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DEPRIVATION : IT'S EFFECTS ON HUMAN PSYCHOBIOLOGICAL SYSTEM

SONALI DE ; P. MUKHOPADHYAY ; P. K. CHATTOPADHYAY

Deprivation, be it whatever may be its nature, has been reported to have deleterious effects on the psychological status of the victim. Thus, e.g., low emotional tone, negative perception of the self and the world and limited knowledge about sex-role (Jurga, 1975) have been the most commonly reported effects of parental deprivation. In other sphere of deprivation, viz., sensory deprivation, i.e., deaf individuals have been reported to show greater impulsivity (Chess and Fernandez, 1981), less assertiveness (Macklin and Matson, 1985) and more ego-centricity and rigidity (Misiaszek, 1985) than normals. Such a disturbed psychological state causes chronic stress within the organism that, in turn, is very likely to alter the basic physiological system of the victim (Lader and Wing, 1966), an issue which has not been assessed much in the recent psychological research literature. Freud maintained on numerous occasions that biological predispositions to psychiatric symptoms are undoubtedly operant in most conditions (Gorman and Liebowitz, 1986) and further knowledge about psychobiological system as a whole, he felt, would only help in understanding better the mechanism behind various pathological symptoms. Of the various parameters of psychobiological symptoms, the phenomenon of arousal seems to be

the most basic and crucial in understanding human behaviour since this is the point of transition of stress from psyche to soma. Arousal is viewed as a state of the organism on the sleep-wakefulness continuum which enables the individual to maintain a set (readiness to respond) in responding to the stimuli that call on him. It does not require volumes to justify that assessment of the level of basal arousal is thus pertinent both for evaluation (i.e., attainment) and placement (i.e., rehabilitation programme, etc.) of such deprived subjects in the society. But these physiological concomitants of arousal have been largely ignored by the psychologists that perhaps is the reason for our failure for formulating adequate placement programme for the deprived subjects.

The present study purports to investigate the level of basal autonomic arousal as well as the psychological status of different groups of deprived subjects.

Methods

Subjects (Ss): Forty naive female Ss in the age range of 18 to 22 yrs were equally divided into four groups, viz., institutionalized orphans (IO) (mean age 20.5 yrs, S. D. \pm 1.28 yrs), deaf and dumb Ss (DDH) (mean age 20.2 yrs, S. D. \pm 1.42 yrs), normals residing in hostels (NH) (mean age 20.5 yrs, S. D. \pm 1.69 yrs) and normals residing in home (NRH) (mean age 20.3 yrs, S. D. \pm 1.27 yrs). The four groups were matched in age, sex and socio-economic status (middle class). The latter was determined calculating per capita income of the family. The institutions, hostels, residences to which the respective groups of Ss belonged to were located in Calcutta metropolis. IO Ss were detached from their parents by death or separation not later than five yrs of their life. DDH, NH and NRH, on the contrary, have had their biological parents both alive at the time of investigation. The DDH Ss had profound deafness, which was congenital in nature, leading to inability to develop spoken language. These Ss were free from any other handicap. None of the Ss from any of the four groups had any physical or mental illness and the Ss belonging to the IO, NRH and NH group were free from any physical handicap as well.

Material

STAI—1 (Spielberger *et al*, 1970; Chattopadhyay *et al*, 1984), 16 PF Test Form-C) (Cattell, 1970; Chatterjee, 1986). Physiological recorder for measuring skin conductance (SC) in log μ -mhos, K—Y electrode jelly, Ag-AgCl element GSR electrode (Lader and Wing, 1966), ECG paper and sticking plaster were used.

Procedure

Based on thorough physical investigation reports each case was diagnosed, and nature and extent of deprivation assessed by the experts attached to the respective institutions. Only those Ss in either of the two experimental groups were selected finally, who were found closer in terms of severity of their deprivation. Since all the Ss were naive, SA was assessed twice, once prior to starting laboratory experimentation so as to have a reference point of their basal SA (hereafter called SA₁) outside laboratory situation and again immediately after the experiment with a view to know whether laboratory as such were at all arousing to them (SA₂). For recording of SC subject was asked to sit in a comfortable chair in the laboratory and necessary connections were made following standard procedures (Lader and Wing, 1966; Chattopadhyay, Bond and Lader, 1975). Basal recording was done for 10 minutes following procedures employed by us several times before. At this stage 16 PF test was administered. Data were scored, and U test and Wilcoxon Matched Pair technique were employed to see between-and within-group variations respectively.

