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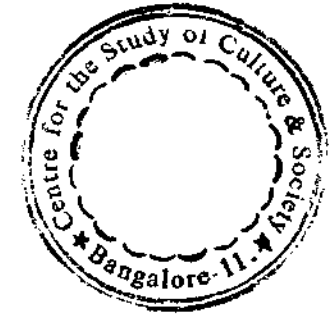

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MASCULINITY COMPLEX IN WOMEN

By C. Kottayarikil

Equality of sexes is the slogan of the day. Women all over the world are called to come out into the open and fight against all kinds of exploitations. As a result women have been able to get into male dominated professions like management, defense services and aviation.

Many people see such kinds of development as a sign of cultural progress. At the same time many other people see danger signals in the same process. The fight, it is said, is not only against anatomy, but all the more against destiny. There need not be any stereotypes by gender.

Unfortunate enough, women quite often develop a 'gender rivalry'. In the process they seem not only to deny their own identity in femininity, but even attempt to develop a kind of "masculinity complex."

Freud's Analysis

In 1932 Sigmund Freud[1] wrote :

"The discovery of her castration is a turning-point in the life of the girl. Three lines of development diverge from it ; one leads to sexual inhibition or to neurosis, the second to a modification of character in the sense of masculinity complex, and the third to normal femininity. We have learnt a good deal, though not everything about all three".

1, S. Freud, New Introductory Lectures on Psycho-Analysis, New York, 1933 p. 172.

The sexual inhibition happens in a girl as she is bound to give up her 'masculine life', which she has hitherto lived. She is wounded in her self-love by the unfavourable comparisan with the boy who, in her perception, is much better equipped. As a result she gives up the masturbatory satisfaction, but represses at the same time a good deal of her sexual impulses in general. Thus the so-called 'masculine-period' in a girl's life cycle undergoes radical changes.

"No doubt this turning away from her mother does not come to pass at one blow, for at first the girl looks on her castration as a personal misfortune, and only gradually extends it to other females, and eventually to her mother. Her love had as its object the phallic mother; with the discovery that the mother is castrated it becomes possible to drop her as a love-object, so that the incentives to hostility which have been so long accumulating, get the upper hand. This means, therefore, that as a result of the discovery of the absence of a penis, women are as much depreciated in the eyes of the girl as in the eyes of the boy, and later, perhaps, of the man."[2]

A possible defensive behaviour that may develop as a result of the inhibition of early sexual activity in a girl is the nuturing of sympathy for persons to whom she ascribes similar difficulties; it may enter into her motives for marriage, and may indeed determine her choice of a husband or lover.

The 'discovery' of castration is therefore crucial in the psychological development of every girl. According to Freud, the castration-complex prepares the way for the Oedipus complex in a girl instead of destroying it, as it happens in a boy.

"The girl remains in the Oedipus situation for an indefinite period, she only abandons it late in life, and then incompletely. The formation of the super-ego must suffer in these circumstances; it cannot attain the strength and independence which give it its cultural importance and feminists are not pleased if one points to the way in

2 Ibid q. 173

which this factor affects the development of the average feminine character",[3]

Thus the formation of the superego is less severe in a woman.

The Masclinnity Complex

In Freud's own words:

"We have mentioned, as the second possible reaction after the discovery of female castration, the development of a strong masculinity complex. What is meant by this is that the girl refuses, as it were, to accept the unpalatable fact, and, in an outburst of definance, exaggerates still further the masculinity which she has displayed hitherto. She clings to her clitoritic activities, and takes refuse in an identification either with the phallic mother, or with the father. What is the determinant which leads to this state of affairs? We can picture it as nothing other than a constitutional factor: the possession of a greater degree of activity, such as is usually characteristic of the male. The essential thing about the process is, after all, that at this point of development the onset of passivity, which makes possible the change over to femininity, is avoided. The most extreme achievement of this masculinity complex seems to occur when it influences the girl's object-choice in the direction of manifest homo-sexuality."[4]

Nevertheless female homosexuality is not a direct continuation of infantile masculinity. Even in cases of female homosexuality father becomes the love-object at least for a while.

Freud went a step further from here and made a general conclusion:

"Bearing in mind the early history of femininity, I will emphasise the fact that its development remains open to disturbance from the traces left behind by the previous masculine period. Regressions to fixations at these pre-oedipal phases occur very often; in many women we actually find a repeated alternation of periods in which either masculinity or femininity has obtained the upper hand. What we men call 'the enigma of woman' is probably based in part upon these signs of bi-sexuality in female life."[5]

3 Ibid p. 177
4. Ibid
5. Ibid p. 179

The motor force of sexual life, the libido is common to both masculinity and feminity. There is only one libido which is as much in the service of the male as of the female sexual function. However activity is equated with masculinity in the conventional analogy. In this connection Freud remarked that more violence is done to the libido when it is forced into service of the female functions. Nature-it seems, has paid less careful attention to the demands of the female functions than to those of masculinity.

