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DRUG DEPENDANTS AND THEIR FAMILY : A DYNAMIC STUDY

T. K. CHATTERJEE & A. SARKAR

History shows that men and women have used chemicals throughout the ages to alter bodily and psychological sensations. Opium, the dried juice of the poppy, *Papaver somniferum*, and other drugs have been used for perhaps as many as 8,000 years (H. E. Adams & P. P. Sutker, 1984). Hess (1971) had traced the history and definitions of opiate use from the time of the Sumerians to the present. The famous Greek Physician Hippocrates (400 B.C.) used opiates for medical purpose. Galen (130-201 A. D.), a physician, mentioned the use of it to resist headache, deafness, epilepsy, jaundice, hardness of spleen and many other conditions. In 1700, John Jones, an English Pharmacist, first recognized the unpleasant symptoms that occur when chronic users of opium, try to discontinue its use. For the next 250 years, while medical authorities concerned themselves with the proper role of opium, the use of opium and other drugs, for non-medical purposes was gaining in popularity.

Previous terminology 'Drug Addiction' (chiefly meaning physical dependence) was replaced by W.H.O. expert committee (1964) into a more inclusive term 'Drug Dependence' (Tredgold & Wolf, 1975). It has been defined by W.H.O. as "a state arising from repeated administration of a drug on a periodic or continuous basis".

Over the last thirty years however, there has occurred a dramatic increase in the misuse of drugs. In 1971, most of the American soldiers in Vietnam were reported to be using heroin heavily (Adams & Sutker, 1984). Kandel, Single and Kessler (1976) estimated that 90% of all high school students have used a form

of psychoactive drugs. Presently one out of every six-teen agers in America, has a severe addictive drug (narcotics, barbiturates, amphetamines etc.) problem (Stanton & Todd, 1982). The abuse rate is not only increasing in the western countries, but the scene is equally depressive in our country, India.

A recent survey by the Department of Applied Psychology, Calcutta University revealed that in West Bengal 1,92,000 are drug dependants (Prof. J. Mandal—"A Survey on the Incidence of Drug Addiction in the Rural and Urban Areas of West Bengal with Reference to Demographic Variable"—Dept. of Applied Psychology, University of Calcutta, 1989).

Traditional psychoanalysis explains drug abuse as erotic gratification and inadequate psychosexual development, pathological ego functioning and maladaptive coping style which are predisposing to achieving gratification in this manner. Some have hypothesised that addicts are fixated at pre-psychotic levels of thinking and behaviours and that drugs served homostatic functions and prevented further psychic repression (Fenichel, 1945; Glover, 1956).

The addicts can be termed as impulsives. Cleptomaniacs steal more and more as just stealing is becoming insufficient to give relief. They can be called as theft addicts.

The word addiction hints at the urgency of the need and final insufficiency of all attempts to satisfy it.

The drug addiction differs from the non-drug addiction in the chemical effect of drug.

Drugs used by addicts are either sedative stimulating ones. There are many occasions in human life in which longing for these effects may be very legitimate. If a person in such a situation uses drugs, and stops to use them when he is out of the situation he is not called an addict.

One may use drug to get relief from pains as a protective measure.

An addict in contradiction, is a person to whom the effect of drug has a subtle, imperative significance. Initially the patient might have sought nothing but consolation; but he comes to use (or try to use) the effect of the drug for the satisfaction of another inner need. The person becomes dependent on this effect, and this dependence eventually becomes so overwhelming as to nullify all other interests.

Thus, it may be said, that, problem of addiction reduces itself to the question of the nature of the specific gratification which the persons of this type receive or try to receive from their chemical induced sedation or stimulation: and the conditions that determine the origin of the wish for such a gratification.

Drug abuse does not occur in an isolated situation. It is difficult to determine which factor—ecological, sociological or psychological—is the primary cause of the drug abuse. Studies show that familial dysfunction and experience of not living with cohesive family are involved in most of the cases (Kanfman & Kanfman 1979, Chein et al 1964, Klagsbrun & Devis 1977).

Family training in the early days of toilet training period and later leads to pathological ego functioning and inadequate psychosexual development.

A research carried by Luiz Miller De Paiva (1970) on psycho-analytical studies on causes of addiction revealed that parents feel their parents to be aggressive and indifferent, otherwise unaffectionate. According to Rosenfield (1962) mother is an immature person who vacillates between possessiveness and frank rejection and the father is a remote detached figure. The male offspring does not receive validation of himself as an individual and as a man in this family.

Tenant, Wetels and Clark (1975) examined patterns of family interaction, methods of parenting and substance abuse. They found that unsatisfactory intrafamilial relationships and poor child-rearing practices were frequently associated with personalities susceptible to drug and alcohol abuse.

Baer and Corrado (1974) found that poor parental-child relationships were a factor in inducing adolescents to withdraw through the use of drugs. Further research in the area of parent-child relationships indicated that a poor father image is usually a precursor to drug abuse (Frankel, Behling, and Dix, 1975). The poly-drug abuser typically lacks a proper masculine model, according to Woormser (1972). He stated that this coupled with the availability of drugs, induces a participation in a subculture which is perceived as less frustrating and, in most cases, more supportive than that of the family. Individuals often experience failures in his situation and

attempts to escape that situation through substance abuse (Kaufman and Kaufman 1979).

