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## 'THE PRECONSCIOUS' CALLS FOR GREATER ATTENTION

R. C. DAS

Sigmund Freud (2) has spoken of three mental systems, viz. (i) the perceptual system or consciousness, (ii) the mnemonic system or the preconscious, and (iii) the unconscious.

The perceptual system "receives the perceptual stimuli but retains no trace of them and has thus no memory"; "The whole multiplicity of *sensory qualities*" characterises this system.

The mnemonic system undergoes modification and transforms each sensation (perception) into a 'memory trace' and retains it as a preconscious material in the sense that though at the moment it is not conscious it can be made conscious through association without impediment.

The unconscious has "no access to consciousness except via the preconscious, in passing through which its excitatory process is obliged to submit to modifications".

Freud's contention that the perceptual system has no memory is contradictory to the established fact that perception is nothing but "sensation reinforced by ideas, images, etc. derived from past experience and called up by association" [ Knight & Knight, (4) ]. Perception is not possible unless the related sensations are transformed into a meaningful whole with the help of appropriate memories revived into consciousness, however faintly. As Knight and Knight (4) put it, "Normally, sensation and perception are but two aspects of a single process. We can think of them separately, as we can think of the shape of an object apart from its size, but we cannot experience them separately." Then, again, not

only preconscious materials but also unconscious materials are made conscious (via the preconscious), the latter either indirectly in the forms of dream, error, witticism, etc. or directly through free association or psychoanalysis. Consciousness also comprises affective and conative materials and is thus more than sensation or perception. The nomenclature 'perceptual system', therefore, refers to only one aspect of consciousness, i.e. its cognitive aspect.

Intensive treatment of the different conscious activities was attempted by Titchener and other exponents of the Structural (also called Existential or Introspective) School of Psychology who used *introspection* as the method of their enquiry [ Flugel, J. C. (1) ]

Knowledge about the unconscious system of the mind was rather vague and inadequate until Freud highlighted the details about its nature and working through his great discoveries with the help of *free association*.

Freud built up the concept of the preconscious by way of explaining and elaborating his notion of the unconscious system. Although he mentioned only the memory traces of perceptions as content of the preconscious in his schematic representation of the mental apparatus, this system also admittedly involves two other kinds of materials, viz. those *suppressed* wishes which could not be fulfilled due to some practical reasons and/or were repudiated or condemned by the ego and the *repressed* wishes which have got to pass through the preconscious during their transition to the unconscious from consciousness and vice versa.

The preconscious, according to Freud, stands like a screen between the unconscious system and consciousness. He holds that "the transition from a preconscious to a conscious cathexis is marked by a censorship similar to that between the Ucs. and the Pcs." That is, according to him, repressed wishes and memories are not allowed entry into consciousness straightway without any resistance; they are, on the other hand, subjected to a kind of checking once when they seek access to the preconscious from the unconscious and, again, when they seek access to consciousness from the preconscious.

The preconscious, thus, consists not only of (i) memories of past perceptual experiences as has been suggested by Freud in his schematic representation of the mental apparatus but also of (ii) suppressed wishes as well as (iii) the repressed wishes under transition.

The contention of Freud (3) that the suppressed wishes which are rejected due to 'repudiation' or 'condemnation' by the ego become powerless because of withdrawal of the energy at their disposal and continue to exist only as memories in the preconscious also causes some confusion. Who withdraws this energy and what is its ultimate fate? — these are some of the questions that naturally follow. In fact, on many occasions, such repudiated and apparently rejected wishes are found to reappear in consciousness demanding satisfaction indicating that they have very much retained their energy and are no less active than the repressed wishes. This is true also of the wishes which are suppressed not because they are condemned by the ego but because they cannot just be fulfilled due to circumstantial or environmental reasons. Alternative or opposite innocent wishes claiming satisfaction at the same time provide an example. Sometimes it is also difficult to distinguish between suppressed and repressed wishes. Even highly immoral and anti-social wishes are not necessarily unconscious; they often appear in consciousness too.

Association plays a great role in recollecting past experiences, i.e. in making conscious the preconscious materials, including the unconscious materials which have entered the preconscious on their way to consciousness. Freud's psychoanalysis is entirely based on *free association*. It seems really strange that the concept of association has so far been confined mainly to perceptual experiences, almost ignoring the other two kinds of experience, viz., the affective and conative experiences, although most of our ideas are surcharged with emotions and desires. The well known primary and secondary laws of association seem to have been formulated to explain associations between ideas as such, and thus they are not quite adequate to account for revival of emotions and desires under specific conditions. A sunny autumn morning, for example, fills our minds with joy and we feel like going out into the wild nature. When we are in a cheerful mood we tend to recall sweet memories from the preconscious. On the other hand, a cloudy day or a winter afternoon often fills our minds with a feeling of dejection and gloomy thoughts overcast our consciousness. Such associations appear to be caused by *symbolic* or *spiritual* similarity, rather than physical similarity, between the weather condition and the psychic state it arouses. Psychoanalysts have

observed the phenomenon of 'transference', i.e. transfer of the ambivalent emotional attitude, originally directed towards parents, on to the analyst. This suggests that an emotion can be aroused independently of the idea or object to which it had been attached. This is corroborated by the fact that sometimes specific emotions or feelings are aroused in our minds without reference to particular ideas or objects with which they might have been associated. As a matter of fact, associations are formed not exclusively between ideas but between and among ideas, emotions, and desires which together constitute the mind, be they in the conscious, preconscious, or unconscious state at a given moment.

