosomes are involved. It is the unconscious psychic conflict which upsets the chemical structure of

the cell, thereby changing the healthy cell into a cancerous cell. In short, it is in the unconscious that the union of the psychic and the physical takes place. It is the unconscious which governs the cellular physiology. Somatization saves the subject from disintegration (Psychosis). If the somatization should fail, for example, upon surgical resection of the cancerous lesion, the subject's ego creates a new lesion (relapse). If a new cancerous lesion, or a substitute for it, is not created, the patient loses contact with reality. He would probably end up by committing suicide, because these patients are unable to externalize their aggression. When the traumatic situation is not so severe, other defences, which are less forceful than somatization, are used, such as phobic, obsessive, manic, denial, narcissistic, etc. The purpose of all these defences is to avoid two types of anxieties—the first is the one that Freud called separation anxiety and the second is the one that Dr. Garcia called reunion anxiety. Without the study of these two basic anxieties it is not possible to understand psychic illness or the origin of cancer, because cancer is the final morphological expression of psychic illness.

The author claims that he was able to confirm these concepts during psychoanalytical treatment of the patients who were suffering from cancerous lesions. He presented these clinical observations and some of them were published in different issues of the Mexican Archives and the Hexical Week during the three decades. Some of the chapters of this book contain materials which were published first in these journals.

What was the impact of his views on the scientific Community? The author regrets that a great majority showed surprise and profound disagreement while others showed indifference. A select number of researchers in Mexico, in the U.S.A. and in Europe have, however, accepted his concepts as to the origin of cancer. The author believes that research carried on only from the organic viewpoint follows an erroneous line. He maintains that a study of the life of the child and of the relationship between child and parents is of central importance in the origin of cancer.

This book deserves our attention not for the cogency of arguments offered in favour of a theory but for the fact that the theory is consistent with well-known psychoanalytical concepts and offers a new approach to the study of the genesis of cancer which is still steeped in mystery.

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INFANT OBSERVATION AS AN INTRODUCTION TO PSYCHO-ANALYSIS*

by S. FORBES

I have wondered how to present psycho-analysis to you in a way which might give you some idea of the subject. I have finally arrived at the conclusion that perhaps the best way to introduce it to you is the way it is introduced to students at many psycho-analytic institutes. And then afterwards it might be a good idea if some of you could talk about your own clinical work which we could then discuss together.

Now, the first part of a student's training is called Infant Observation. The student conducts weekly observations of a baby from birth to two years. Each week's observation is followed by a weekly seminar where the observer's material is discussed with the other students and under a seminar leader. The idea behind this is to get students accustomed to observe developmental processes within the family firsthand rather than learn this from books. This would give each student a unique opportunity to observe the development of an infant more or less from birth, in his home setting and in his relation to his family, and then to find out for himself how these relations emerge and develop. In addition he would be able to compare and contrast his observations with those of his fellow students in the weekly seminars.

A surprising finding has been that there is never any difficulty in finding mothers willing to have an observer—either through acquaintances or through other channels, the local GPs and so on. Mothers

* Lecture given to post-graduate students at the K. E. M. Hospital, Bombay, on 6th December, 1986.

have frequently indicated explicitly or implicitly how much they welcomed the fact of having someone come regularly into their home with whom they could talk about their baby and its development and their feelings about it.

Another factor was that note-taking during the observation was recognized as unsuitable—apart from the fact that it might disturb the family to see someone noting down what is going on, it would also disturb the observer's attention which should be open and free floating. I, myself, found it much better to speak into a small dictaphone machine on my way home after each observation, getting as much down as possible on to tape while it was still fresh in my mind.

Much thought is also given to the central role of the observer in the whole situation. It is important that the observer should feel himself sufficiently inside the family to experience the emotional impact, but not committed to act out any roles thrust upon him, such as giving advice or registering approval or disapproval. One would then introduce as little distortion as possible into what is going on in the family. This should not of course exclude the observer from being helpful as a particular situation arose—for example, by holding the baby, or bringing it an occasional gift. In other words, he would be a privileged and therefore grateful participant observer. And it is finally hoped that this exercise would sharpen and build up the student's observational and intuitive capacities, such capacities being the cornerstone of his future profession.