Brook, Szondorowska and Whiteland (1976) stated that more often than not, home-environments of drug abusers represented high risk situations, predisposing the development of social, emotional, and behavioural problems. Most users were searching for ways to escape from family situations prior to their involvement with drugs. They suggested that majority of the individuals tested / used drugs in lieu of other coping behaviour. Kandel, Sengle and Kessler (1976) concluded that serious adolescent drug abuse is primarily a familial phenomenon : And peer groups have little or no influence upon the individual's drug usage, providing that a strong satisfactory level of family functioning exists (Blum et al, 1972).

It is suggested that the transition from childhood to adulthood is the most critical period in human development and that it is often a difficult, painful and confusing process (Manatt, 1979). It is also felt that adults have the responsibility to provide a healthful environment ; and it is revealed that drug abuses have poor family environment ; (Resor 1958 ; Wolk & Diskind, 1961 ; Roeluck, 1970).

Family environment is an important factor in influencing the individual, who later becomes drug addict. Indian family structure is changing i.e. from joint set up to neucleous set up. The breakdown of joint (extended) family system might have precipitated the helplessness of the individual, who later becomes victim of drug abuse, the system could have otherwise met the depending need (in a non-pathological manner/).

In a joint family system people use to live together under the same roof, and individual income is considered as family incomes ; irrespective of individual income everyone in the family is provided with same facilities. Even a not-very-effective individual member is assured of his basic necessities. If any member of the family is incapable, he is to be looked after by others, though a healthy competition also prevails. In a neuclear family parents are worried about the future and the accomplishment of their children. The children, irrespective of their ability, are continuously demanded by their parents to achieve more. And the failures bring only frustration. The picture would have been otherwise if the individual is assured of minimum necessities and appreciated for minimum achievement.

Besides family environment, another major factor which is hailed responsible for drug abuse is the personality and psychopathology of the abusers. Classical psychoanalysis equated opiate intoxication to erotic gratification and agreed that inadequate psychosexual development, pathological ego functioning and maladaptive coping styles are predisposing to achieving gratification in this manner). Psychoanalysts, for a long time have tended to equate opiate use with unfulfilled or pathological drive states related to sex and aggression, inability to cope with pervasive negative emotions like depression and anxiety, basic ego and super-ego deficiencies and general immaturity or childhood fixations. Study also reveal that "addicted individual is a troubled individual" and the distinguishing features of him are "his psychopathic traits, his depression tension, insecurity and feeling of inadequacy and difficulty in forming warm and lasting interpersonal relationships" (Phil & Spiers, 1978).

The literature is replete with explanatory positions that describe drug abuse and dependence as significantly influenced by personological variables. Researchers who have taken this view have not necessarily been so naive as to ignore the complex interplay of such environmental or situational factors as drug availability, the role of social learning and the multivariate nature of opiate reinforcement within the social content. However, there are theorists who share the notion that, for significant numbers of individuals, preexisting psychopathology, identifiable person traits, exaggerated mood states play critical anticident role to the behavioural expression of drug abuse and dependence.

The present society demands much from the individual, i.e. to be independent, self-sufficient and achieving. The person, with inadequate and unhealthy personality development, becomes helpless against this demand.

The feeling of helplessness and inner desire for impulsive gratification may lead them to drug dependence.

It is said (Bado, 1933) that narcotics provide a sense of superpleasure, increase in self-esteem and self-confidence, promote feelings of happiness and through mood elevation, overcome feelings of depression.

Glover (1932, 1956) hypothesized that drug addiction constituted a defense against sadistic and aggressive impulses and suggested that

opiates and other addictive drugs were used by prepsychotic persons to defend against such unacceptable urges as sadism and homosexuality.

Fenichel (1945) speculated that addicts were passive narcissistic individuals who used drugs to satisfy archaic oral longings (i.e. for food, warmth, security and self-esteem). It has been hypothesised that addicts were fixated at prepsychotic levels of thinking and behaviour (of oral need and aggression) and that drugs served homeostatic functions and prevented further psychic regression (Glover, 1956; Rado, 1926; Meerloo, 1952; and Fenichel, 1945).

Early reports by Wikler (1952, 1953) reflected an appreciation of the drug dependent persons' anxieties related to aggression and sexuality, and how neurotic individuals took these drugs to relieve such anxieties ("negative euphoria"). Vaillant (1966) and Wishnie (1974) subsequently observed that the opiate-dependent individual's involvement with drugs, defended against and "masked" underlying depression.

Nyswander (1956) commented all addicts might well be classified as subclinical schizophrenics their severe obsessional preoccupation with drugs and the destructiveness of their pursuits in an otherwise normal person are so bizarre as to be strongly suggestive of schizophrenia.

In the light of the above studies the present work attempted to study the family environment and personality of the drug (opioid) dependents, and to compare these two aspects, with those of a control group of diseased individuals, here schizophrenics, and a control group of individuals, with no overt manifestation of psychiatric symptoms, —hereafter termed as 'normals'. The group of diseased individuals was taken to know whether the drug dependents belong to the diseased group (i.e. here schizophrenics) or not.

Family environment have been considered on the basis of ten factors operating within the family = 1. Cohesion 2. Expressiveness 3. Conflict, 4. Independence 5. Achievement orientation 6. Intellectual—Cultural orientation 7. Active—Recreational orientation 8. Moral—Religious orientation 9. Organization 10. Control.

Personality: In addition to the family environment the personality of the drug dependents seemed to had certain bearing on the drug taking behaviour. Consequently, this factor was also included

as part of the study and had been considered on the basis of dynamic psychology. It was analysed qualitatively and no quantitative method was applied.