Identification and analysis of the peculiarities of association, review of the adequacy of the so far advocated laws in explaining these peculiarities, and formulation of additional laws, as may be justified, for covering all kinds of association and related phenomena will surely shed new light on the nature and working of the preconscious. The preconscious being the only link between consciousness and the unconscious system obviously plays a vital role in determining individual differences in respect of emotional attitudes, sentiments, style of looking at things and happenings, and practically all activities of the conscious and unconscious mental systems. Its significance can be properly assessed only through continued research under adequate designs.

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## HAIR AS SYMBOL

AMARENDRANATH BASU

### PART — II

AT the outset of this discussion several quotations on hair from literature are given, because the present deliberation (Part — II) is based on an English poem. These quotations very clearly reflect the symbolic aspect of hair.

#### QUOTATIONS :

- 1) If a woman has long hair, it is a glory to her. —The Bible.  
—The first Epistle of Paul to the Corinthians, XI. 15.
- 2) Incens'd with indignation Satan stood  
Unterrif'd, and like a comet burn'd  
That fires the length of Ophiucus huge  
In th' arctic sky, and from horrid hair  
Shakes pestilence and war.  
—Paradise Lost, Bk 2, I ; 707  
—John Milton
- 3) All her bright golden hair  
Tarnished with rust,  
She that was young and fair  
Fallen to dust.  
—Requiescat : Oscar Wilde.
- 4) Fair tresses man's imperial race ensnare,  
And beauty draws us with a single hair.  
—Rape of the Lock ; —Pope



In the mean while, in the chaos of the battle between the two sexes, by a providential manoeuvre, Belinda's clipped lock of hair was found missing, because god did not will to allow to enjoy the mortal beings such a valuable prize. Some imagined that the lock had mounted the lunar sphere. But the poet's genius, at the inspiration of the goddess Muse, came to realise that the lock had gone upwards. Only the poetic mind could see it. The lock rose through the space and became visible in the sky as a very bright and glowing star. The poet then requested Belinda to stop lamenting over the loss of her beautiful lock which was clipped by the Baron. The poet said farther that Belinda had killed millions of men by her glances. And one day she also would die and her beautiful locks would be reduced to dust in the grave. But the particular lock which had been changed into a shining star, would remain immortal and sacred by the grace of the goddess Muse. And by the grace of the goddess the star became known as Star Belinda. Belinda became immortal. This in brief, is the story element of the poem.

This poem is a landmark in the history of English literature. But we are not going into the deliberation of the literary intricacies of the poem. We would remain confined within the purview of hair symbol as used in the poem and its source of origination in the poet's mind. But, in order to fulfil this aim in view, we require to mention here some of the salient features of the poem and of the poet's life.

'The Rape of the Lock' was written by Alexander Pope, a Roman Catholic English poet, in 1712 on a request from his friend, Caryl, an aristocrat and Secretary to Queen Mary, wife of James II, with the intension for reconciliation between the two aristocrat families of the then London – the Peter family and the Fermor family. The quarrel between the two families occasioned over a very trivial matter – the clipping of a piece of a favourite lock of hair of beautiful Arabella Fermor by the young Lord Peter. Peter was infatuated with Arabella's beauty and her lock.

This poem is classed as a mock-epic or heroi-comical poem. Epic poem is regarded as the expression of the sublimest form of human imagination. In it the poet displays man in his exalted aspects. Pope, in the poem under discussion, gives a very trivial incident the grandeur of epic end he uses a further trivial thing, hair, as the focal point by way of sublimation. Rightly says William Roscoe (1847),

an authority on Pope: "On so slight a foundation has he (Pope) raised this beautiful superstructure: like a fairy palace in a desert."

In Pope's mind, while writing this poem, worked as background the 'rape' of Helen, which caused Trojan war in Homer's Iliad. In ancient times the 'rape' of Helen disturbed the Greek and Trojan life in general. Similarly, in this poem the domestic incident of the 'rape' of a lock of hair of a very pretty young woman, also a very petty and ludicrous thing, disturbed the two families. But this trivial thing is ultimately exalted. Again, the poem is also satirical. In it the poet has mocked the contemporary aristocratic society life of both men and women. In the form of satire Pope has used hostile as well as sensual jokes in which the poet's repressed aggressiveness as well as his repressed amorous urges are manifested. (Thomas, 1977; Groom, 1956; Tillotson, 1982; Lal, 1989; Young, 1948).

Belinda, the heroine of the poem, is an imaginary character except her likeness to Arabella in beauty only. Moreover, except the loss of Arabella's hair, everything in the poem is fabulous and fictitious including the human persons. In the poem, in order to create a mystic as well as amorous atmosphere, the poet has introduced mythological allusions and invisible characters in the form of sylphs or spirits. They are assigned with the duty of looking after Belinda in every respect—even her dressing and protecting her chastity. All these descriptions in the poem have got erotic suggestiveness; for example, fifty spirits were entrusted with the task of protecting Belinda's petticoat. Further, Belinda's locks of hair create a mystic and amorous atmosphere. Similarly the descriptions of Belinda's dressing with the help of her maids makes the readers of the poem aware of the nakedness she covers.

In this background of amorous and mysterious feminine beauty the poet has introduced the lock of hair as a symbol of female sex. We have seen a few pages past (Part-I) that in ancient culture and in mythology hair was considered to be the generative symbol in general [i.e. both male (Phallic) and female (Womb-power), either separately or combined, as in the Nataraj figurine], and female sex in particular; thereby it presented female fertility. This must have been grafted in our archaic mind. The poet unconsciously uses this primitive symbol in his creative activity.