I am now going to give you a brief look, through my own experience, of an infant observation I undertook in Britain. This is an observation in a British family. I am unfortunately not able to give you an observation of an Indian family chiefly because Baby Observation has just recently been introduced in the training course for psycho-analysts in Bombay. Consequently I do not have sufficient material of an Indian family. Still, in spite of cultural differences, what I hope will occur with what I am going to relate to you, is that it might stir your interest and questioning further.

This couple were having their first child. The mother, Kate, was five months pregnant when I first called on them. She was working as a supervisor nurse in a hospital. Her husband, Alan, was a manager in a department store. They both were quite wel-

coming of the idea of my conducting a weekly observation for two years. My impression was that the idea of an actual baby had not yet formed in their minds. The mother said she was not enjoying her pregnancy and did not see how anyone could. They also had not prepared in any way for the baby's arrival. It was as if the baby was pictured as something of a burden.

When I met them a second time, after a month's interval, they were once again quite welcoming but seemed to avoid talking of the baby at all, were much more interested in me and India and so on. And I felt, after I left them, that they both seemed worried about the coming event.

The day she delivered, her husband phoned me to give me the news that they had a baby girl. I went to see the mother and baby in the hospital. The general impression was that Kate had cut herself off from any anxiety about the birth—she related how she had a panic attack at home and collapsed, some days ago, but it was about something which she herself said was nothing to cause that much reaction. The baby did not seem to yet be a reality to the mother. She gave the impression of wanting to get away from it all—unwilling or unable to expend much energy on the little girl, who is named Jane. One got the feeling that the baby was seen by Kate as demanding, frightening, intensely needy, and so on. I also got the feeling that Kate had to monopolise my interest away from the baby and wanted me to pay attention and talk to her exclusively.

Now let us take a look at the situation in a bit more detail when the baby is 23 days old. Kate opened the front door for me with the baby sleeping in her arms. She informed me that Jane had been having tantrums since six in the morning. She had screamed and cried practically non-stop. She offered the baby to me and said: "Here, you have her and take her off my hands." She continued in a rash, saying that they were both tired and exhausted. She kept on wishing that her husband would come and take her off her hands. She then put the baby in a cot, on her left side so that Jane was facing the wall, away from us and the rest of the room. The baby was sucking a dummy and Kate said she hopes she will sleep now. We should keep our fingers crossed. She hates giving the dummy, but nothing else will stop her screaming.

She then called me away from the baby and tried to get me

interested in a diary that she had kept of the day to day events. But I continued keeping an eye on the baby. So she put the diary away, came over to the cot, and said maybe her tantrums were due to what happened this morning. Last night the baby had a piece of fluff stuck on her cornea, she thought it might disappear on its own but this morning she felt she had to take it out. She had to hold her head tight to wipe it off her eye. She felt very cruel doing it and Jane screamed as if she was being attacked. For the first time she noticed big tears rolling down the baby's eyes, huge tears fell out and she felt very guilty.

She then said that she has fortunately got only three more weeks of this and then she's off to work. She has already picked a nanny, a girl of seventeen, who will come over and live in the house. Actually this nanny has just looked after a six-month-old baby, but found Jane too small, and said she's not used to such small babies.

Kate brought coffee for us and we sat across the room from the baby. She began talking of theories, of bonding, early development, and so on. She said Jane was not conforming to her nursing profession like the babies she had been used to in the hospital. "Maybe she should ask some mother who is also a nurse if this is a general problem. Then Kate casually asked me what my project led to and did I have any theories? I replied that I was observing to learn something about babies which I could not get from reading books. She said it is surprising how many people give advice on babies. Her mother said she had read that breast feeding brought you closer to the baby, but her mother said she had not felt close to any of her babies for the first three months, and so much for the books.

She said she had tried actually everything to quieten Jane, when she was screaming this morning, and then she finally left the electric sweeper on and left the room. She thought she would not hear the screams and if she was not there the baby would be forced to go off to sleep. But when she returned after 20 minutes the baby was still screaming and Kate felt quite guilty, realising the baby had screamed throughout.