Subjects: In the present study the psychiatrically diagnosed 30 drug dependents were considered as subjects.

Besides this a control group of psychiatrically diagnosed schizophrenics and a control group of individuals with no overt manifestation of psychiatric symptoms, was taken. Both the control groups were matched with the experimental group on the basis of age, sex and socio-economic condition.

An information schedule was specially devised for eliciting the personal and familial information. Considering the nature of the present problem, the drug intake pattern was also elicited through this information schedule.

For the present work this was used to find out the common deviations in the visual motor gestalt functioning of the drug dependents, and also to ascertain the broad diagnostic pattern of the subjects. Bender-visual-Motor Gestalt test was also used to screen the schizophrenics who were used as control group in this study.

Following Moos scale was prepared for eliciting the nature and the degrees of the different elements operating within the family environment.

Thematic Apperception Test was found suitable for eliciting the personality profiles of the subjects. Rosenzweig (1948) pointed out that the stimulus material in this technique is always neutral, ambiguous or at least equivocal in its significance. Rapaport et al (1946) appreciated the importance of it in the understanding of dynamics of personality. Studies had shown TAT as a valid test and that the findings are stable and express the constant need disposition and attitudes of the subject (Atkinson & McClelland, 1948; Freeman, 1955).

Observing the mean score of the drug dependents on Bender-Visual-Motor Gestalt test it becomes clear that the drug dependents are not neurotics, but they have a definite psychotic core within them. Koria (1974) administering B—G test, also found marked perceptual distortions in the drug dependents, regardless of whether or not psychoses was present in them.

Regarding Family Environment scale' statistical findings indi-

cate, that the drug dependents comparing to the normals and the schizophrenics perceive their family giving most emphasis on achievement oriented activities, but are least encouraging to make the members assertive and self-sufficient and to make their own decisions, and at the same time most rigid in their family rules, where everything is arranged in an heirarchical order. Moreover, they perceive their family giving least emphasis on ethical and religious issues and values.

Comparing to the normals only, the drug dependents perceive their family as less allowing and encouraging to act openly or to express their feelings directly, less concerned about political, social, intellectual and cultural activities, less participative in active recreations. But in these respects they are in better position than the schizophrenics. However, the drug dependents perceive open expression of anger, aggression and conflictual interactions as more characteristics of their families than the normals, and in this respect of perception of conflicts, there is no difference between the drug dependents and the schizophrenics.

In case of personality drug dependents exhibited a marked similarity with the schizophrenics. Both the groups perceived themselves as inadequate, indecisive and ensecured Knight & Prout (1251) analysing the TAT stories of the drug dependents also found issues of insecurity, inadequacy and rebellion against the demands placed upon them. In contract, the normals have a self-image of confident and decisive type.

The main needs of the drug dependents are need for achievement an intense oral need with aggression and a need for security Glover (1932, 1966) and Fenichel (1945) hypothesised that drug dependence constituted a defense against aggressive impulses and the individuals use drugs to satisfy archaic oral longings.

The predominant oral need for security are also found among the schizophrenics, together with a need for aggression. Normals like the drug dependents display a need for achievement together with a need for approval.

Both the drug dependents and the schizophrenics perceive their environment as hostile and deceptive and in contrast the normals perceive it as nurturant and supportive. Mothers of the drug dependents are perceived as dominating and uncaring, and fathers are

perceived as weak and unsupportive type or cruel and dominating type. There is a marked similarity between the drug dependents and schizophrenics in their perception of parental figures, as the schizophrenics also perceive their mothers as dominating and resistant and their fathers as weak and unsupportive. In contrast, the normals perceive their mothers as loving and supportive and their fathers as inspiring and resourceful.

Drug dependents and schizophrenics also show similarity in exhibiting conflicts. The predominant conflicts in both the cases are autonomy vs. compliance and achievement vs. inadequacy, with the former playing a more predominant role in drug dependents and latter in schizophrenics. In contrast, the conflicts of the normals mainly centre around activity vs. passivity and id vs. super ego.

In both the drug dependents and schizophrenics fear center around being helpless and being agressed. The Drug dependents also display a major fear of getting deceived by others and the schizophrenics show a fear of getting ill or incapacitated. In contrast the normals fear are of disapproval and lack or loss of love.

The two groups drug dependents and schizophrenics mainly differ in respect of adopting defenses. The main defense of the drug dependents is submission, together with some projection and reaction formation. While in case of schizophrenics they are regression and phantasy. Normals adopt the defense of repression and subsequent sublimation, together with occasional rationalization.

In comparison to the normals, drug dependents lack ego strength, but however, in comparison to the schizophrenics, they possess certain amount of ego integrity, as revealed in their ability to produce more or less structured stories, though with inadequate solutions.

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GREED AND ITS RELATION TO STATES OF LOSS AND MOURNING*

SAROSH FORBES

One notices with some astonishment that there is no mention of greed in Freud's writings. I have also not found any success in my search for analytic papers specifically on this subject. The one analyst who had investigated this phenomenon was Melanie Klein, chiefly in her book *Envy and Gratitude*. However, even here the main interest is in the investigation of envy ; greed has necessarily taken second place, and has almost throughout been linked to envy. For instance, Mrs. Klein emphasises that 'no rigid line can be drawn...(between greed and envy)...since they are so closely associated.' Thus it seems that a study of greed in its own entirety has constantly eluded us. Recently a senior analyst from the British Society suggested changing the word greed to *grevny* since it was thought to be so closely linked to envy. The question is whether greed can be studied on its own without connecting it always to envy. This appears to be the daunting task facing this conference.