Now, we are to mention a few facts from the poet's life. Alexander Pope was born in 1688 in a well-to-do Roman Catholic family of England. All through his life Pope was a little better than an invalid. He himself called his own life as "long disease". By the middle of his life he became so weak that he could not dress without help. His height was small with unimpressive appearance.

Like his mother he had chronic headaches. His education was left to chance. But his ambition, alertness of mind and sharp intellect caused him to make the best use of the opportunities that came to him by chance. He became a wide reader, specially in literature. In this way by attaining an intellectual eminence he could compensate the curse of his inferior health (Roscoe, 1847; Mark, 1985).

Pope had to spend his early life at an out-skirt of London in a country setting, because being Roman Catholic, his parents had to leave London, for to be Roman Catholic at that time in London was to be open to suspicion and persecution. The country life gave Pope an intimate exposure to Nature (Ibid).

Pope in his early life was very much influenced by three ladies—his mother Edith and two aunts, mother's elder sisters, Christiana and Elizabeth. Being of ill health, Pope had the privilege of getting special attention from his family members, specially from his three mother figures. William Roscoe (1847), an authority on Pope, says: "The infirm state of his health rendered him peculiarly dependent on the kindness and assistance of others, and united with a temper which is said to have been remarkably mild and engaging, undoubtedly contributed to endear him to his parents and friends". In his childhood he was a good boy to all.

Pope was very fond of Christiana. Christiana used to live occasionally with the Pope family. So Pope had the opportunity to come to her close contact. Christiana's husband was an artist. After her husband's premature death, Christiana gave away her husband's sketch book, colour boxes and other art materials to the Pope family. This had an impact on little Pope who was five or six at that time. Child Pope showed interest in drawing and sketching which developed more by the time he was nine. Pope was indebted to his another aunt, Elizabeth, for his earliest instructions in reading and writing.

Christiana also gave her sister, Edith, i.e. Pope's mother, a very charming miniature of herself, in her early thirties, executed by her husband, with delicately cut features and curly hair falling upon her neck. Pope in his early years came across this figurine of his aunt. All these facts give a clue to the kindling of creativity in Pope's mind. Mynard Mack (1985), an authority on Pope, describes this curly hair of the figurine as "devastating as Belinda's in the 'The Rape of the Lock.'"

It is on record that Pope's mother and his two aunts (Christiana and Elizabeth) were all paragons of beauty. They had strong resemblances in appearance with each other. Therefore, on these scores, it would not be illogical to suspect that Pope's mother and his aunt Elizabeth had curly hairs like Christiana. Moreover, to keep curly lock of hair was the fashion of the day. The curly hair of the mother and of other two mother figures, aunts, must have had impressed the child Pope. Further, the sick baby Pope must have had come to close contact with the beautiful faces of these mother figures with curly hair when they used to cuddle him with affection.

Pope had special fascination for his mother's beauty. It is evident from his assessment he made when he grew up. He described his mother's beauty, when she was in her eighties, "as a lighted taper"; "As the clear light up the holy candlestick, so is the beauty of the face in ripe age" (Mack, 1985). When she died at about the age of ninety, Pope urged his artist friend Richardson to come at once to draw her picture "before this winter flower is faded" (Mack, 1985). Pope was proud of his mother's merit, beauty, and vivacity, which according to him, if transmitted to a posterity would deliver noble qualities in them (Roscoe, 1847).

Pope, in his youth in London, had acquired the friendship of many renowned men and women, of fashionable society. He experienced the thrill of being in love, specially of two beautiful young sisters of a Blount family—Teresa and Martha, and of Mary Worthy Montague, a young poetess and writer. All of them had curly locks of hair falling down upon their ivory white necks. All these experiences had influenced the imagination of the poet Pope that blossomed in the "The Rape of the Lock." Other important facts were that Pope was a life-long bachelor, though Teresa and Martha loved him faithfully; but he was rejected by Mary worthy Montague.



Now, we are to turn symbolism of the lock of hair. At the outset to any student of psychoanalysis it would strike that the word 'Lock' in the 'The Rape of the Lock' is a pun upon the word 'Lock' in the phrase 'Lock and Key'. 'Lock' in the second case symbolically means, according to Freud (1900), female genital organ. Belinda reacted to the clipping of her hair with depression and violent outburst. She considered it as the irreparable loss of her virginity. Her reaction was that of a violated woman. She displayed manic features.\* In her depression Belinda lamented: "Oh, had'st thou, cruel! been content to seize, / Hairs less in sight, or any hairs but these:!" —These words refer to the hair in private parts of the body. As if it would have been better if she was violated in secrecy. Thus the sexual implication of clipping the lock from head was that incident of violation (symbolically) came to be known by all. That Belinda was raped (symbolically) became an open fact was evident from the lamentations of one of her lady companions, She lamented that the Baron would proudly display the lock to others and thus the other gallants would get sexually excited and envied. At the same time other ladies would feel shame to stare at the clipped lock—"God! shall the ravisher display your hair, / while the Pope envy and the ladies stare!" "On the whole, it is found that the lock of hair stands for female genital organ in this poem. Belinda in desperation shouted," "Restore the lock", as if she was desperate in restoring her virginity.