The feminine psychology therefore is to a large extent dependent on the biological sexual functions, although social training has been instrumental in reinforcing the same :

"We attribute to women a greater amount of narcissism (and this influences their object-choice) so that for them to be loved is a stronger need than to love. Their vanity is partly a further effect of penis-envy, for they are driven to rate their physical charms more highly as a belated compensation for their original sexual inferiority. Modesty, which is regarded as a feminine characteristic par excellence but is far more a matter of convention than one would think was, in our opinion, originally designed to hide the deficiency in her genitals."[6]

In summary it may be said that the masculinity complex in a girl comes out at an early phase in her rebellion against her mother while the second part of a woman's life is taken up with a struggle against her husband. However the climax is reached when a son is born :

"That the old factor of lack of penis has not even yet forfeited its power is seen in the different reactions of the mother according to whether the child born is a son or a daughter. The only thing that brings a mother undiluted satisfaction is her relation to a son ; it is quite the most complete relationship between human beings, and the one that is the most free from ambivalence. The mother can transfer to her son all the ambition which she had to suppress in herself, and she can hope to get from him the satisfaction of all that has remained to her of her masculinity complex. Even a marriage is not firmly

6. Ibid p. 180-81

assured until the woman has succeeded in making her husband into her child and in acting the part of a mother towards him."[7]

At this juncture it is easily explainable how women who remain unmarried all through their life even out of personal choice, become rather power-addicted, when they are in authority.

Case Study : **Sr. Susanna**

Sr. Susanna came from Europe some 20 years ago as a Christian missionary. Right now she is the principal of a well established company school for boys and girls in a big city. The school houses about 2000 boys and girls from Kindergarton upto class XII along with 120 teachers, both male and female.

Sr. Susanna is "in-charge" of everything, highly conscious of her authority. Not only the school children and teachers but even the whole colony speak about and make fun of the sister's 'power-mania'. Every single decision has to be sanctioned by her. She has the privilege of beating up any child who deserves some punishment. Reportedly she uses abusive words in her conversation, when things seem to go against her will. Everyone — children, teachers, even other nuns—is affraid of her. She gets wild with the music teacher, when the school performs along with similar schools in common functions, like the Rupublic Day parade ; if some other school happens to be performing better than hers. She threatens to sack the sports teacher when the children return with a second prize in some competitive events and not the first prize. In this school every movement is controlled, every conversation is monitored.. .

Women Managers

A study on women managers conducted under the supervision of this writer highlighted the following points :

"One conclusion that can be drawn is that consciously or unconsciously there does occur a personality change in women over the course of their working life. The very fact that women are expected to "work like a man, and therefore treated like a man",

7 Ibid p 182—83

means that in her workplace, she has to relegate her femininity, to second place."

Another issue which arises out of this is the comment made by all of the women managers interviewed si that "I make a choice to work in industry and therefore I have to meet its demands". "The question is why should it be a choice? Does it mean that women finally end up making an either/or kind of choice".

"Is it the work environment which necessarily opens up women or is it a comment on societal change as a whole. In many cases the outward appearance of femininity might be there but inwardly there is a lot of aggression."

"The implication of the above are that women ever in very high positions seem to find shy of exercising their power openly but seem to adopt a contigency approach i.e. "if I have to resort to it to maintain my self-respect, I will do so".

A Typical Example

Mrs. Tanwar, age 35 is a senior officer in XYZ Co. She belongs to an upper-middle class family. She has one sister who is also working. She worked for 6 years in a managerial position before taking leave for further studies, she has 2 children.

She has been encouraged to express herself in many ways in her family. They have given her a free rein in decisions about education, work and marriage.

She does not describe herself as an achievement oriented person, but as someone who enjoyed what she did and therefore tried to do well.

She describes her work environment as a "nice place for women to work in i.e. may be less harsh and relatively less demanding than other kind of jobs. She is involved in training.

When questioned about the problems faced when entering into the organization, her comments were "I was given a professional treatment, neither was cosseted and protected because, I was a woman nor was discriminated against."

She describes her men superiors as being very supportive, her relations with her peers (all men) as friendly ... except for one men who she says was 'threatened', she never had a need to prove anything merely because she was a woman. Describing her professional

life she says "I am treated like a man, and I have to work like one".

While handling subordinates, she has to maintain the proper respect and dignity. She says it is difficult to get work done from them, but you build credibility with them over a period of time. She says "I have to be sometimes aggressive, mostly not because I am a woman, but because anybody would, if they felt they were being taken for a ride."

In describing the organizations' attitude towards women employers, she says that at senior levels, promotions etc. may not be forthcoming readily.

Conclusion

Sigmund Freud wrote about the masculinity complex in women some 60 years ago. He saw primarily a constitutional reason for the same. Environmental factors too played an important role in reinforcing the said complex in women all through generations.

By becoming aware of this phenomenon and its inner dynamism, women, especially engaged in different professions can probably fight against it.