And yet, if we do take a closer look at Mrs. Klein's work on envy we find that she does, albeit, or so it seems, reluctantly, make a comparative definition between greed and envy which shows certain important differences. She begins by saying : Greed is an impetuous and insatiable craving, exceeding what the subject needs and what the object is able and willing to give. At the unconscious level, greed aims primarily at completely scooping out, sucking dry, and

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devouring the breast : that is to say, its aim is destructive introjection ; whereas envy not only seeks to rob in this way, but also to put badness, primarily bad excrements and bad parts of the self, into the mother, and first of all into her breast, in order to spoil and destroy her. In the deepest sense this means destroying her creativeness. Mrs. Klein links this process to the destructive aspect of projective identification starting from the beginning of life. And then she arrives at the conclusion which I feel is of the utmost importance and which this paper attempts to build on, she states : "one essential difference between greed and envy would accordingly be that greed is mainly bound up with introjection and envy with projection."

When Mrs. Klein says that the aim of greed is destructive introjection I do not think she means that, the aim necessarily involves a direct purposive destruction of the object through hatred. I feel that the type of introjection resorted to leads to the consequence, in phantasy, that the object lies destroyed inside the subject. That the aim need not always be to damage the object in hatred but to possess in without paying any attention to the needs of the object. The story of the golden goose is relevant here.

This picture is quite different from envy. Envy always carries hate with it. The envious hatred is directed towards someone possessing and enjoying something desirable and the envious impulse is to spoil it. There is less of an impulse to take in this desirable stuff and much more of an impulse to project, 'to produce misfortune by his evil eye', onto the object. It aims at spoiling the goodness of the object, to remove the source of envious feelings.

Hanna Segal also arrives at a similar opinion on greed, where she briefly discusses it in her book *Introduction to the Work of Melanie Klein* in the chapter on envy. She states : 'Greed aims at the possession of all the goodness that can be extracted from the object, regardless of consequences ; this may result in the destruction of the object and the spoiling of its goodness, but the destruction is incidental to the ruthless acquirement. She compares this to envy which aims at spoiling the goodness of the object, to remove the source of envious feelings .. envy ... has a less strong libidinal component than greed and is suffused with the death instinct. As it attacks the source of life, it may be considered to be the earliest direct externalisation of the death instinct.

Following this line of thought it does seem that greed is an insatiable craving that does not take the object into account, but does not purposefully seek to destroy the object, although as a consequence of this process the object lies damaged. Only when envy enters this process and merges with greed does the picture change where the goodness of the object is desired to be possessed in order to deplete the object purposefully so that it no longer contains anything enviable.

Now that we have succeeded somewhat in separating greed from envy as an impulse by itself and defined it as having its own characteristics I would like to study it further. I would like particularly to study the relation of greed to states of loss and mourning. My theoretical conclusions will be based on observing how greed intermingles with states of persecution, grief and loss in analysis of a woman who came for treatment just after the death of both her parents.

X was 30 when she came for treatment. She had lost both her parents within the space of a year ; her father first and then her mother. She is married to a wealthy man and has a son. She also has an older sister who lives abroad and whom she doesn't get along with. She was born premature and her mother miscarried a couple of times after that. Father's work, which was in public relations, kept him away from home for long periods. During his absences X and her mother would live with different relatives. X felt a stranger in these families, and was lonely both at school and at home. She would often daydream of having other parents who were very famous. Her mother was described as quite an anxious woman, often fainting in front of X who in panic thought at every such occasion that mother was dying. After father's death mother became alcoholic and was pictured as literally drinking herself to death a year later. What brought X to analysis were complaints of intense loneliness ; she did not get on with her husband and felt estranged from her son, and felt no help or support from anyone.

The first three years of her analysis she communicated her past experiences by projective identification. She paid no attention to me as an individual. She would go off on long trips without informing me and I was not to know about her comings and goings. I was never considered, what I felt was of no importance, and if I

protested, I was considered mad and demanding. She had these very important projects and it would be mad of me to take her away from them. In fact she quite seriously once asked me what my name was in filling up my cheque. She'd forgotten, and this was after two years of analysis. Her split-off neglected and needy infantile self was lodged in me and she was completely identified with unfeeling parents. My main task at this time was to use her projections as a communication, which they were to a large extent. This seemed to be the only way she could quite-clearly demonstrate what had happened to her. To a great extent this was helpful to her; although she watched my efforts from a careful distance, she obviously lived in a world which she distrusted, where one could only be wanted and accepted if one was famous, where love and concern were meaningless concepts, and my interpretations were to a large extent seen as mechanical slogans like her father used as a public relations gambit in his various projects. And yet the containing aspect of the analysis was useful to her. In a dream she brought one could see the evacuatory use she made of the sessions which did bring her relief. She dreamed she was on the couch and in front of her was the poster of a toilet. Her father was also present and she found herself walking right into the poster. When she later did acknowledge my existence it was either as one of her many servants or secretaries. In her fifth year of analysis there was finally a change where she began to appreciate the importance of the analysis. She began to feel less lonely, more supported, and felt closer to her family. She also began to take interest in her husband's work. But this alternated with shifts into thinking that she was the capable one and that I had hardly given any help at all. And although she acknowledged the existence of her analyst, there was an almost delusional belief that I lived in the consulting room permanently and had no family life. In reality she knew I had a wife and children but she avoided any attention to that and clung to her phantasy of my only existence being to wait for her sessions.