But the poet Pope did not stop here. His genius lifted the lock to a sublime state. The lock was transformed into a shining star in the distant sky. The poet gives it a divine status. That is, Belinda is deified, By the grace of the goddess of poetry Belinda became immortal and sacred. This is a lift from the profane to the sacred. Here the lock of hair stands for the whole person of Belinda, not merely for a part of her physique. Thus the lock of hair symbolizes

\* It may be mentioned here that Pope derived the description, in the poem, of melancholy (according the idea of that time, it was caused by spleen) from the contemporary renowned physician Burton's book which bore the title, "The Anatomy of Melancholy. What it is, with all the kinds, causes, symptoms Prognostics and several cures of it. In three main partitions, with their several sections, Members and Sub-sections. Philosophically, medically, historically opened and cut up."

also sacredness or divinity in this poem. Pope has manifested both erotic feeling and reverence towards the lock of hair of Belinda.

Pope's early experiences with the locks of hair had a deep association with feminine love, beauty, charm and mystery. He was proud of his mother's beauty and vivacious nature (Rosco, 1847). The sick baby Pope must have had come to intimate contact with the beautiful faces of his mother figures, along with their curly locks of hair, when they used to cuddle and hug him with affection. This must have had aroused sensual pleasure with deep emotion in him. This was the foundation of Pope's future vision of feminine love and charm. But this childhood impact was lost in the depth of his mind, which was revived and reactivated in connection with the experiences with Blount sisters and Lady Wortly. But we cannot but assume that the lock of Belinda was the representation of that of his mother figures, specially of his mother's. Finally, Pope, in his maturity, lifted his mother's image to a divine status. Her image to him was "an expression of tranquility, "of pleasure" and "amiable"; it was to Pope "a finest image of Saint.". And this image, Pope urged his artist friend to draw. But we find Pope himself drew it in the person of Belinda (Mack, 1985).

Pope drew the image of Belinda as a blend of distinct or opposite elements—erotic and reserve, sensual and tender, mundane and divine. In Pope's mind, his mother was a blend, a harmonious synthesis of opposites. He was proud of her sensual beauty and saintliness. Therefore, Belinda's lock, or Belinda as a person represents his mother. This is comparable to Mona Lisa's smile, which, according to Freud (1919), is nothing but a blend of the opposites—sensual and divine, and which is also nothing but the reflection of the mysterious smile of Vinci's mother's.

As Pope transformed his childhood sensual and affectionate touch of his mother into a sublime image, so Belinda's sensuality was transformed into a star. This is symbolization of a symbol, Once a star guided the wise men of the East to Bethlehem. The mythical heroes and heriones are transformed into stars in Hindu mythology Dhruva Tara (Polar Star) guides man who goes astray on his way. The star Sirius is the only hope to the naval men on the Mediterranean sea. It represents both Isis and Virgin Mary, and it is also called Stella Maris—the Star of the sea (Frazer, 1929). Even today star shines on the national flags of many a country, and also on the top of a coun-

try's administrative building. Thus, star symbolizes divinity. So Belinda's lock as a star or Belinda as a person would guide Pope, the poet to sublimity. Here Belinda takes the role that of Beatrix who showed Dante the path to heaven in his Divine Comedy. The lock of hair symbolizes a sublime emotion.

Regarding symbolism of the poem we require to mention a few words more. Pope himself wrote a treaty entitled "A key to the lock", which explains the allegorical meaning of the poem. According to that meaning Belinda represents Great Britain. But we must keep it in mind that it is only an allegorical meaning. Pope did not give any key to the hair symbolism. But, the allegorical meaning also supports our view that the lock of Belinda was given a final shape in a sublime image. Mother and Mother-Land are substitutes for each other. Through Belinda the mother-image is converted to motherland, the Great Britain. Mother-Land is the sublimated form of mother.

Finally, from the whole discussion the following conclusions regarding symbolism may be drawn :

- (a) The symbolism of hair, except its significance as energy or power, varies from culture to culture. Therefore, opposite meanings are found attached to it.
- (b) Hair as a symbol recurs in primitive culture, mythology, dream, pathology and creative imagination. This shows that hair as a symbol has an archaic foundation. This points to an underlying cultural unity of man through out the world.
- (c) A symbol, as in the case of hair, unifies many areas of idea, and thus efforts for oneness. It bounds the opposite's—the profane and the divine—into a unity, it reveals oneness. Thus a symbol tends to become one with the whole. It makes possible for our thought to move from one level of existence to another. It makes possible to reduce the multiplicity of ideas into a single whole. This may be called the imperialism of symbol (Eliade, 1958).
- (d) In hair symbol we have seen that the unconscious act of symbolization functions as the unifier of incompatible and diverse levels of realities, whether they are creative or pathological, no matter. In that respect it has got a semblance to reason, as reason also

aims for oneness. Therefore, we believe, symbolization is a superior function of the Ego combined with Eros, which tends for an unity.

- (e) From the nature of hair as symbol it is gathered that we do not get any general rule for uncoding the symbolism of hair. Each case must be deciphered according to its own particular context—cultural or any other. Perhaps this statement is applicable to all symbols (Eliade, 1958).

[ *To be Continued* ]

## APPENDIX

In the back-ground of our foregoing discussion on hair symbol in pathological situations (Part I), It is very pertinent to ask the question—Does the clipping of Belinda's hair reflect poet Pope's fetishistic perversion ?

In spite of the facts that Pope was physically sick, that he was a lifelong bachelor, that he was rejected in love and that he showed a general mark of fetishism in relation to hair, all of which are favourable conditions for creating fetishistic perversion in an individual, my answer to the above question is a simple 'no'. According to Freud (1905), "A certain degree of fetishism is ..... present in normal love, especially in those stages of it in which the normal sexual aim seems unattainable or its fulfilment prevented."