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PSYCHO-ANALYSIS AND SCIENCE*

S. FORBES

In the brief time given I can only offer an outline of my subject today and hope it leads to further thought. I would like to investigate not only psycho-analysis but science itself. Since science is a human activity any investigation of the human mind brings science and scientific thinking itself into scrutiny. Let us take a closer look at this.

We shall first take a look at what science means to us. Science thinking does not differ in its nature from the normal activity of thought, which all of us use in looking after our everyday affairs in ordinary life. However, it has developed certain very important features : it examines more strictly the trustworthiness of the sense-perceptions on which it bases its conclusion ; it provides itself with new perceptions which cannot be obtained by everyday means and it isolates the findings of these new experiences in experiments which are deliberately varied. Its endeavour is to arrive at correspondence with reality—that is to say, with what exists outside us and independently of us. This correspondence with the real external world we call thruth, and this remains the aim of all scientific work.

It now dawns on us that scientific thinking is a special kind of thinking and that it contains a certain amount of discipline especially to make sure that human wishes and disappointments do not intrude to contaminate this particular form of thinking.

* Read to the Bombay Psychiatric Society which conducted a debate on 'Is Psycho-analysis a science. June 1989.

Why do we have to be so careful about protecting science and scientific thinking ? Which is after all supposed to be the reason for our meeting here today. What are the forces which oppose science and against which science has to be extremely vigilant. forces which are against rational thought and scientific truth ?

Let us first take a historical view of mankinds relationship to science. Within the span of human evolution science has been quite a recent development in human activity. The last 300 years and especially this century has brought a tremendous wealth of new discoveries. And if you go farther back to the beginnings of exact science two thousand or so years ago, you will still have covered only a fraction of the length of time for the evolution of man from an ape-like form which certainly comprises more than a hundred thousand years.

And yet this great human activity has been desperately resisted by humans themselves. In his "Introduction to the Study of Experimental Medicine" Claude Bernard wrote that "an idea must always remain independent. It must not be chained by scientific beliefs any more than by those that are philosophical or religious." Such freedom, however, was always hard to attain. In any culture certain thoughts or ideas are unacceptable. Copernicus's and Gallileo's work met with emotional resistance. It was unthinkable that the earth should be anything but the center of the universe, with stars revolving around it. Darwin's work was equally inadmissible. However well-documented was the evidence, their discoveries were resisted because they conflicted basically with the accepted view of the place of God and man in the Universe.

Before Freud, it was unthinkable that children, had sexual wishes, fantasies, and activities. Even though, as was not the case with astronomy or biology, much of the evidence was at hand, both from observation and self observation. Before Freud, it was unthinkable that human beings regularly held not only incestuous but cruel wishes and death wishes against their nearest and dearest and that they invariably harbored death wishes against their parents. To make such unthinkable thoughts thinkable, it takes a genius and a hero of the stamp of Copernicus, Darwin, or Freud—someone of his time and yet stepping sufficiently outside what is thinkable in his time, to formulate hypotheses previously unthinkable.

But what was it that made humans resist knowledge, and new scientific discoveries, if it was outside already established scientific traditions, and especially at times to demonstrate a sheer hatred for such search for knowledge and truth ? Since psycho-analysis claims to be an investigative method into the human mind let us see what its findings are in this regard.

We now come across something very startling. That this issue of hatred against knowledge and truth is one of the fundamental issues in psycho-analysis and, as it discovered, in all individual mental processes. Freud did not set out to revolutionize culture, he set out to treat patients. Recognizing that the pathology hinged on the conversion into symptoms of thoughts which were not allowed into consciousness, he set about to free his individual patient's thoughts from inner resistances and prohibitions.

What is the origin of such inhibitions of thought ? Most immediately evident is the fear of the superego. In the same way in which the fear of an external authority can make us afraid to speak, the fear of an internal authority can make us afraid to think. The superego, according to Freud, is the internalized parental figure, carrying the parental prohibitions, which becomes a structure in our unconscious mind. But while the external authority can forbid only actions, including speech, this internal authority can forbid thought. The prohibition may be directed not only at certain thoughts, say hostile thoughts directed against the parents and siblings, it may also be against searching for knowledge and thought itself. The myth of the Garden of Eden lends itself to this interpretation : eating from the tree of knowledge is the first sin and leads to a fall from grace. The superego becomes a god who cannot tolerate enlightenment.

The superego is, however, a complex structure. It is more than the sum total of parental prohibitions and its savagery goes far beyond that of most parents. In his later works Freud expressed the view that the superego is not only an internalization of parental prohibitions but is also and mainly a result of the projection into those parental figures of some of one's own impulses and phantasies. The demand of the superego to be treated as a god, never exposed to critical thought, is rooted in the child's own needs for such a perfect parent.

The prohibition against thoughts, which seems to emanate from the superego, is also in part a projection of the infantile self's own antagonism to thought. If we eat from the tree of knowledge we exile ourselves from paradise. Copernicus and Darwin dealt great blows to human vanity. It was not only the superego vested in religion and authority that protested against their discoveries but also human vanity and egocentricity. Man does not like losing his special and august place in the universe as God's elect. In reference to this Freud states : "But human megalomania will have suffered its third and most wounding blow from the psychological research of the present time, which seeks to prove to the ego that it is not even master in its own house." And the third blow is of a more personal nature. It is easier to accept Freud's theories in general than to accept the knowledge of one's self individually and specifically.