At this time my wife had a serious accident resulting in a seven month break in the analysis. After my return although my patient at first showed shock and concern she avoided any more talk of the incident and we resumed analysis as if nothing had happened. In the sessions she wanted nothing to touch her which could upset her.

As she herself put it, she wanted a perfect fit, as if just the right type of food fits into her mouth. Anything moving from such perfect understanding of her would frighten and depress her. She would also drift away both in sessions and physically. Once she didn't turn up for three months till I had to write several times to her to get her back. At this time separations were unbearable to her and although she herself would leave for long periods the blame was mine for having any gaps at all, even between sessions. The end of the session itself meant there was no longer a perfect fit. She began complaining of the session times; why couldn't it go on longer; why couldn't she have any time she wanted? But by now she had also begun making efforts herself. There were constant efforts at helping me, despair that she couldn't do enough, constant attempts at reparation at what she felt was damage done to me and my wife whose injury she felt unconsciously responsible for.

The clinical material I now offer is in the seventh year of her analysis. The sessions I wish to discuss come after a period of determined struggle on her part to work with me in the analysis. I would like to show how painful loss is to her and how she resorts to greedy introjection to avoid it. Also to her growing awareness that this state of affairs no longer really helps her, and her worry about destroying the good object in her attempts at avoiding the pain of loss. In the analysis she faces the analyst taking a month's long holiday. The material I offer comes from a few weeks before my holiday. She would always go off on her own holiday immediately after I'd announce mine but this time she struggled against the pull towards that and tried hard to resist the urge to avoid the anxiety, pain and depression of facing the separation. However she finally does announce the day she will leave for her holiday which is two weeks before mine.

Around this time there are two women living in her house. One is a woman whose sister died recently in a car accident and who she describes as utterly shattered and plunged in grief and loneliness, because she now has no one. The other woman is a mother of four children, looks glowing and healthy, and has just spent a wonderful holiday with her son. To the grief-ridden woman my patient feels very sympathetic but also irritated since she casts a gloom in the house. To the mother who appears healthy and happy my patient

feels small in painful comparison and X feels she can never achieve what this mother possesses. But X feels some relief in thinking that at least she is better off in comparison with the grief-ridden woman.

One can see that X is fearful and depressed, the separation is a shattering experience for her. Yet object-me who is healthier is left and she faces the separation alone since she is worried about feeling persecution by me, feeling small, deprived and unbearably frustrated. As she says it's so painful never to have what the healthy mother possesses.

In a session of the last week of her leaving, she said she felt these days like she's balancing on a tiger, can't stay on, can't get off, she has to be very careful. In fact the atmosphere in the session was charged with the feeling that one had to be very careful. I felt I had to carefully watch what I said, careful that I should not say anything to upset her or disturb her. I told her this.

She began to talk about that woman's accident. Her sister is very shattered and sad and X tries to help her, tries to clear the air. There's now a finding that the sister was murdered. Its because nothing very much happened to the car and yet she was found inside severely injured, her head was cracked. There is suspicion of foul play. X is very affected by this. She wondered whether it could be true. Its all a mystery. At night she thought she'd see her ghost and was very frightened. But she managed not to sink into this. Managed to float out of it. She's happy about this but still anxious. Anxious also about not being able to cope with her anger. And her pain continues in her legs.

I think she does feel depressed about causing me harm since there is a greedy longing to have me indulge her, to be very careful, to give her anything she wants so as not to upset and frustrate her. But its more a persecutory depression. And then there's confusion felt like a cracked head in not knowing who's being, attacked her or me—its a murder mystery – who's the greedy destructive one ?

She said her son is leaving tomorrow for a two month holiday abroad. X feels uneasy and sad about it. She knows her son feels bad about going. Her son said, I'll miss all this lovely food here because where I'm going I'll have to pay for food which is not as good. She feels her son is affected because X used to often leave him and go off. Now he is doing the same.

I said there is now a her that is in touch with feeling sad and anxious about my leaving. She now is aware that something good and nourishing is being taken away from her and she's going to miss it. There was a pause and then she said her next door neighbour's wife must be now handled properly. X is furious that this wife copies everything she does. She was the first to have a lovely painting and this woman got one too. X will have to take care of that. She certainly feels more settled these days but wonders whether that puts her in a weak position, there's no more enjoyment of being on top. And she can't bear the thought of the family next door taking over.

I said she felt furious with me just now for bringing to her notice that she was going to miss her good analysis. Although she knows it makes her feel more settled and helps her it also puts her in a weak, small position, which she can't bear, especially now that I'm leaving. To manage this awfully painful situation she takes away my holiday and makes it hers, tries to feel I'm just copying her.

She asked anxiously whether I was furious with her for doing that. I said she feels she might have harmed me by taking possession of what was mine and would I now accuse and blame her ? She then brought a dream which she described as long pleasant and settled. In the dream she's on the terrace of a building and she's occupied with construction work. Cement and sand are lying around. Her mother is with her, and X tells her about her sister's bad behaviour, she hasn't written for one and a half years. Mother agrees with her and its so nice sharing together. Father is also there somewhere around. Then X spots a beautiful chinese chest lying in the middle of the cement and sand. Its just what she's always wanted. She suddenly remembers that she's also got another one down below. So now she's got both. Exactly what she's always wanted.