"The situation only becomes pathological when the longing for the fetish passes beyond the point of being merely a necessary condition attached to the sexual object and actually takes the place of the normal aim, and, further, when the fetish becomes detached from a particular individual and becomes the sole sexual object."

With Pope, we have seen, the longing was not for the lock of hair, but for the idealised Belinda, who represented idealized feminine beauty or femininity. The lock of hair was never a sex-object in itself detached from Belinda. Rather it represented the total person of Belinda, and by way of sublimation the lock was transformed into a shining star which was named as Belinda. Belinda was transformed into a divine star which would guide humanity to the path of beauty.

There are other reasons too. We have seen that Pope was a sick but highly intelligent child. It was natural for him that he had his sexual curiosity awakened and sex research pursued along the phantasies centring round his mother and aunts. His visual impression about them contributed a great deal to his phantasies. His visual image about his mother is expressed in his comparison of his mother to a flower. We can legitimately assume that Pope's idea of beauty was developed along this visual pathway in which his primary sexual objects were his mother figures with beautiful locks of hair. The sexual curiosity of a child according to Freud (1905), "seeks to complete the sexual object by revealing its hidden parts." In his sex research Pope, somehow, must have had associated lock of hair with female sex. He substituted hair for female sex as we understand from the poem under consideration. But he did not remain confined within the fetishistic aspect of hair, i.e. only within the act of revealing the hidden parts of the sexual object. According to Freud (1905), the sexual curiosity can be "diverted (sublimated) in the direction of art, if its interest can be shifted away from the genitals on to the shape of the body as a whole". In the description of Belinda's beauty Pope's artistic diversion is evident, and the lock of hair ultimately represented the whole person of Belinda, not only any particular part of her body. Pope elevated a sex symbol to a sublime height. Thus his creative genius raised him above the common human need. Therefore, he cannot be ascribed with fetishism.

Pope's phantasies in the poem, around hair, may appear to be regressive to many. But here we find that the ego is not overwhelmed by the regression; rather, this process "remains in the service of the ego". (Kris, 1952). It is a sort of ego-regulated regression. It is a "combination of the most daring intellectual activity with the experience of passive receptiveness" (Ibid). Because, according to Kris, ego regression may occur also "during many types of creative processes" (Ibid).

Moreover, to consider creative regression as regression proper or pathological amounts to cheap reductionism which was once a dogma with psychoanalyst literary critics. In this regard Crews's (1975) words are instructive: "Among the arguments it is possible to make, reductive ones are without doubt the trickiest, promising Faustian knowledge but often misrepresenting the object of inquiry and

deluding the critic into thinking he has cracked the author's code". Therefore, we should not resort to reductionism at every step as some are inclined to do.

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## DEFICIT PATHOLOGY —SOME CLINICAL OBSERVATIONS

R. ROY CHOWDHURY

Psychoanalytic theory in the course of time has advanced a number of hypotheses as to the causative factors underlying the development of pathological mental symptoms. In the early period the latter have been understood as compromise formations resulting from conflict between opposing forces in the unconscious mind. Subsequently theorists and researchers have found that symptoms may also originate from developmental defects and/or arrests.

In connection with the latter hypothesis clinical experience shows that a certain kind of syndrome seems to be related to specific deficiencies in the earliest phase of life. There are a large number of patients whose psychological profile shows among others a sense of emptiness, an inability to form satisfying relations or obsessive hunger for limitless, unconditional love, affection and protection from a perceived threatening environment. Such a hunger cannot be satiated in any context, thus leaving the patient with anxiety-producing feelings of deprivation, rejection and unknown disasters threatening his survival. The personal history of these individuals invariably contain evidence of insufficient motherly care in the earliest phase of life, often called the symbiotic stage, where the infant totally depends on his mother and is deemed to perceive himself as being one with her. Serious deficiencies in the availability of an affectionate mother to the infant can give rise to the above type of symptoms, so-called deficit symptoms.

In this paper I intend to illustrate some of the pathological manifestations of early infantile deficit as they have been observed in adult

patients. I will highlight only those features with a direct bearing on the topic under consideration with no claim to complete presentation of individual cases.

*Case-1:* A student of 25, son of a doctor father and teacher mother was brought for consultation by an elderly lady social worker of a different community and faith, who had taken him into her family for the past 5 years. The boy, we'll call him Vijay, had a history of 4 years drug addiction, that went completely unnoticed by his widowed working mother until he informed her of his condition, when he thought he was about to die. Immediate hospitalization saved his life. During treatment the social worker counseled him. Following a confrontation with his mother after his release Vijay ran to the Lady's house and asked to be allowed to live with her family. Since then, he said: 'I can think of no other mother, no other home than Amina's. If I live with my mother, I'll go mad'. He hastened to add: 'Mind you, she is a very nice person'. The lady who brought Vijay reported that he was getting increasingly moody, depressed and withdrawn. Although she had sent him to resume studies in Delhi along with her son, he made little headway despite his high intelligence and varied talents. The boy himself was completely hopeless, self-deprecating, feeling nothing could be done to alter his life. Later I set Vijay's mother, who contrary to my expectations proved to be a loving, warmhearted, if somewhat naive unrealistic lady, puzzled and guilty at what had happened to her elder son, also suffering greatly that he lived away from her. What had led to this sad state of affairs? Some facts of the family history may give us a key to the mystery.