Turning now to the investigating of psycho-analysis as a science we have to pay careful attention to the very special difficulties in such an undertaking. We have to remember that every science is based on observations and experience arrived at by humans through their perceptual apparatus. However, in psycho-analysis the perceptual apparatus itself is under investigation. Here we have the unique situation of humans observing other humans and being asked to give evidence of their findings.

I have already spoken to you about the obstacles that humans place in the search for truth and thinking itself. It has been difficult enough for the physical sciences to keep strict discipline in cool and objective thinking. But when the subject of scientific scrutiny is the human individual himself cool and objective thinking goes out of the window We know that even the man in the street, or any other person who has not had the slightest experience or training of working with people at some depth, will give his own theories of how the mind works without feeling the slightest embarassment. I'm sure you'll agree that this does not happen to that extent with the physical sciences where the man in the street would be very hesitant before he says he's got his own theories about splitting the atom. After all since what was conscious in humans was accepted as all that there was anyone could say anything about human behaviour. But there were breaks in this behaviour which were inexplicable so that more

serious observers felt that there were organic factors responsible for such irrational outbursts.

And then along comes psycho-analysis and tells us that it has discovered that, a large part of the human mind is in fact unconscious, that it is unknown. And that only by careful, patient and strictly disciplined observation can certain areas become conscious. Theories were built from clinical observation, some of the hypotheses were dropped because they did not fit in with further clinical experience. Finally a stucture of the mind was arrived at which was known to follow certain laws. The analyst was supposed to be as neutral an observer as possible, holding a mirror, as it were, in front of the patient, to reflect back his communications in a more understandable form. The analyst's own analysis was considered the most important part of his training so that his own disturbances did not contaminate the material observed. At first from the analysis of adults the reconstruction of the human mind in infancy and childhood took place. Later, when children were analysed this reconstruction was fully substantiated and further discoveries were made.

The difficulties then became apparent of giving evidence of these findings to the outside world. Direct and detailed observational studies of infants and children did show that there was at least much more activity and intelligence than was previously thought. And that environmental factors affected children deeply. Children were studied under deprived conditions, the effects of the blitz in Britain on children was extensively researched by the Hampstead Clinic and psycho-analytic findings on defence mechanisms against anxiety were further substantiated. Psycho-analytic insights were also useful in other areas, from education to child guidance, to literature, art, social research, and various other fields. It also motivated psychiatry to give great importance to child psychiatry which was virtually non-existent before this period.

Psycho-analysis now has a general acceptance. That it will never be popular should not concern us here. After all it deals with mental pain—jealousy, frustration, dissapointment, envy, loneliness, hatred, love, etc. Universal phenomena which we all try to avoid at some time or another, if excessively avoided it leads to illness.

In Britain psycho-analytic therapy is offered free to children

under the National Health Service and at present its usefulness is such that even Mrs Thatcher's cuts have not touched this service. Recently there is a drive to obtain private funding to offer it to adults as well. Also under the National Health Service guidelines and regulations no therapist can treat children unless he has had a proper analysis himself.

Psycho-analysis had been resisted by authoritarian regimes, but lately a few of the communist countries have begun showing an interest in starting analytic training centres in their countries, interestingly after Gorbachev's a glasnost. This is at present being explored by the International Psycho-analytic Association. Hungary already has provisional society status; Yugoslavia and Czekoslovakya already have shown a desire for study group status. Moscow has recently sent out feelers for the same. South Korea since its recent flexibility from dictatorship has also had a group of psychiatrists advertising worldwide for a training analyst to come to their country to train them.

And yet one must not minimise the difficulties that psycho-analysis faces in giving scientific evidence of its findings and especially about its effectiveness in therapy. I do feel that psycho-analysis does show the way in the right direction and that it is the most effective therapy of emotional disorders. As it should be considering the time and laborious efforts involved. But giving evidence of that effectiveness is a problem.

Psycho-analytic observations can only be spoken of through human language—but analytic findings themselves show that language itself can be used for deception and lies. Indeed, one of the earliest achievements of articulate speech is just that; how to make a fool of other people—which often involves making a fool of oneself as well. The moment an experience is spoken about it is no longer an experience. If I talk to you about my clinical work it is about that work, it cannot be shown as it is experienced. At the most other analysts who have had similar experiences will know what I am talking about, but even they will not know what my actual experiences are. And yet science is observation through experience, how do I bring that in here? I cannot catch the experience in a test tube and bring it here. After all anxiety cannot be seen, heard, or tested. It can only be felt as an experience. If I talk

about anxiety of a patient here it is just that talk ; Very different from the experience of it. And as I said human language is full of peception, how much of it is used for enlightenment is a serious question.