I will now interrupt this session to discuss her dream. There is no doubt that constructive work is going on in the analysis and reflected in her internal world. It does make her feel more integrated and settled. In the dream she's with her mother and there is a sharing of something nice together, mother is sympathetic towards her feeling deprived. There is certainly the beginning of a concept of being able to share, the idea that if one has something good it does not mean that others are stripped of it.

But although the situation is better there is also a collusion between her and mother—she possesses mother completely, sister is pushed out and father is just a vague figure. She's not content with just one chinese chest, she wants both—not just one breast but both completely possessed by her. Here we can see her difficulty in sharing, although there is an attempt its too painful.

And the way she takes possession of both breasts is not only for feeding. The greed is a total scooping out of the milk, pushing out the siblings, and also in the oedipal sphere. (Although she gave no associations to this dream and especially to chinese chest, there's no doubt that they contain everything that's valuable. As far as I know chinese chests contain linen and camphor wood. It is also supposed to contain a bride's trousseau). When she says there's another chest down below, it does signify me and my consulting room which is just below the terrace. But it also includes down below in a sexual genital and oedipal sense. So she's also taken possession of mother's sexual genital relationship to father, In fact she later decided I was not really going on holiday since she thought my wife was bed-ridden and I would be spending the break alone since I had no one to go on holiday with. On the other hand, she and her husband are going to join their son soon and will have an enjoyable time together.

In this way she has taken over everything that is good—the nourishment, my marriage which she has great difficulty in believing the goodness of, and I'm left without any children either. Klein says: 'The breast in greed is completely scooped out. And empty and lonely, as Mrs. this is her defense against the pain of loss and mourning.

At the end of the week she left for her holiday. However, after missing seven sessions she did manage to return to say good-bye to me for the last three sessions before the actual analytic break.

The first day of her return she spoke of being glad to have come back. She regretted that there were only a few sessions left but she felt glad that she could at least manage to use them before I left. She felt very angry during her trip. She now realises she's not cured yet. She also knows that there are violent people where she went. At the moment it was quiet but she feels that place is going to become so violent. That is not for her. She doesn't have the strength or courage to cope with such violence, although the local leader over

there does have it. And yet if she's challenged she can face it. Its no longer like the old days, things are different now. She repeated that she was glad to be here. She said the fact was that she should live there (where she went for her project). The problem is because she isn't there all the time.

In Bombay there's her husband's business life. She's working with him but her real interest is in more famous projects. May be she can do that. She is building a flat in a far away city. She is frightened to be there alone although she also likes it. Pause.

She tried to contact her sister from where she was the last few days, but could not. She felt quite bad about this. On the other hand she was glad because she couldn't stand her complaining and talking about the property (which her mother had left them) worth 50 lakhs. Why is her sister complaining, after all X has given it up to her. What more help can she give her sister? At the same time X also phoned her own friend who did not respond to her call and she felt very hurt.

I said she doesn't want me to say anything which would upset or hurt her. She's given up her valuable property, her sessions, but doesn't want me to discuss it with her, tells me not to disturb her. She agreed and said today she doesn't want me to say anything which might disturb her. In fact the timing of her leaving also included me not being able to give her my bill so that my being paid before I leave is also uncertain. I was made to feel quite intensely that none of this must be spoken about to her. I interpreted to her that if I said anything which didn't fit exactly the way she wanted she would have intensely violent feelings towards me.

She agreed and then said that her sister accuses her of being so rich. There's this chap she met who knows her sister and he told her that her sister is a happy go lucky person, and at parties she talks about X. She hates her sister to talk about her when she's not there. Her sister says X is irresponsible. X knows that people will have more sympathy for her sister and not for her since X is so rich. And also her sister has this lawful husband. X knows that she herself is wonderful, except she's not very clear.

I said that she feels she will become so frustrated, if I am not who she wants me to be. What she wants is for me to indulge her and do what she wants completely. The danger in her mind is that

she now feels herself to have become so demanding, wanting all the riches, me completely, in her possession that she feels I won't be able to stand it, she will get no sympathy from me and I'll reject her. I thought this was also why she had to stay away and give up some sessions—as a defense against her greed and its consequences.

She agreed and said that she does see me as accusing and blaming her; she's very sad she's lost the good contact with me and now only a few days are left. She said now she's doing it, she's blaming me for going away. She then said wistfully that she wishes she was great and the strongest, completely free then there would be no pain at all.

I said she tried to give up her sessions to avoid all pain but its not working. She said yes, the pain is still in her legs. Why is that?

We can see from this session that her violent feelings about me going are quite in the open and also not so omnipotent. Her omnipotent defenses seem to have reduced. She interrupts her break and returns to face the separation although extremely painful to her. When she says that the local leader should face the violence, I think I'm the local leader who should now face it, but also adds that if she challenged she'll face it too. There's more of a readiness to exposes this violence and that we should both be able to face it and work with it.

In the next session she said she was feeling quite calm and relaxed, there was no feeling of rushing around. She felt this was due to my good understanding yesterday. When she loses contact with me all her anger starts. She said she dreamed all night—she can only remember that the dreams were about death, pain and her son. Now she feels in contact also with herself, feels more whole and her thinking is clearer. But she's quite worried now. What will happen if today she either feels accused by me or I don't contact her properly? She'd then be in a frenzy. She also now realises that something overpowering happens to her if she doesn't get what she wants immediately.

The atmosphere in the session was very tense and I felt rather overpowered myself. I interpreted that the connection of son in her dream was of being left, since her son is now on holiday. Death and pain is to do with my leaving after tomorrow's session. She's worried

that after I've left, her intense anger will kill off all good contact with me.