As Kate finished saying this the baby started crying. I got up and went to the cot and saw that the dummy had dropped out of her mouth. Kate came over and put it back into her mouth. The baby went back to sleep. But in less than a minute woke up crying again.

Kate said it was time to change her. I said that if she did not mind I would like to watch.

She asked me to follow her into the dining room. There was a baby mat on top of the dining table and Kate explained that it was convenient for her to place the baby on this raised level. The mat actually looked precariously perched on the table, with a quarter of it jutting out. She placed the baby on it and said, "Now bend," and quite expertly cleaned her up. She looked at the nappy and said, "You've really used it all up," and quickly wrapped the nappy and threw it away. She said, "this is work, simple work," implying simple nursing work. During this activity the baby was lying almost half off the table. Jane was gazing with rapt concentration at a long stem of a leafy plant which was curving right over her face. Jane then began whimpering and when she was picked up she began crying.

Kate sat in the lounge opposite me with the baby on her lap. She repeatedly tried to keep the dummy in the baby's mouth, but Jane would not have it and it kept falling out. The baby was not looking at Kate, but at something behind me, out of the window, into space. A little later she did look right at Kate and locked her attention on Kate's face, which made her retort, "why are you looking at me like that?" The baby then looked away from her and once again looked into space, into the distance. She began to yawn, and was obviously sleepy. Her eyes kept closing, but she would keep opening them to look at Kate again as if she could not risk going off to sleep. Kate kept changing the baby's position, as if a different position might quieten her, but she did not quieten. Then Kate put her in a position where she faced me, and the baby could not help but look straight at me. Jane looked at me for a moment and then turned away continuing to cry. Kate said, "I feel she is winning a victory over me." Kate showed not anxiety now so much as stubbornness. The baby had to conform to her and it was a battle. Jane looked quite helpless in front of this person who insisted that she take the dummy, and she was not going to take no for an answer. The baby at times opened her mouth to reach out for it and would then immediately drop it and continue to cry. Jane then passed wind very loudly to which Kate exclaimed—"Pardon me." And the baby repeated passing wind 2 or 3 times.

Kate then placed her in a baby carrier on the floor and ran to get the water bottle. Jane sucked on the bottle for a while then opened her mouth and let it all dribble out and kept crying. Kate said this unhappy face is usual when she gets water, she hates it. Maybe she should put sugar in it. Then she said angrily to Jane, "you want the real stuff don't you?" The baby began to choke and cough. Kate said, "I don't know why you're choking when you should be swallowing." The baby kept choking and it was a very frightening thing to see. I felt that Jane with her mouth wide open, trying to suck in air, couldn't actually breathe for a moment. But Kate herself was not looking too concerned and was talking about the carpet man who came today, and was so big, his huge hand on Jane's hair looked quite funny.

But the atmosphere was now very tense. I asked her then if my presence stopped her from feeding the baby. But she replied no, it did not. I took this opportunity to ask her if she minded my observing when she did feed. And she said it was ok with her. And then it just went on and on, she gave the dummy, the bottle and even her finger, but the baby refused everything, kept crying, coughing, and was finally panting. Kate then quite angrily said, "maybe it's because you have too many choices."

When I said I had to leave she asked me if I had enough. Then she looked at the clock and remarked, "Oh, its one hour already, time really goes so fast." Then at the door she said, "I'll keep a feed for you the next time you come, you'd like that wouldn't you?" I left feeling a bit awful about leaving her with the baby in this state.

In the discussion of this observation the seminar group felt that Kate greeted me in a state of collapse and felt it might be even too much for me when she at the end promised me a feed next week. Removing the fluff from Jane's eye was experienced by mother as an attack on baby, mother is afraid of her anger towards her baby. Yet she is determined not to give in to the baby and feels she has to train the baby to fit in with what she wants. Kate feels invaded by Jane and she needs to turn the sweeper on as a mechanical sucker up of rubbish because the mother is not able to be a human absorber of what she thinks are the baby's intense messy needs. The sweeper is supposed to absorb the baby's distress and absolve Kate from carrying the baby's anxieties and pain.