Results

Mean SA scores depicted in Table I revealed that compared to the subjects own SA laboratory situation did not produce any significant anxiety load in either of the groups. This shows that laboratory situation was adequate for conducting such experiments.

Table I also revealed that in SC highest score was obtained by the IO and least by the NRH, while DDH and NH fell in between respectively. Mean differences in SC between IO and DDH ($u=25$, $P < 0.05$), IO and NH ($u=6$, $P < 0.01$), IO and NRH ($u=5$, $P < 0.01$),

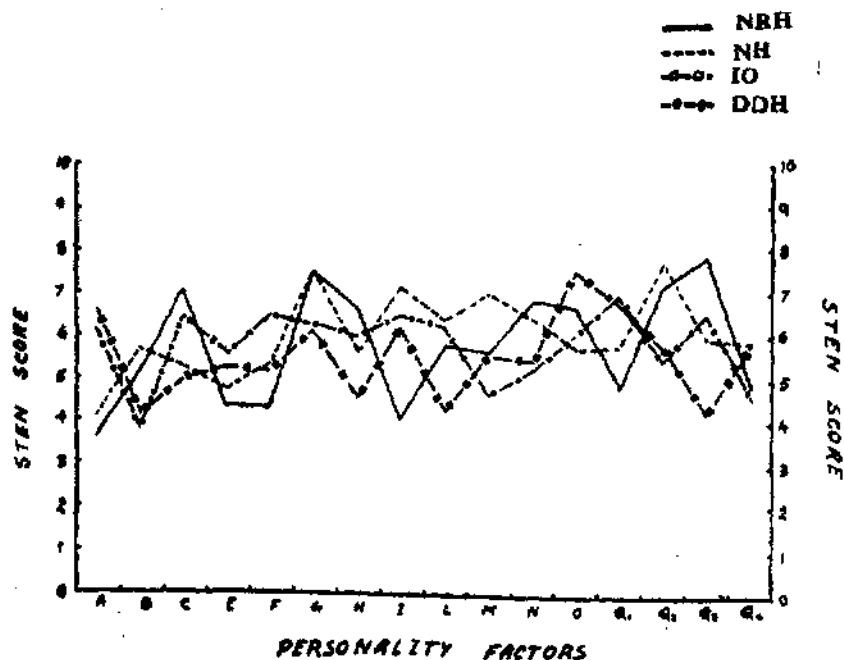
DDH and NH ($u=11$, $P < 0.01$), DDH and NRH ($u=0$, $P < 0.01$), and NH and NRH ($u=32$, $P < 0.05$) appeared significant throughout.

Table 1 shows mean and SD values of SA and SC (in log μ mhos) Scores of different groups of subjects.

		Io	DDH	NH	NRH	
SA	Pre-Testing	Mean	52.30	43.50	39.10	46.90
		SD	8.38	4.00	3.21	5.74
	During Testing	Mean	54.40	41.10	37.40	43.90
		SD	6.23	3.35	3.75	5.45
SC	Mean	1.17	0.88	0.59	0.44	
	SD	0.31	0.08	0.19	0.16	

With regard to their psychological status the IO subjects were found to be outgoing, inspired by self urge only and are least bothered

FIGURE-1 Showing Profiles On Personality Scores of Different Groups.



about social demands onto them. They are trusting, apprehensive, experimenting and have undisciplined self-conflict. The DDH subjects were, on the other hand, emotionally more stable, happy-go-lucky, tender minded, but critical, skeptical and analytical about the world. Subjects of the NH group were found to be reserved, conscientious, imaginative, tender minded and self-sufficient. NRH subjects were characteristically reserved, emotionally stable, humble, sober, conscientious, realistic, astute, self-sufficient, controlled and relaxed.

To sum up, the orphan group was found to be emotionally more unstable and apprehensive compared to its DDH and normal counterparts.

Discussion

On personality questionnaire the normal subjects were found to be emotionally stable, sober, conscientious, realistic, self-sufficient and relaxed. Lowest score on SC also corroborates well with the psychological findings and thus justifies that the normals selected in this study are calm normals and appropriate for comparison with the experimental groups. Perhaps presence of adequate emotional feedback from the parents has enabled the normals to maintain a stable psychobiological state of arousal.