She said yes she is worried; she does not want to lose what is good between us. This is the same feeling she used to have whenever her father left her. Pause. Her feet don't stay on the ground.

I spoke of her wanting perfect understanding between us. And then it would be okay. But if anything shifts from that, like my talking about leaving her she actually experiences me as doing that at this moment, like father abandoning her, and then she's exposed to overpowering violence which threatens to unbalance her physically. She added that she also likes the violence. Pause.

Then she asked how my wife was. She's now thinking about my wife's injury. How much is she injured? Pause. Now she's drifting, why is she getting lost?

I felt a pressure now, with her question, as if I had to say something, get her out of the drifting and her feeling of being lost. I said that she was worried that her violent feelings had injured me. But she couldn't seem to understand this and appeared to try. Then she said it wasn't that; she was deeply concerned about my wife.

From this material various issues become clearer, and they all seem to circle around her greed. If we remember Mrs. Klein's definition of greed as being insatiable desire to take over the object completely my patient certainly is in the throes of that. But then there's also her unconscious guilt. Has my wife died? Her feeling lost after thoughts about my wife's health and the pressure on me to do something, say something, seems to indicate her anxiety about my accusing her, criticising her and holding her responsible. She seems to be pushing me to respond as if she wants reassurance, say something, are you close to me? Thus one can see her intolerance of frustration at my leaving, her insatiable desire, her greed, which has to be satisfied otherwise its unbearable and her desire to use all of the object, the analyst, in this way. She knows its not good to use me in this way. But then the vicious circle starts again.

DISCUSSION

I hope the above material can further our understanding of what greed really is; what underlies it. I don't think envy enters the picture in what I have just described. The fact is if X's greed is not

satisfied she is so excruciatingly sensitive to enormous frustration that she feels the impact to be extremely violent. I strongly feel that she is demonstrating vividly in the transference her experience of very early infancy. One could even consider this to be her innate constitution and I'll try to explain why and how this state of affairs could take place.

The infant first sees the object as split into an ideally good and an entirely bad one. The aim is total union with the ideal object and total wiping out of the bad one, as well as of the bad parts of the self. Omnipotent thinking is dominant and reality sense sporadic and shaky. The idea of absence hardly exists. Whenever the state of union with the ideal object is not fulfilled, what is experienced is not absence; the infant feels assaulted by the counterpart of the good object which is the bad object. It is the time of hallucinatory wish-fulfillment, described by Freud, when the mind creates objects which are felt to be always there. According to Klein it is also the time of the bad hallucinosis when, if the ideal conditions are not fulfilled, the bad object is equally hallucinated and felt as real.

With my patient the union with the ideal object was total. There was in the beginning no question of her experiencing any absence or loss of her analyst. When she left her session she'd immediately get into other ideal states. Nothing I said could touch her, there was no presence of feelings, she lived in an omnipotent ideal phantasy world, with very little idea of the real world. The result was confusion, confusional thinking, defective memory, inability to use or form words to convey what she wished to express since there was an inability to think symbolically. We know from Segal's (1957) definition of symbolic equation that when the self is identified and confused with the object, then the symbol becomes identified and confused with the thing symbolised—the symbol and the object symbolised become the same, giving rise to concrete thinking. Only when separation from the object is accepted and worked through does the symbol become a representation of the object, rather than being equated with the object.

Only later on in the analysis did X become aware of how confused and cut-off she was, and that she couldn't concentrate or stay with me even in the sessions when she'd keep drifting into dream

pictures (Freud's hallucinatory wish-fulfillment). And because she had little real ordinary human contact either with me or with others who were close to her it was no wonder that she felt immensely lonely. Only later did she become aware that although she longed for someone to support and help her she was so absorbed in her hallucinatory ideal state that it was impossible for anyone to reach her—after all who could help or support someone who felt she had everything, no-one could come near to her ideal and superior position. One could say she was so alone and lonely at the top.

When she became more conscious of how she got quite lost in her phantasy-hallucinatory world anxiety appeared. This was clearly expressed in a dream she brought in her third year of analysis just before an analytic break when she was herself about to leave and not know where she was going or when she'd return. In the dream she disappeared into the earth and came out somewhere far away and she began feeling quite scared.

I think X's symbolic thinking was early and primitive and fits Segal's term 'symbolic equation'. I was hardly different from the original objects, either I was felt and treated as the ideal object, identical with it, or if ideal conditions were not fulfilled, I was wiped out of her mind and world. In the state of complete union with me there was no difference between us. She came into the room right into me and left getting into something else. There was no question of mourning the loss of an object. As Segal states: 'Only what can be adequately mourned can be adequately symbolised'. I would suggest this to be a very early primitive greed where the object is actually felt to be taken in and possessed becoming a part of the self. Therefore I think the level of greed in an individual plays an extremely important part both in the working-through of the mourning process and in the disturbance in the relationship between the self, the object symbolized, and the symbol. In X there was little space to think, or take in interpretations as an attempt to help her. It was for her a non-human, mechanical, emotionless situation. And although she is now more in touch, more real, we still note that, for instance, pain to her is to some extent still more physical (in her legs) than mental. Not being able to form proper symbols her states of mind still change very rapidly and concretely. She often does not just hear me giving

an interpretation to think about and reflect on. She experiences them concretely as my doing something to her, felt as cruel attacks. For instance, when I talk about my leaving in a couple of days for my holiday she replies that it's exactly as she'd felt when father left her, and then added that her feet don't stay on the ground. I think here she concretely experienced my interpretation as if she was watching her father leave her and it unbalanced her. She still cannot quite think about it as symbolically representing a painful situation. Instead the object I represent and the original object become identical. The result is that she cannot think of the interpretation as knowledge in an on going session which she could use to enrich her and enable her to cope with the separation.