Perhaps due to her own feelings of inadequacy in managing the baby, she chose a very young girl to look after baby. She does not want to be looked on or feel criticised. Kate may feel she has to be a mother who can cope efficiently, like a professional nurse, with theories, perhaps find the right theory, but cannot allow anxieties or feelings or be open to the baby's circumstance and special needs. She also seems afraid that she would be exposed to the observer.

Kate also does not feel there is a maternal figure inside her, helping her to be close to her baby, it is as if Kate is in identification with her own mother who cannot really feed a baby and feel close to her. She experiences the baby as a noisy, demanding, exhausting, difficult to quieten down, greedy object. During the nappy change the nursing profession comes in, she is efficient and probably feels more expertise and less anxiety and irritation. The baby's holding point during the change seems to be the leafy plant which she holds onto with her eyes, probably to make up for the lack of maternal holding. As the observer said the baby herself seems to be in a precarious position on the table. Kate does not talk to the baby, rather commands the baby. She comments, "the baby has used up all the nappy space." and Kate may experience this as the baby's rubbish which she finds difficult to deal with as if she herself will be all used up. Later, Kate can't bear the baby to look at her, she experiences Jane as intruding into her, doesn't feel there is a sharing but a battle. She seems to see the baby not as a person but as some sort of object and relates to the baby in this way. One wonders whether the baby experiences the breast as being plugged in with it in a mechanical way so the baby gets milk or water but since there is little presence of human warmth and affection she is not satisfied. The only way for Kate to get out of her own persecutory feelings and depression is for her to get out and away from it all, and get back to her job. The baby probably does not feel there is a receptive mother whom she can entrust her distress to because there is a mother who feels the best solution is to get away.

Now, as the weeks passed and some more observation material came in, the group and I began feeling quite worried and distressed to watch what was happening. The mother was waiting for the day she could start work and get away. The baby was turning listless, seemed lifeless, often looking at distant objects -- the light bulb, or the plant,

or staring vacantly into space, in an unblinking way, for moments together. This behaviour continued till the day the young nanny stepped in and Kate went off to work with great relief. Fortunately, although the nanny, her name is Ann, was so young she brought human handling into the baby's experience. And it was fascinating to see how this baby began to stir out of a lifeless, listless state, into a lively, blooming and developing personality. Later, even the mother's enjoyment of her baby seemed to take root. And, much later on, one could actually see positive changes in Kate's own personality as she became more involved in her baby's growth. She actually herself became softer, livelier, and much closer to her baby.

I want to describe two more observations to you, one in which you can see the baby with the nanny, and the other with the father. The baby is now 21 weeks old, a little over 5 months. As I approached the front door of the house I could see, through the window of the lounge, Ann lying on her back with Jane in her hands, up in the air, playing together. There was loud rock music in the background. Ann opened the door for me and said Kate had to go shopping and would be back late. Kate had left word with her that I wanted to see the baby being bathed and she would show this to me.

I said a hello to Jane who smiled back. Ann said she needs a bath since she's started dribbling a lot recently. She was holding the baby who looked at me and suddenly drew in a deep breath and squealed, turned her face away embarrassed and turned to me again. Ann said to her, "he's too fascinating isn't he." Jane kept staring at me and smiling happily. Ann said that they had been playing 'cotton reels' and having an exciting time, she laughed, adding, "although it didn't sound too exciting."

We went upstairs into Jane's room where she put her in the cot and told her "sit there for a moment," while she went to draw the bath. Jane smiled briefly at me and then gave her attention to the toys dangling above her head. She grasped a red ring and tried to put it into her mouth. She also put her hand into her mouth. Ann returned and watched the baby for some moments with me.