Vijay was the first-born of a happy marriage. His mother, however, had no breast milk, further, she was working full-time. The infant was left to a middle-aged maid's care. It was noticed that the baby was extremely greedy in sucking the bottle, would cry for more and more until the milk came out of his mouth. Vijay himself reported a vivid memory: From age 3-6 he would watch from his flat's window beggar women holding babies to their breast. He was so fascinated by this spectacle that he would call the women inside, give them whatever food he could lay his hands on and imagined himself sucking their breast once he had fed them well. He would make his maid play 'beggar', taking him in her arms and going to neighbours'

houses to beg for food. The maid further allowed the boy to sleep with her, fondle her body including breasts and genitals which caused him to feel excited. When Vijay was 10, his father suddenly expired after consuming spurious liquer. For various reasons the widow with her 2 children was abandoned by her in-laws. Neither did she receive help from her own relatives. Vijay was told, he must now take responsibility for his mother and brother, (3 years younger), which he took very seriously seeing his mother's utter helplessness in all practical matters. However, an unmarried friend of his father's offered help, which the widow gratefully accepted. Gradually this man came to dominate the entire family, with Vijay's mother submitting to his instructions in a blind faith that he knew best. The mother failed to notice an increasing estrangement between the reticent boy and this 'uncle' who treated him rather harshly and would forbid the mother to fulfil his little wishes. Under the influence of the uncle's continuous disparaging remarks Vijay gradually lost confidence in himself and got isolated from his friends. He felt rejected by his beloved mother in favour of this intruder. Yet he never uttered a word to her knowing her dependance on the man's help. This sequence of events represented to Vijay a revival of the infant's traumatic experience of deprivation of mother's care. Vijay took to staying out late, first began to smoke, then drink, thereafter taking drugs. He continued to be fascinated by breasts, which dominated his sexual fantasies. He would feel attracted to women of his mother's age, make a child-like appeal to them to be allowed to caress their breasts, then get sexually excited, would have intercourse, which according to him contained a good deal of violence. Thereafter he would feel terribly guilty and never meet the same women again. It was in face of this sexual deviation which led to his final separation from his mother. When after his release from hospital his mother confessed to him her albeit reluctant physical surrender to the 'uncle', Vijay flew into an uncontrollable rage and assaulted his mother sexually which at the time he justified to himself by the thought: If another man can have her, then I have the same right. Thereafter he begged her forgiveness, asked her never to let him get near her again, ran away in horror at what he had done, unable to face her.

*Case 2:* A girl-student of 22, we'll call her Leena, was the 2nd child born of an engineer father and artist mother. The couple right

from the beginning were engaged in incessant violent quarrels. The father was an alcoholic given to numerous extramarital adventures, the mother a hysterically inclined exhibitionistic person regarded as a beauty. The child from birth onwards hardly experienced a peaceful moment, not to speak of loving care, was frequently terrorized by father's violence on mother, witnessing vicious beatings and attempts at strangling her mother as well as sexual excess, on the one hand, and was subjected to ceaseless abuse and beatings by her mother for no apparent reason, on the other. The mother's full attention, however, was given to Leena's elder brother, a sickly child, who was always accorded preferential treatment. When in class 4, Leena on an impulse, wrote an essay, that her mother and father had died and told the same story to her friends and teachers who duly sympathized with her till her mother one day came to school to pick her up. Her consciousness was filled by a feeling of being totally unloved, unwanted. Being an intelligent and imaginative child, however, she adopted the defence of denial and began indulging in fantasies of fervently loving and being loved by a number of men and women usually senior to her, whom she virtually persecuted with her attentions, only to fall back into black despondency when her efforts were not reciprocated. At these points of time she would develop conversion symptoms, which made her chest and legs ache painfully along with a compulsive restlessness forcing her to walk about all night, which defied medication. When this condition prevented her from pursuing her studies further she was finally referred for psychotherapy. Treatment was characterized on her part by a desperate effort to secure a real love object she could call her own. The natural choice became the therapist, the first understanding, accepting person she had come across. In Leena's imagination the latter turned into her real mother in utter disregard of all rational obstacles to this claim. She made demands of living with the therapist resorting to ingenious subterfuges and emotional pressure to achieve her end. She would be aware of being at times a rational adult and at other times a totally irrational baby girl ignoring every fact of reality. In her desperate bid to acquire a caring mother, Leena would become violently jealous of other patients, her dreams clearly documenting her fears of rejection, her wish to make herself indispensable to the therapist-mother by saving her from imagined dangers and receiving from her grateful protective love in return.

*Case 3:* A professional man in his mid-fifties, was referred with symptoms of extreme anxiety after he had suffered a mild heart attack, from which he had, however, medically recovered. Enquiry showed that Dr. B. first born in an educated family, had a sickly mother, who after giving birth to 2 more children, both of whom died soon after birth, developed a fatal disease and expired when the boy was 6 years old. He remembered being mostly in the care of his doting grandmother and whilst he recalls very little of his mother as a person and has no memory of ever being caressed by her, he still recalls an intense jealousy and anger if his mother spoke to or smiled at someone else, or if someone put his arm around her. He grew up with a constant feeling of being a deprived child, having no mother, like all the other children. His father remarried, but did not allow the boy to live with him, would see him only occasionally at his grandmother's place. Another feature of Dr. B's childhood was exposure to early sexual stimulation and vulgar language by servants, and in his teens sex-play with some cousins. He perceived himself as having an uncontrollable sexual urge which led to acute guilt feelings leading to psychogenic impotency. During courtship and after marriage he was tormented by extreme jealousy always fearing his wife might prefer another man, knowing full well that she had no such disposition. He managed to cover up his anxieties and obsessive-compulsive tendencies by a domineering, fairly sociable behaviour pattern until he suffered the heart attack. The latter triggered a resurgence of feelings of helplessness and exposure to unknown dangers. Dr. B. began to be obsessed by a craving for a mother figure, demands for 100% attention from those around, 100% fulfilment of all his wishes, especially that he should be the centre of love and affection of just about everybody. His fantasies revolved simultaneously around being the baby on mother's lap sucking her breast, the little boy protected by father, hiding his head on father's chest, on the one hand, and fantasies of violent, brutal destruction, mutilation, sexual assaults on mother's and father's dead bodies, on killing everybody in sight, especially those close to him, i.e. his wife, uncle, therapist, defiling the deities he worshipped in rage against non-fulfilment of his desires. He would imagine himself as an omnipotent male subduing females with an all-powerful penis that would also serve as a weapon to destroy all and sundry, establishing him as the supreme ruler.