The personality characteristics found in the IO group of the present study may be the outcome of long-standing psychological distress they had undergone due to vacuum created by parental loss since childhood. Rothenberg (1983) suggested that feeling of unworthiness, guilt for being alive and a profound pull toward death are the three basic psychological complexes caused by parental deprivation. Emptiness due to parental loss induces a fear of loss of self, and engagement in great variety of activities reassures such individuals against their fear of death (Winnicott, See McCarthy, 1980). To overcome such feelings of emptiness and fear the IO subjects perhaps show outgoing and experimenting characteristics as compensation. Failure to learn a balance between pleasure and reality principles (poor superego strength) due to absence of adequate parental identification may have caused undisciplined (not bothered with will control and regard for social demands) self-conflict in the IO group. Such a stressful psychic state produces

heightened autonomic arousal (Everly, 1990), and the present finding of highest level of SC in this group is in conformity with Everly (1990).

The critical and skeptical outlook of the DDH group may be attributed to the problems they face in their interaction with the environment due to hearing and verbal communication deficits. They overestimate the negative attitude of general population toward them (Furnham and Lane, 1984) and remain vigilant throughout. The latter causes heightened arousal in them and the present findings are thus in the expected direction. Question may arise that both IO and DDH group have been deprived but what could be the reason for variation in their biological level of arousal? In reply it may be stated that though deafness raises a barrier between man and man (Mayer-Gross, Slater and Roth, 1969) because of their disability in hearing and verbal communication, it can only restrict but not totally prevent them from realizing love and affection from significant figures in their environment. The situation appears to be reversed in relation to the IO group. The present findings thus reveal that compared to sensory deprivation, parental deprivation causes greater emotional instability and heightened autonomic arousal in the victims. This could be the reason for subjects in DDH group to be tender-minded. However, the level of arousal noted in the DDH group of the present study go parallel with our previous research report (Chattopadhyay and Palit, 1982).

The deprivation of parental love and affection can have a deleterious consequence on the biological system of the victims can be further confirmed from the present findings of higher than normal level of physiological arousal in the NH group. As the NH group had to stay away from home since childhood they take it as an imposition onto them by their parents and perceive their non-hosteller counterpart as a more privileged group in the society, enjoying family attachment and getting the opportunity to overcome different life-crises under the adult supervision and warmth. A disturbed psychological state prevailing in the NH group could be the reason for showing poor academic achievement level by some of the subjects of the NH group in spite of having proper cognitive resources

necessary to facilitate expected level of achievement by them. Since an optimal level of arousal is essential for adequate performance, (Yerkes & Dodson, 1908) apriori assessment of physiological level of arousal would help to modulate it and make the subjects suitable for utilizing the rehabilitation programme most effectively.

Conclusion

On the biological measure the basal level of arousal was found to be highest in the IO group and least in the NRH, while DDH and NH groups came in between respectively. So far as the psychological status was concerned the IO group was found to have a significant level of self-conflict, apprehension with regard to both acceptance of self as well as acceptance of the others they interact with. The DDH group, on the other hand, was found to be emotionally relatively better stable than that of the IO group. But DDH subjects were skeptical and critical. Like that of the NRH, the NH group as well was found to be reserved, conscientious and self-sufficient. However, the latter group showed a higher level of arousal on the biological measure, which was not detected through subjective psychological measure. Such contradiction between psychological and biological measures was also apparent in the other groups mentioned above. Possible reasons for such contradiction between the two may be attributed to the obvious limitations of the subjective measures.

Parental deprivation was found to produce more deleterious effects on the psychobiological systems of the victims than those with sensory deprivation.

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We are thankful to Calcutta Deaf & Dumb School and the local orphanages for their Cooperation.

A CASE OF CONVERSION HYSTERIA

NILANJANA SANYAL

The patient is a Hindu unmarried female of 24 years. She is a graduate. Her main complaints were : occasional severe pain on the right shoulder whenever she had an altercation with her father or her fiance or when she didn't receive her fiance's letter for a long period ; restless and anxious over trifle things ; intolerant about co-passengers in the bus and indecisive about getting married to her fiance.

Preliminary assumption

On the basis of the complaints it is assumed that the patient is suffering from hysteria. The dynamics of hysteria can be explored in the present case.

Method followed

In the psychoanalytic treatment of the patient free-association and dream analysis methods were followed.

Family history

The patient was born and brought up in an extended family set-up. Her family unit comprised grandmother, parents, uncle, aunt, her only elder brother who was older than she by two years and herself. Her father was in administrative position in a government concern and used to draw a fair salary. The father was the head of the family and was an extremely domineering personality. The patient's mother was of very submissive type and was throughout a house-wife. They were followers of 'Vaisnav religion' and

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were vegetarian. Being a student of a convent school and a college the patient was very much influenced by anglicised life style which was totally different from that of her family tradition. She liked popular western music, and danced with her boy friends at the hotel, had a habit of drinking and smoking and was a highly fashionable type.