Then she picked up Jane and I followed her into the bathroom. She took off Jane's clothes and gently lowered her into the shallow soapy water in the tub. The feel of the water seemed to shock the

baby a bit. But she soon got used to it and started kicking and playing around. She kicked, splashed, and let out delighted shrieks. Ann said she wets her more than she wets herself. I sat on the edge of the bathtub behind Jane's head, and most of the time while playing around she would bend her head back and look at me. Ann took some shampoo and sitting the baby up applied it to her hair while Jane was pushing to get back into the water. Then Ann took a small sponge and gently rubbed Jane with it. Ann made it look very easy and a lot of fun for the baby, who was content and enjoying her bath. Occasionally Ann would gather soap suds into her hand and pour them onto the baby's stomach and rub her gently. She finally picked up Jane from the bathtub and sitting her down on the toilet seat, wrapped a towel around her. Once she was dry Ann sat with her on the floor and began dressing her. Then she picked her up and said we could have some coffee now.

She strapped the baby into the chair on the dining table and asked me what type of coffee I would like. She looked relieved when I said I'd make the coffee. She gave her attention to preparing the baby's feed. She gave Jane something to play with — a rubber toy, and a wooden spoon. But the baby dropped them both and wasn't too happy at having to wait. She started crying and only stopped when Ann gave her the first spoonful. She ate hungrily, she held Ann's spoon hand off and on, and then messed up both her hand and Ann's too, which made Ann say, "you messy little urchin", affectionately. Throughout the feed the baby kept glancing at me.

Kate came in 15 minutes before I had to leave. She went up to Jane poked her face very close to the baby's and said, "Hello." Jane just looked back without expression. Kate said, "Oh, I see, not pleased to see me, no impression, no effect." Then she moved away saying, "the baby does not want to see her mother," not noticing that Jane's eyes actually followed her. The baby returned to her feeding and Ann laughed and said, "she finds you boring." Kate hadn't heard so Ann repeated it. And Kate laughingly agreed.

Jane fell asleep for a bit and then woke up again and looked at us thoughtfully. Kate picked her up and brought her to me. Jane avoided looking at her mother which made Kate repeat: "I make no impression on you." She wouldn't look at her mother and kept looking at Ann although she did not cry to go to her. Kate told me

that when Alan had gone on a trip Jane did not miss him although she enjoyed seeing him again. Then Jane grasped Kate's hair, pulled it, and did look at her. Kate reacted by saying she's going to have her hair cut so the baby can't get hold of it. Then she turned the baby to face me and watched my reaction to Jane. The baby started dribbling and Kate exclaimed, "what a repulsive baby!" Kate then invited me to sit in the lounge but I told her my time was up. She said, "your one hour is up, and you now have to rush off, OK we'll see you next week." I thanked Ann, and Kate remarked, "Oh, for that bathtub demonstration. You must be well equipped in knowledge about babies," and saw me to the door.

The seminar group felt that this observation highlighted the rather uncomfortable contrast between Ann's handling of Jane and Kate's. Anne's gentle handling of Jane in the bath was in contrast to mother's poking her face into Jane's, even to the sharp tone of her voice. Jane welcomes the observer delightedly but doesn't welcome mother who arrives 15 minutes before the end. Perhaps Jane is unsure of mother and doesn't quite know what is going to come at her. Ann comments that Jane is dribbling a lot, but affectionately says she's a messy little urchin. This contrasts with mother's reaction to Jane's dribbling later on when she says 'what a repulsive baby.' Mother has no baby talk. She likes to show Jane off but is not so keen on doing things with her. Mother comments repeatedly on Jane's failure to greet her, possibly the presence of the observer emphasises mother's feelings of inadequacy. When Jane returned to her bottle and Ann laughingly commented that 'she finds you boring', Kate actually agreed. A positive feeling was that mother's own feelings of inadequacy do not stop her from recognising that others can give her baby a good experience. Also it was noticed that Jane does not feel that she has to please her mother by acting falsely pleased or happy.

Now we come to the observation of the baby with her father. This is when Jane is 28 weeks old, around 7 months of age, Alan was alone with the baby. We went into the lounge where Jane was lying on the carpet on her back. Alan had been playing with her. She looked at me and smiled. Alan said she had been very good. Kate was attending a party in the hospital and would return late. Jane had a calm expression. Alan swung her up saying: "Come on, meet

your friend." He stood her on her feet and she jumped up and down, backwards and forwards, and she was'nt wobbly on her feet today. She craned her neck looking at me, took a deep breath, and screamed happily. He sat her down, and she sat well without losing her balance. She sat and played with her toys, a string of plastic bell-like objects and a bunny.