Both psycho-analysis and science will one day have to take this difficulty very seriously and come to some conclusion. In no sphere of science has this problem so far arisen. How to give evidence of fundamental truth? And yet it exists. Like knowing why one painting is good and another not. And yet what is the distinction? A person can learn all about how to paint but that does'nt mean he's an artist. A person can read all the books on medecine but that does'nt mean he's a doctor. Humans have this ability to show that they're just like an artist, or just like a doctor, or just like an analyst. But to actually be one is linked to the fundamental truth. The question is how does one measure it? The fundamental problem, is how soon can human beings reconcile themselves to the fact that the truth matters? We can believe whatever we please, but that doesn't mean that the universe is going to suit itself to our particular beliefs or our particular capacities. It is we who have to do something about that ; we have to alter to a point where we can comprehend the universe in which we live.

In concluding I would like to say that all analysts should always be dissatisfied with psycho-analysis—there should never be the satisfaction of feeling we have the knowledge. But we all hate the upheaval of revising our views—it is so disturbing to think that we might change in such a way as to feel compelled to change our ideas, our environment, or usual way of living. Thus the pressure to say thus far and no further sets up a resistance to learning. Finally I would emphasise that theories should be left outside the door of every analysis ; if real life experiences do not enter an analysis it is a waste of time and not worth the effort.

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RELEVANCE OF PSYCHO-DYNAMICS IN MODERN PSYCHIATRY

SARADINDU BANERJI

Psychiatry is a branch of medical science intended for treating mental illness. It is a young science indeed. Though young in age, yet it is a very important branch of medicine full of promises.

Psychiatry is a growing science. In the last forty years it has extended its scope profoundly. By its research work, it has discovered medicines which may be called wonder drugs. In fact, psychotic withdrawal, depression or hysteric fits and phobic anxiety were not managable by any effective drug in its early days. However, it can now look upon psychosis and psycho-neurosis with confidence. Varieties of medicines are available now for the purpose of management of grave psychological disturbances.

But as all is said, yet one thing remains to be said. It is this, that though psychiatry is considered to be a growing science, yet it has not yet acquired its scientific stature. By this I mean that a science first of all, seeks explanation of facts, it seeks to know the facts more than doing anything to it. This scientific explanation is, after all, searching out cause of the facts. Discovery of cause is essential for any science. When a cause is discovered, the fact is explained.

Unfortunately, paychiatry is lagging behind in this respect. It has not yet been able for psychiatry to develop either a biodynamics or a neurodynamics for the explanation of varieties of mental illness it treats with drug. It does not know the location of the disease, or the exact brain centre where a drug acts and removes a symptom. But the necessity of dynamics of mental illness was urgently felt even

in the early days of psychiatry. For this purpose krapelin began work and explained dementia praecox (modern schizophrenia) by the concept of demented brain condition. Others followed him. But nothing tangible came out of such effort.

Freud had always been deeply concerned with the aetiological issue : both in general sense, of the cause of the neurosis as such, and in the specific sense, cause of this neurosis rather than that. If, at different stages in his career, Freud weighed differently the explanatory, against the therapeutic claims of psycho-analysis, he never believed that the problem of cure could be solved without a solution to the problem of cause.

Freud as a neurologist and psychiatrist initially searched for causes of mental illness in neurological field. But he was not successful in this endeavour. At last, he entered the field of psychology in search of a cause of mental illness. His education under Charcot and collaboration with Joseph Breur finally enabled him to discover unconscious mind as the source of mental illness and devise cathartic hypnotic method for treating hysteria. Breur and Freud observed that patients under hypnosis could remember forgotten events intimately related to their symptoms. These memories recalled under hypnosis were accompanied by outbursts of emotion and were usually followed by a disappearance of the symptoms. Freud and Breur called this process of emotional abreaction under hypnosis "catharsis" and their method "cathartic hypnosis". Historically the greatest significance of this discovery was that it demonstrated the existence of unconscious mental processes. Much of Freud's early work consisted in the demonstration of unconscious mental processes and their dynamic influence upon conscious mental activity and pathogenic behaviour. Repression is the means by which the disturbing influence of unadjusted tendencies is excluded from consciousness and becomes unconscious Mental disturbances such as psycho-neuroses and psychoses, can be understood as intensive and overt manifestations of the unadjusted unconscious attitudes of the personality.

However, Freud never gave up hope for the discovery of biodynamics or physiodynamics of mental disturbances. In his last monograph, An outline of Psycho-Analysis (published in 1940) he goes to the extent of saying : "The future may teach us how to exercise a

direct influence by means of particular chemical substances upon the amounts of energy and their distribution in the apparatus of mind". (p. 48).

Any way, the discovery of unconscious brought closer psychology and biology. Thinking was considered no longer as activity of the spirit. Thinking is one of the functions of the biological system, one means of orientation in the external world. Psycho-analytic psychology becomes a mechanical, or better, a dynamic science and describes the functions of the mind as mechanisms or dynamisms.