Her uncle after a few years of his marriage, got separated from the family unit. Her aunt, father's sister, was a spinster and was a school teacher. The patient never had a congenial relationship with the aunt and grandmother whom she considered to be highly interfering. In her opinion they used to meddle into her affairs almost on every occasion and also they had hostile feelings towards other members of the family.

Personal history ;

From her early childhood the patient was very demanding and at the same time very obstinate as revealed by herself. In her childhood she could never come forward to pick up conversation with anyone and always looked for attention from others. When she was three or four years old, she used to stay at home for very brief periods and spent most of her time with their upstairs neighbours who had no child in their family and the couple had great affection for her. From her childhood days the patient also reported to have had pleasant bonds with her own mother and uncle. After her uncle had left their home, she developed a discontent in the existing family set-up. In her opinion, the aunt (father's sister) used to try to dictate her in every respect to which she was utterly intolerant. The patient narrated her aunt's emotional involvement with the Headmaster of the school where she used to work and could never get married. The aunt had an irritable temper and had a bossing tendency specially in case of the patient. The grandmother used to support the aunt regardless of the issues and events.

The patient was highly dependent on her mother specially with respect to her daily course of activities. like dressing up, taking food, getting things ready before going out etc. and reported to have liked her most during her earlier years. She detested her father from the very young age owing to his domineering attitude to everyone in the

family and bad temper. The father used to look after the studies of both the children from its beginning, but could never control his temper while helping them in their studies. He used to shout a lot if they had made mistakes and the patient used to tremble internally : sometimes the father used to beat them up if they could not do their studies upto his own standards. Owing to such occurrence the patient had tremendous fear of being hurt by the father. Moreover sometimes the father used to give bath to his children between her three to five years of age. The patient could remember his rubbings and wipings to be very hard and sometimes painful. But neither she nor her brother had the courage to protest the father's rough handling. She told that gradually such encounters with the father made her very adamant from her young age. She could recall the incidents of throwing away things whichever that was within her reach. when she used to get angry. She also had occasional temper tantrums to which ultimately everybody conceded. Gradually, when she became little older, she could convert her mode of anger by being adamantly quiet and non-responsive to everyone around her.

In her very young days the patient seemed to have an extremely friendly relationship with her only brother. The brother was very much loving and caring about her. But with the passing of time she could realise her jealousy towards the brother. To her it seemed that the brother was the centre of the family's attention and attraction because of his being a boy. Regarding her jealous reactions to the elder brother she narrated her hostile feelings towards the ever-cherished mother. She stopped talking to him when she was in class-VI. In this respect she could recollect the memory of a childhood incident where both of them were playing together when the brother got badly hurt after banging his head against a wall. After this all the family members including the brother himself abused and scolded her as if she was responsible for it. During her adolescence she found her brother to be extremely inquisitive about her activities, specially her going out which irritated her a lot. At this stage she considered herself to be totally neglected in the family and felt that the family members were unconcerned about any of her activities.

She depicted her mother to be a very timid person who patiently

bore the hostile ravings and rantings of the father. As a child the patient desired revolts in the mother's behaviour, but that never had happened. According to her, this attitude of her mother prompted her to take up the reverse role in her life and became a rebellious person. She used to stick to her decisions even if she felt that she was not doing the right kind of thing. For instance, just before her Higher Secondary Examination she went and stayed with one of her school friends whose parents were then out of a trip. Furthermore whenever she felt like staying out with a boy, she did it in spite of everybody's dislike. To her the disobedience was the means of achieving self-respect. Even to the point of intervention by the aunt or grandmother, while her mother remained submissive, the patient revolted in her own way of defying others by ignoring them totally and keeping mum to any queries by the authorities. Besides, she never used to submit as reality demanded. She used to suffer from a feeling of being trapped whenever the question of submission came up. Even in bus journey and in a traffic jam, she had this trapped feeling, as she reported.

The patient reported that she was sexually involved with several boys from time to time from her early age about 6 years of age. While narrating those incidents she expressed her feelings of guilt over the issues wherein she encountered frustration in each occasion. Of these people she became seriously involved with one Anglo-Indian boy whom her father did not like. Once she was coming back home with this boy who was holding her by her shoulder, her father saw it and when she reached home, he immediately slapped her. But in spite of her father's displeasure to such attachment, she decided to marry the boy immediately after the incident. The boy got a job in a tea-garden and left Calcutta promising to marry her after two years.