Alan said he would get us coffee and prepare her feed. As he got up he looked at her for a moment and asked her, "are you going to be OK?" "You want to come with me and watch me prepare your meal?" He then thought she would be all right, and went off. She kept staring at me and played with her toys by mouthing each one of them. She first played with the string of plastic bells, which then fell to one side.

There was a napkin which was tied in a knot at the end with a piece dangling out of it, rather like a nipple. She chewed and sucked on this as if it was a nipple, making sturping sounds and dribbling. She would bend her head down to it with open mouth and suck it. She sat and played well, looked at me often, and began babbling as if talking to me. Occasionally laughing and smiling at me.

Alan would keep taking a peek at her from around the corner asking her, "are you OK?". And seeing that she was quite content he would say, "of course you are." She would look up whenever he did peek in and then go back to her toys, very relaxed. She then chewed on the end of the string of the bell-like toys. blew out and dribbled a lot. At one point she poked it so far into her throat that she choked. But after this she poked it around her mouth and was careful not to push it too far in.

When Alan brought our tray with coffee and biscuits, Jane stopped everything and looked up at what he had brought in with such curious concentration that Alan and I both laughed at her open-mouthed expression. It was as if she was saying, "where's my meal?" She responded by laughing back good naturedly, and returned to her toys. Alan asked if I had seen snaps of Jane with his mother. While showing them to me he repeatedly said what a good baby she was. He said she goes to strangers readily now. They went to the telephone exchange recently where all the girls played with her.

Alan picked her up saying, "let's go for your feed." But then he

exclaimed that she was wet and would have to be changed first. We went upstairs where he laid her on the mat, took off her nappy and went to dispose of it. She tried to get up but could only raise her head. While he was changing her she raised her head and looked down interestedly at what he was doing. He said she now helps when she is being changed. Before she would'nt be able to know what to do and would be fighting the putting on of clothes but now she knows what she has to do to help. Alan kept talking to her while he was changing her. Then while she was without a nappy covering she urinated on the mat. Alan said, "Oh no, anyway its not your fault. you did'nt do that purposely, you just wanted to get your daddy going."

We went downstairs into the kitchen. He strapped her in and showed me a bottle saying this was something new for the baby, a cherry sweet which they had just started. She had half the bottle for lunch and he was giving the other half now. She took the first spoonful cautiously, taking it carefully. She took the second spoonful also hesitantly. But she loved it and enjoyed the rest of it.

Alan gave the spoonfuls very slowly, waiting for Jane to make the move in taking the spoonful. He appeared very sensitive to the way she took the mouthfuls. She would open her mouth and he would very carefully put the spoon in, and she would take it. She looked at me, got very excited, grinned and screamed happily. At one point Alan said "hold my hand." But she did not particularly want to hold it, and let go since all her interest was in her food. When it was over she reached out for the bowl and looked in. Also laughed and said, "believe me, I swear its over, its finished, go on have a look." He then took it gently away from her. As Alan gave her the bottle I noticed how comfortable he was sitting opposite her in a chair, there was no strain in him as he held the milk bottle for her. She choked on the first gulp, and had a coughing fit. Alan said its gone the wrong way, looked at me and said, "she's trying to take too much." He asked her if it was OK now. And when she opened her mouth he gave her the bottle again. After the milk was over he picked her up and we went into the lounge.

He showed me the garden where he said they had been sitting a little while before I had come in. It was a pretty lawn with flowers surrounding it, and he said when Jane grows a little they could leave

her here to run around because its all enclosed. Then he talked about his collection of Dinky cars. He said he's got 200 of them and they are now valued at around £1500. He's been collecting them since he was 9 years old, when his mother gave him two of them. He said some of them are very old and worth £50 each. He said he's also got a model railway, and he would show it to me sometime. He finally did run up and bring down his collection of Dinky cars, and said he hoped he was'nt boring me. He pointed out cars which were obsolete now and said Dinky Toys had closed down business along with Mechano and Hornby.