The mental apparatus is a play of urging and opposing forces. All mental phenomena—begining from thinking to dreaming—are results of the interaction and counteraction of forces. Thus appears psycho-dynamics.

A dynamic explanation is also a genetic one, since it examines not only a phenomenon as such but the forces that brought it about as well. Psycho-analysis examines the phenomena in terms of processes of development, of progresion or regression.

Psycho-economics :

When tendencies to discharge and tendencies to inhibit are equally strong there is externally no evidence of activity, but energy is consumed in an internal hidden struggle. Clinically, this is manifested by the fact that individuals subject to such conflicts show fatigue and exhaustion without doing perceptible work ; with this we find ourselves in the field that Freud has called "psycho-economics." The concept of a quantity of mental energy is representative of economics of mind.

Actually, neuroses and other mental disorders are simply forms of unsatisfactory or inappropriate dischange which occur when the individual has been unable to achieve a working balance between his instinct and his social environment.

Dynamics of Neurosis

The central dynamic factor in neurosis is repression and those defence measures by which the ego attempts to keep all unacceptable impulses out of its territory. According to Dr. L. S. Kubie, neurosis occurs due to conflict between an impulse and impulses and the interconnected rest of the personality—the ego and super-ego. In such a

situation the conflict is not solved in favour of one or the other side, but is shelved in the unconscious through a process called *repression* and debarred from directly coming into consciousness by a process known as *resistance*.

The repression, however, is unsuccessful i.e., has succeeded only in expelling the impulse from consciousness but not in rendering it innocuous, and that the repressed impulse has found its way back to conscious manifestations in the form of symptoms. The symptom, schematically stated is: conflict —> attempt at repression —> unsuccessful repression —> return of the repressed in symptomatic form.

Neurotic symptom is called a "compromise". A compromise formation, results when unconscious expresses both the drive derivative and the ego's reaction of defence and of fear or guilt to the danger which is represented by the partial break-through of the drives. Such a compromise formation is called a 'symptom' and, as Freud pointed out many years ago (1914-17), it is highly analogous to a manifest dream pattern.

To illustrate the above contention let us take the case of a young man with a pathological fear of cancer. Here the infantile conflict was an Oedipal one, while the precipitating factor was the patient's successful completion of profession school and the early prospect of marriage,both of which meant to him unconsciously,—the gratification of dangerous, oedipal fantasies. The patient's symptom expressed the unconscius oedipal fantasy of being a woman and being loved and impregnated by his father. The part of his symptom, symbolized the fantasy of being castrated and hence female, while the idea that something was growing inside his body, which formed the remainder of his symptom expressed the fantasy that he had been impregnated and that a baby was growing inside him —cancerous growth within ! At the same time, of course, the ego's reaction to these unconscious wishes produced the repression of the infantile content of fantasy, since the patient was quite unconscious of any desire to be woman or to have a baby by his father, and was responsible for the fear which accompanied the symptom itself.

The psycho-analytic therapy consists very simply, in bringing the unconscious conflicts into consciousness, when a real solution rather than a neurotic psendo-solution can be worked out.

Dynamics in individual neurosis and psychoses.

In this section we shall discuss the psycho-dynamics of hysteria and schizophrenia as illustrations.

Hysteria has two broad categories—conversion hysteria and anxiety hysteria. We begin with the former.

Conversion symptoms are characterised by a sudden overwhelming of ego's mastery of motility and by involuntary physical discharge syndromes. The syndromes of conversion symptoms are unique in every individual, and analysis shows where they originate ; they are historically determined by repressed experiences in the individual's past.

Freud's statement that the oedipus complex is the nuclear complex of the neuroses is particularly valid in hysteria. which remains on the level of the phallic phase of sexual development.

Hysteric individuals have either never overcome their early object choice or else were so fixated on it that after a disappointment in later life they, *again returned* to it. Because all sexuality thereby come to represent to them the infantile incestuous love,the urge to repress the oedipus complex automatically repressed all sexual cravings.

The compromise character of the symptoms, which express the repressed forces as well as the repressing ones, and the dynamic relationship between instincts and counterinstinctual forces are especially demonstrable in conversion.

Phenomenologically, conversion symptoms are chronic innervetions of the voluntary muscles and sense organs motivated by unconscious, alien impulses. The term 'conversion' was invented by Freud to indicate that a physical symptom replaces an emotionally charged idea and can be considered as a dynamic equivalent to it. Hysterical conversion is an inadequate substitute for the repressed tendency, which could be relieved only by action. Repression inhibits action, and since the tension caused by the unconscious tendency cannot be relieved, it becomes a chronic innervation.

The classical example of a conversion symptom is the great hysterical attack described by Charcot. During the attack the patient is unconscious and undergoes convulsive movements of the whole body, which indicate a great amount of passion. The movements are suggestive of the sexual act and express repressed desires for intercourse which are rejected by the conscious mind.

In distinction to these periodic acute conversion attacks, the most common hysterical symptoms are chronic, such as paralyses, contractures of the limbs, anesthesias, paresthesias, and hyperesthesias occurring in the different sense organs.