He would be tormented by feelings of extreme guilt and self-abasement, utter helplessness in the face of innumerable, unknown hazards, dangers, as also tortures in retribution for his evil thoughts. The acute anxiety aroused by these fantasies resulted in conversion symptoms, especially chest pains, obsessive-compulsive rituals in every sphere of life and a constant fear of a fatal heart-attack and/or turning insane.

To Dr. B. the cause of all his troubles was the failure to get his mother's love and the only rescue would be a re-emergence of an all-powerful mother, whom he implores in religious rituals. Yet he finds himself incapable of trusting any person, is tortured by constant disbelief and doubt against his well-wishers. Although he performs his professional duties reasonably well, his entire perspective is that of a little child in imminent danger of being abandoned, left at the mercy of punishing deities, speak parents.

*Case 4:* A talented girl-student of 22 was referred because of suicidal ideas, impulsive, moody behaviour, violent tantrums, uncontrollable restlessness, absence of any sense of responsibility or maturity. Her whole being was oriented at getting love and attention, proof of love in the form of wish fulfilment, being the centre of admiration, pampered in all her whims. Rani, as we may call her, lost her father, to whom she was deeply attached, when she was 10. Her parents' marriage was one of ceaseless quarrels, scenes of violence also involving her 2 older sisters. Rani felt neglected, deprived of mother's attention and finally deserted by the only person she loved, her father. Rani has no friends. She says: I cannot love anybody, the only person I loved (her father) betrayed me. I can love animals, at least, they don't betray you. Rani is obsessively involved in the care of her two dogs, over whom she fusses infinitely. She cannot stand babies, gets jealous when she sees any mother fondling her child. Rani does not want to be a mother, feeling the foetus is 'like a monster eating (her) up from inside.' Rani is totally possessive and demanding of two persons, her mother and the son of family friends, she knew from childhood and recently married in spite of considerable misgivings on all sides. Marriage, as Rani is prepared to accept it, is a continuation of the little girl-big brother, or daughter-father relationship, where she is at the receiving end of all bounty. She says: I have never thought of anyone else. Now he (her hus-

band) wants me to fondle him also, but I don't like it and I realize, he feels upset. I can't stand intercourse.' Rani feels devalued by the dominating man. So she would engage her husband in a pillow fight, then run downstairs to her mother's flat, her husband would follow her and all three would go to sleep on mother's bed, where Rani felt safe from her husband's unwanted advances. She was quite unable to do anything but passively accept caresses—'I'm like a log of wood'; she said—which, however, she demanded to be given in full measure. The couple separated within 8 months of marriage.

*Case 5:* A professional, Mr. K., of about 30 years was born into a joint family, where he was brought up by relatives along with his cousins, whilst his mother followed his father to his place of work. Mr. K., who now lives with his parents, suffers from acute anxieties, feelings of helplessness, feels he cannot walk alone outside his home or go anywhere on his own, fears to collapse on the road with no family member to take care of him. He is afraid of taking any kind of responsibility. After his marriage he expected his wife to take his mother's role, constantly be at his side and look after him, whilst he would lie on the bed unwilling to engage in any activity. When a son was born, the man saw dreams of eating the baby's flesh, of his son being a monster etc., and could not stand his mother-wife being busy with the child. There are other symptoms like Mr. K's belief, that solid food will choke him, so he prefers soft and liquid foods such as babies would take.

*Case 6:* In yet another case, Mr. A, an engineer in his late twenties, whose mother had another pregnancy right after his birth, which partly incapacitated her, suffers from an insatiable hunger for attention and affection especially from a mother figure. This is carried over to his place of work, where he expects loving care from his superiors. Further, he is obsessed with greed for money, a known symbol for love, which he tries to obtain by whatever means. When frustrated he would withdraw, absent himself from office, lie in bed at home, feel unwanted, insecure and inferior. His need to be fed takes the form of greed for food, frequent smoking, drinking and drug taking. He has no friends and nurses fantasies of a mothering wife who holds a good job and thus would be able to look after him.

If we now examine the cases presented, we can isolate a number of characteristics they have in common irrespective of their apparent

difference. Each patient's overriding need is for a quality of attention and care that befits helpless infants, but is quite inappropriate in their present adult status.

Their *insatiable demands* take various forms: in Dr. B we see a possessiveness of his love objects that claims 100% wish fulfilment, intolerance for the slightest attention the 'mother-wife' may pay to another family member, for example. In Mr. A's case apart from attention-seeking we notice an incessant craving for food, drink, and money, whilst Vijay took to smoking, drinking and drug-taking. Leena seeks solace in obsessive fantasies of loving and being loved, which she experiences as sublime bliss, something akin to a drug filling her inner emptiness. Rani is obsessed with her dogs and ever-increasing demands on her mother as 'proof of love'.