Jane was sitting nearby mouthing her toys, and a plastic lid which she was also mouthing and throwing aside while looking at us. Then she begun making growling angry noises and Alan said, "you're not getting any attention at all." He put the box of Dinky toys away and knelt near her. He blew into her ear and neck, carressed her hair and chin. I said it was time for me to leave and he looked at the clock saying, "yes that's true." Then he said "we don't have a picture of you, and the next time you come we'll take a photograph of you with Jane."

The seminar group noted that this observation was the first time that I actually saw Jane and Alan together, without anybody else around. The overall impression with everyone was that there exists between father and daughter a much more gentle, tolerant and empathic bond, than between mother and daughter. And that in many ways Alan fulfils more of a maternal role in relation to Jane than Kate does. This observation begins with me being greeted with a ready smile from the baby, and an unequivocal greeting from Alan. This clearly indicates to Jane that Alan's and the observer's relationship is a good one, and that the observer poses no threat to her, and she screams happily. It is as if this open and unambivalent greeting from Alan sets the scene for the rest of the observation. Jane is much calmer, more able to concentrate on her play without having to constantly assess whether or not the observer is a friendly presence, because Alan has already done this for her with his initial greeting. Alan also seems very much in tune with possible areas of anxiety for the baby. Instead of suddenly dumping Jane onto the observer while he rushes off to make coffee, leaving her feeling confused and

abandoned, he prepares her for his absence by asking her if she will be all right. This acknowledgement of a potentially anxiety making situation before it occurs, seems to reassure Jane and allows her to work through Alan's absence, without becoming overwhelmed, or feeling persecuted. Her mouthing with the bells, the knotted napkin, and looped piece of string, while looking at the observer, seems to be connected with her attempts at coming to terms with Alan's absence and the observer's presence, and to keeping alive the absent person, (with her sucking on the nipple of the napkin). Her talking and smiling at the observer while her father was in the kitchen shows how much more she can tolerate and interact with him, when she is in touch with a good internal figure, and how consequently she feels less persecuted by his presence.

Alan in his turn is much less persecuted and attacked by the baby than Kate. Typically this is seen when Jane urinates on the mat as he is changing her, and he says its not her fault, she did'nt do that purposely. Here rather than accusing her, as Kate might, he consoles her. This could be seen as an indication that the child in him has a better relationship with his own mother than is probably the case with Kate and her mother. This is supported by the way in which he shares his enthusiasm for Dinky cars which he had been collecting since the age of 9, and which was begun by his mother giving him the first two. It is as though he is showing the observer how he has retained something precious and of value which his mother gave him, from his childhood, and which he can now bring into his relationship with his own child. In this observation there is much more of a sense of Alan thinking about Jane and identifying with her as a way of entering into her thoughts and feelings. This is evidenced in the way that he allows Jane to feed at her own pace, slowly and carefully, and in her evident enjoyment in it. This is also seen when he reads her noises, while talking to the observer about his car collection, as angry noises, and he can verbalise her feelings for her by saying, 'you're not getting any attention at all.' The group felt that the only disquieting note in an otherwise peaceful and reflective observation, came when Alan was dressing Jane, after changing her nappy, and when he comments about having to dress her properly, 'otherwise mother will scold me,' as if he as well as the baby sees Kate as some sort of harsh mummy who keeps everyone in line.

And now in conclusion, I hope that whether one believes much of the discussion on this observation as carrying some truth or not, that it at least shows that babies are far from being as mindless as has been supposed. And although the beginnings of the mind are rather primitive one can still see a baby as a feeling, developing human being, actively interacting within the family. Through this observation one can also see how good experiences have changed this child. And as a general way of viewing development: good experiences can positively contribute to and encourage development, whereas bad experiences can actually retard growth and unhappily lead to future illness in the individual, especially if they outweigh good experiences.

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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 Psychoanalytical Society, 14, Parsibagan Lane, Calcutta-9, India.

Cheques should be made payable to "Indian Psychoanalytical Society or Order."

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

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