Hysterical blindness or deafness is much less frequent. Yet they are there. Hysterical disturbance of vision was interpreted by Freud, thus: "I can not see means", "I do not want to see". It indicates a repressed impulse to look (and to exhibit). From a punitive standpoint it says: "Because you wish to see something forbidden, you shall not see at all".

Hysterical motor paralysis is a defence against action, namely, against an objectionable infantile sexual action. (Such as oedipal masturbatory act). Hysterical paralysis is usually accompanied by an increase of tonus; this represents both an insurance against the objectionable sexual action and / or distorted substitute for it. Hysterical "masturbatory equivalents" often assume this guise.

The hysterical contracture of a leg may express unconscious castration wishes, the contracted limb symbolizing the breaking off of an erect penis. In a case reported by Franz Alexander, the contracture of the leg of a young hysterical girl appeared as a defense against sexual attack. (Alexander, P. 248).

The most common hysterical conversion symptoms were called *stigmata*—such as the disappearance of the pharyngeal reflex and strange sensations of a foreign body in the throat (globus hystericus). Analysis reveals that this foreign body symbolizes a child. This symptom represents infantile wish of oral pregnancy and rejection against it. I do not know whether this mechanism serves as a precipitating factor in inducing throat cancer. But I have come across stigmata patients suffering from apprehension of throat cancer—the apprehension of the alien body being a cancerous growth.

The hysterical conversion symptom often serves as a substitute for a co-ordinated act and expresses only a part of the total act. The wish to be embraced may be expressed, as in the case of Freud's Dora, by a *pain in the chest*, representing the pressure of embracing arms which she had experienced in the past. Such chest pains though not dangerous by themselves yet they are serving as occasions of anxiety in such patients lest they are in the grip of cardiac attack. I again do not know whether such anxiety may not serve as precipitating factor in cardiac malfunction.

The voluntary portion of such vegetative function as eating may be the content of hysterical conversion, as in hysterical vomiting. This often expresses the denial of some sexual desire—usually oral impregnation. But, as Alexander says, the unconscious significance of hysterical vomiting, however, is not always as specific as this. The infantile expression of the wish for something is to put it in mouth. Hysterical vomiting may be the rejection of any alien desire and an expression of disgust.

The study of emotional component in diseases of the vegetative organs has proved to be of great significance. It introduced a new era of "Psychosomatic medicine" discussed in detail by Franz Alexander. Dyspeptic symptoms may be of the psychosomatic origin.

Dynamics of Schizophrenia.

The formulation of dynamics in scizophrenia is neither adequate nor complete. For diversity of schizophrenic phenomena makes a comprehensive orientation very difficult. Yet there is no dearth of effort in formulating its dynamic.

Freud succeeded in bringing schizophrenic mechanisms into consonance with his theory of neurotic symptom formation by grouping all the phenomena around the basic concept of *regression*.

In different cases, the regression may have different causes and a different range, but it always has the same great depth. It reaches back to much earlier times than does any repression in psycho-neuroses, specifically, to the time when the ego first came into being—that is, the narcissistic stage. The infant starts out in a state of "primary narcissism" in which the systems of mental apparatus are not yet differentiated from each other, and in which no objects exist, as yet. An ego exists in so far as it is differentiated from objects that are not ego. Therefore, as Fenichel points out, the following formula means one and the same thing, only varying in point of view: the schizophrenic has regressed to narcissism; the schizophrenic has lost his objects, the schizophrenic has parted with reality; the schizophrenic's ego has broken down (p. 415).

Some schizophrenic symptoms are direct expressions of a regressive breakdown of the ego and an undoing of differentiations

acquired through mental development (a primitivization), other symptoms represent various attempts at *restitution*. The first category of symptoms embraces phenomena such as fantasies of world destruction, depersonalization, delusions of grandeur, archaic ways of thinking and speaking, hebephrenic and certain catatonic symptoms. The second category embraces hallucinations, delusions, most of the schizophrenic social and speech peculiarities (neologism) and other catatonic symptoms.

The contribution of psycho-analysis to this group of disease is more explanatory than therapeutic.

Relevance of Psycho Dynamics in modern Psychiatry

We now arrive at the moot point, namely, relevanac of dynamics in modern psychiatry. It may be said that the relevance of the knowledge of psycho-dynamics in its several facets in modern psychiatry is obvious. Modern psychiatry distinguishes itself from traditional psychiatry in its dynamic approach. Traditional psychiatry due to lack of advanced knowledge restricted itself to the recording of symptoms and treating the symptoms. But these symptoms are epiphenomenon or by-products of basic neurotic conflict which operates unhindered in the deep unconscious level of the psyche. Unless this conflict and its ramifications are tackled, the neurosis continues in a subdued form after the removal of symptoms by administration of drug. This residue of the illness can be approached only by the help of psycho-analytic knowledge of unconscious functioning, conflict, forces involved in conflict, its origin in infancy, development of personality, defence mechanisms etc.