Bion's model of mental functioning (1963) clarifies this situation further. Bion has distinguished between alpha and beta elements of mental functioning. Beta elements are raw perceptions and emotions suitable only for projective identification. These raw experiences are always meant to be thrown off. Beta elements are transformed by the alpha function into alpha elements. They are elements which can be stored in memory, which can be repressed and worked through. They are suitable for symbolization. It is the beta elements which can become bizarre objects or concrete symbols. Alpha function is also linked with mental space. In Bion's model, the infant's first mode of functioning is by projective identification. The infant deals with discomfort and anxiety by projecting it into the mother. A good mother responds to the infant's anxiety. A mother capable of containing projective identification can transform the projections in her own unconscious and respond appropriately, thereby lessening the anxiety and giving meaning to it. In this situation, the infant introjects the maternal object as a container capable of containing anxiety, conflict, etc. and elaborating it meaningfully. This internalized container provides a mental space and in this space alpha function can be performed. The failure of the container and alpha functioning results in the failure of creating a space for feeling, thinking, modifying, symbolising.

Now turning to my patient. As mentioned above she was a premature infant. Since we as analysts know how important the first few weeks of life are for future development this patient spent them in an incubator. There was no human contact. It was Melanie

Klein who showed us how important it was for the infant to have an object it could project its destructiveness into and maintain a split between an idealised or persecutory object to deal with enormous internal chaos. Later, it was Bion who showed us the importance of the mother who could receive these death-like feelings, and contain and modify them through her reverie. One then wonders what an infant in the incubator, without access to such an object, goes through. My hypothesis is that it must be such an isolating and persecutory experience, with no container to help in a split between good and bad and to modify it. It would then lead to a nightmare of confusion. With no ordinary human contact there would take place a sense of confusion and madness in the infant. A state of being cut-off in a terrible world.

To attempt to prove my hypothesis I have described the transference situation in her analysis. From the very beginning she immediately used me as a container which at first seemed to be transferred from her later experiences of neglect from her parents. But with the more recent material I have described in some detail it does seem to show very early experiences and early confusional states being brought in. She now seems to be putting things into me and stuffing things in, in an urgent and desperate way. Where before the transference experience was more mechanical, she was more distant and aloof, she now is more in touch, in a very real way, she shows how raw and sensitive she is, full of violent feelings and she is at last taking the risk of exposing herself. I feel this is the premature infant exposing herself, being touched in the incubator, and now there's a violent impact of anything that touches her. She has brought in what must have been very early and enormous longing for close contact. This is her greed which seems more a manifestation of clinging to life. If she doesn't have it the frustration is unbearable. These are very early experiences which convey a matter of life and death, and which has set up in her a tremendous sense of conviction that she must have everything otherwise there is nothing, just emptiness and death. I feel then that greed is here used to keep alive. Greed here seems to have the characteristic of the life instinct. A desperate yearning for emotional gratification (in spite of X's material wealth). It brings into question: what underlies greed? When Mrs. Klein says its insatiable and more than

the subject needs and the object is willing to offer, one wonders at the subject's needs in certain circumstances, for instance the needs of an infant in an incubator. I think in X's case her greed had to be satisfied because any frustration meant death. I think in such circumstances greed represents life. I think it kept my patient alive although in a very fragile balance, since greed can never really be satisfied, and with no concern for the object, it would always lead to a vicious circle.

The question which might be asked is that as an adult, does X still need to have such insatiable longings? I think if they are not contained and worked through in the transference, where the need is to have them accepted by the analyst, there is no possibility of her changing into more mature ways of dealing with frustration. I think it would have been a terrible mistake to have dealt with her greed as just being destructive. Mrs. Klein has shown us the destructive aspects of greed and that was immensely helpful. But her theories have led some to feel that she did not pay more attention to external forces. However, Bion complemented her observations by describing how projections are also used as communications of real life's circumstances, both external and internal. This has been of enormous help in our clinical work and has revolutionised psycho-analytic technique. As Roger Money-Kyrle states (*On Being a Psycho-Analyst*, 1977): I think he (the analyst) has already learnt from Melanie Klein's work to recognise when his patient is projecting into him. And Bion's work has made it easier for us to distinguish between a desperate projective-identification and a destructive one. I say this because I believe it both easy and terrible to mistake a desperate projection for a destructive one. For by this means, I think, the beginning of a constructive link between patient and analyst may be destroyed. Of course it is also a mistake to fail to interpret a destructive projection; but, if it is missed, the chance to see it again is sure to recur.

Money-Kyrle here indicates that it may be better to give the benefit of the doubt to the patient. But in my mind as far as X is concerned, her communication in the transference is less purposively destructive and more a re-experiencing of very early persecutory and confusional states which needs to be accepted not as destructive to the analysis but as forming the beginning of a constructive link. I

think there are indications of hope in her analysis. Her willingness and courage to face pain may reduce her need for greed. And she is becoming more aware that this is not the solution for real satisfactions in her life, although it may have helped protect her very early in the past. One hopes she realises that it is no longer useful to her adult life and future growth.

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