All above patients share an *acute anxiety of being alone*. This conjures up visions of omnipresent, if unknown, dangers and monsters or simply a fear of collapsing as with Mr. K. dying in the absence of the love object. One patient kept threatening, whenever the therapist was to go on leave: 'When you come back, you'll find me dead' and was given to prolonged spells of crying during such periods.

*Inordinate clinging to the therapist*, in whom the patient seeks a real object is another characteristic. There is as yet no effective inner representative of the loved person, so that her physical absence is felt as abandonment and threat to survival. Leena refused to accept the fact that she could not live with the therapist as her daughter and goes on imagining it. Vijay demanded from the Lady he sought refuge with constant reassurance that he was her own biological son, otherwise, he said, he could not survive. The poorly developed reality sense exhibited by deficit patients gives rise to unfulfillable wishes. As frustration tolerance is very low, the inevitable disappointment following such expectations gives rise to different reactions.

A *blind, uncontrollable, destructive rage* akin to that of the frustrated infant, at times fused with sexual aggression or perverse fantasies as in Dr. B. and Vijay, followed by severe guilt feelings and self-punishing tendencies. Vijay would provoke fights anywhere to redress some perceived injustice. Mr. A's reaction to frustration is *withdrawal*, literally putting himself to sleep, refusal to leave his house, taking drinks and drugs. Rani would punish her mother and

by exposing herself to real dangers, running away from home in the middle of the night, taking overdoses of sleeping pills or creating violent tantrums. Vijay would also release aggressive energy and relieve guilt feelings by *compulsive cleaning* of his cupboards or working for hours on end. Seeing himself as an unwanted, worthless outsider, a misfit in society, he would close himself into a darkened room for days, even weeks, ignoring all norms of civilized life. Leena reacted by *conversion symptoms*, which kept the whole family in a state of anxiety, thus successfully making her the focus of attention.

Over and above, what makes these patients suffer most, is their *inability to trust*. They are tormented by doubt and disbelief about their loved ones, as if they might abandon them at any moment as had happened in the original infantile experience. So they constantly demand words of reassurance from them.

In spite of all the said patients being of above average intelligence and recognizing the absurdity of their behaviour, they seem to have *hardly any control over their emotional fixation at the earliest level*, which defies insight. There is a powerful resistance to change, a latent magical belief that their dreams will or must come true somehow, some day, else they would contemplate suicide. They commonly hold the view that they are unable to stand up to the strains of adult life, develop guilt feelings and anxiety whenever their arises a need to shoulder responsibility. Mr. K. was terrified at the thought of setting up home separate from his parents as his wife wished. When they actually moved to a separate flat, Mr. K's anxiety symptoms multiplied and he became antagonistic to his wife for having caused him to leave his parents. Dr. B. developed increased conversion symptoms every time he was asked to look after a colleague's duties for a few days. Vijay felt he should take responsibility for his ageing mother, but regarded it as beyond his capacity. Rani cannot dream of performing a mother's role. She has fantasies of dying in childbirth.

Like the babies whose threatened existence they relive emotionally, *deficit patients are extremely self-centred*. There is no question of sharing or identification. They have no close friends and feel very lonely. They are passively demanding to be satisfied. The thought of reciprocity is postponed to a time when all their needs are met.



This *absence of a partnership or give-and-take attitude makes itself felt especially after marriage*. None of our above patients are able to form satisfying emotional and sexual relationships. A sense of sexual insufficiency was present in Dr. B., Vijay, Mr. K. and Rani, none of whom could reciprocate adequately with their partners. A pre-occupation with breasts, cuddling and holding body contact dominated the sexual fantasies and/or activities of the men. Likewise the females showed a preference for being fondled, but an intolerance, even fear of intercourse. In the men additionally sex became a weapon in the service of aggression, a means of acting out the violent rage they experienced as a result of the feelings of deprivation, a method of taking revenge on the withholding mother and her substitutes. The *acute ambivalence towards the motherfigure* entailing love and hate in equal measure is illustrated by alternating fantasies of blissful gratitude by mother and subjecting her to torture, even killing her. Alienation from the mother further led some patients to homosexual practices or fantasies i.e. turning to men for gratification of needs. Rani's horror of pregnancy testifies to her fear of losing her own baby-status, of nursing a rival, who 'eats (her) up from inside.'

If we now take a look at the *treatment strategy of deficit patients*, we have to accommodate at least partially their inordinate need for acceptance, affirmation, for 'being held' rather than expect from them self-evaluation or insight into their irrational behavior patterns. We are faced with obstinate rigidity in respect of infantile habits and demands, which continue to hold a promise of pleasure. Giving them up is perceived as tantamount to giving up the hope for a life worth living. Such patients require considerable patience and sensitive, flexible handling, support short of encouraging fantasies of the therapist being available as a supplier of all wants.

*Another difficulty in the diagnosis and treatment of such patients is the fact that their core problems of deficit pathology are usually*

buried under layers of subsequently developed conflicts, defensive structures and a variety of symptoms that may at first suggest an entirely different diagnosis. Oedipal conflicts, paranoid and obsessive-compulsive-symptoms, withdrawal from reality, hysterical behaviour patterns, perverse and promiscuous sexual habits were found to overlay by the extraordinary clinging tendency and infantile demandingness of the patients, the fits of uncontrollable rage and aggression when frustrated, a basic passivity in emotional relations, almost total self-centredness and a feeling that the world owes them a realization of all their dreams.

Perhaps the above suffices to roughly sketch what is meant by deficit pathology and to illustrate some of the forms it can take within the limits of a short paper.

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