Modern psychiatry which claims to be "dynamic" is gradually arming itself with such necessary analytic knowledge and making earnest effort to apply them in therapeutic, procedure.

Sandor Rado, clinical Professor of Psychiatry observes :

"..... no psychiatric training can be accepted to day as adequate unless it is based on courses in psychodynamic mechanisms of healthy and disordered behaviour, and on the elementary adaptational techniques of psycho-analytic therapy" (p. 245).

Dr. Norman Reider, chief of Psychiatric Division, Mount Zion Hospital. San Francisco ; observes :

"There cannot be any doubt in this day and age in anyone's

mind how necessary it is for every Psychiatrist to understand psycho-dynamics, the principle of ego development, libido theory, some facets of the theory of analytic treatment and how to utilize psychoanalytic principles in psychiatry". (249).

Dr. Kenneth E. Appel, Prof. and Head of the Deptt. of Psychiatry, University of Pennsylvania remarks : "While personal analysis is most desirable for most psychiatrists, it is not necessary for all. However, theoretical and practical instruction in (a) psychodynamics, (b) ego development. (c) instinctual development and (d) the theory of psycho-analytic temperament is necessary for all psychiatrists for comprehensive thinking in psychiatry today.. .....

Psychodynamics (a) has become such a part of standard psychiatry that it has almost lost its psychoanalytic origin" (p. 204)'

In fact, if psychiatric illness is acknowledged as not like local infection or lesion but as malfunctioning of total personality then one can not ignore psycho-dynamics. Treatment of this illness is not simply symptom chasing; it is a question of helping adjustment — intrapsychic and interpersonel. Mental health in ultimate analysis, can be considered as a measure of adaptation. It is social adaptation, occupational adaptation, sexual adaptation, as well as, moral adaptation.

This problem of adaptation is not solved merely by removal of symptom. Removal of symptom has its own value. Such removal of symptom gives much relief to the patient and provides scope for looking at reality. Yet such a symptom freed person may be incapable of adjustment with reality. He may lack in confidence to take up the challenge of reality. Moreover, he may feel no security against future relapse of the ailment. To this lack of the security sense may be added fatiguge and exhaustion which may stand in the way of occupational rehabilitation. This is due to the fact that the ego is still weak due to continuing internal conflict, as well as, guilt feeling, castration fear etc. They continue in the unconscious even after the removal of manifest symptoms. The neurotic symptom, infact, has a pyramidal structure. It has a base, as well as, an apex. At the apex, are manifest symptoms and at the base, is the basic conflict enduring from childhood. In between the two are operative defence mechanisms generating subtle symptoms. After the removal of manifest symptoms, the eradication of the basic conflict as well as,

intermediate defence structures is essential for restoration of mental health of the patient. Besides, the fatigue, exhaustion, lack of confidence etc. are due to uneconomic consumption of psychic energy involved in pathological conflict. Much energy is consumped in an internal hidden struggle. Clinically this is manifested by the fact that the individuals subject to such conflicts show fatigue and exhaustion without doing perceptible work. Hence after removal of symptom, by a follow-up therapy this prime conflict is to be dissolved. This must be done if we are to effect a permanent riddance of symptoms.

This requires that the psychiatrist by a modified analytic approach makes the patient understand the origin and basis of symptoms : how they are linked up with his life experiences, especially fixations and childhood formations and emotional inhibitions. For therapeutic reason, after the drug treatment, fellow-up therapy on a conscious level should be continued by working through the patient's emotional, sexual and social conflicts. In all such endeavours, dynamics has to be reckoned and utilised.

There is a second aspect of psycho-dynamics, and it is interpersonal dynamics. It operates in the process of therapy. Every therapy is a two person affair. The physician and patient are involved in this dynamic. It operates as soon as the treatment begins. It operates to some extent in other medical treatments, which help a lot in the recovery of the patient unknown to the physician. In any treatment, the patient is emotionally dependent on the physician and seeks his support. If the patient can feel that he is getting the required support, his recovery hastens up even in case of treatment of bodily disease.

However, this emotional support is especially sought for by psychiatric patients. As Sandor Lorand points out, "The only branch of medicine in which the patient expects a complete cure and holds the physician responsible for it, is psychiatry. This occurs because the neurosis originates —in emotional conflict and it is the emotional attachments of the patient which are employed in the treatment. The patient comes for psychotherapy usually after he has exhausted all other medical approaches, and he then clings to the hopes held out by the physician as if to a last straw".

This emotional dependence of the neurotic patient may be utilised by the therapist as a tool for recovery from illness. Emotional support may be provided by the physician by his sympathetic behaviour, encouragement and exhortation. This humane treatment of psychiatric patient is conducive to his restoration of lack of confidence and alleviation of guilt-feeling and consequent self-punishment by gradual modification of oppressive super-ego by the help of an alternative benevolent father image represented in the person of the caring and considerate psychiatrist.

In this way the doctor-patient interpersonal dynamics too is very very relevant in the management of mental disturbance, which every psychiatrist aims at.

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