During her sessions she narrated her friendship with two Bengali girls only, one from her school age, the other at the college. She considered these two girls as her only friends and she used to disclose all her life events to them.

On her educational side, the patient passed her Higher Secondary Examination in first division from a well-known convent school in Calcutta. All along her school days she did fair in her examinations. But in the college though she got admitted into English

Honours Course, she could not maintain her honours owing to sheer negligence towards the study. Ultimately she took her pass course graduation degree from another convent college in Calcutta. Later on she joined a tourism management course and completed it fairly. With the help of this Diploma, she could secure a job in a travel agency. But here her personality clashed with her immediate superior—an young lady and she lost her faith on the managing authority too and ultimately rendered her resignation. Just after this she became depressed and gradually became conscious of her other complaints and came forward on her own to take up psychoanalytical help.

Free-Association Materials

The patient had undergone 54 sittings. During the first few sessions while narrating her life history the patient felt very much agitated in talking about her father and her lady boss in the job situation. She considered both of them to be domineering, self centered and pokey about her affairs. It was because of this lady's interference that the management came to know about her involvement with the Anglo-Indian boy whom she decided to marry and with whom she used to speak over the phone from the office. The management tapped the lines and listened to their conversation. When she came to know about it, she went to submit her resignation though the management had not complained against her. The Managing Director persuaded her not to submit this, yet she did not concede to it and left the job. In her opinion self-respect was more valuable than that of the economic gains through service.

She depicted her father to be the most ego-centric person who was always unconcerned about the children and the wife. He was ambitious and used to keep himself busy with office work all the time and never spent his free time at home. She remembered that her father accompanied them on a very few occasions to the social invitations and even if he had done so, he used to walk at a distance from his family members. The father never took her out alone or reached her to the school which she craved for in her early days. Reflecting such desires after a few sessions (sit no. 9) she dreamt that a small girl was going somewhere with her father. The father

being very impatient was more interested in reaching the girl back home, in spite of the daughter's wish to stay with the father. The father was saying that he had got some work while the girl answered that he was hurting her feelings—she didn't want to have anything from him, just wanted to stay with him the patient was consoling the girl by holding her close.

Moreover the patient recalled her father's negative comments regarding her and her brother's performance in academics almost all the time. He used to scold both of his children very harshly, and had beaten them up on a few occasions. When they grew up the father started compromising with the demands of his only son leaving behind the daughter's (the patient) wishes and needs. She was not in talking terms with the father. He used to misbehave with his wife also, but the patient's mother played a compromising role with him all the time.

After highlighting this part of her life, the patient reported two of her childhood dreams

- I) There had been a stack of house building iron rods—she had been chased by someone—she was running and running, feeling that she would not be able to do it up—still she was running.
- II) She had been walking and walking—there was no bus or tram—a long road—she couldn't walk anymore—still she was trying.

Just after reporting these two dreams along with the narrations of her life history at the background, suddenly from sit no. 4 she became silent. On consecutive three sessions she did not speak at all, rather she came in time, took her seat and kept on weeping at any intrusion by the analyst. On the first day when the analyst intervened with the questions like what was bothering her, what were her difficulties, why wasn't she talking, she replied that she had a feeling of blankness, she didn't feel like coming to the session and she couldn't think of anything. While she had been asked by the analyst to try a little to probe into this blankness, she started weeping.

On the next session (sit no. 5) again she came in time and took her seat. She looked depressed and couldn't communicate at all.

The analyst came forward with a helping attitude and asked her to feel free to the analyst who could help her to locate her sources of difficulties in communication. To that she wept for a while and then said she didn't like to let others know about her problems. The analyst pointed out that purpose of the sessions was to help to sort out her problems to get solutions to them. She came out with the feeling that if she could spoke out her mind, she would be considered to be an immoral and degraded person by the analyst. The analyst tried to clear up her concepts regarding the analytical sessions where there was no scope for developing a misconception about someone, no question of degradation, morality or immorality.

After this on 6th session, the patient came with a bunch of papers in her hand which she offered to the analyst after being silent for sometime. The analyst asked what were there in the papers. She replied that she had written all her feeling which she couldn't speak out directly to the analyst. The papers were taken from her, but she was told by the analyst that if she could speak out then about what she had written on her papers, it would help her a lot, because it was not possible for the analyst to go through the writings during the session and she would go through them later on. At this she seemed to be a little relaxed and gradually started narrating her physical involvements with a number of persons and wept a lot associating on them. Here she reported an early incident of being sexually caressed by one of her uncles at the age of six, who used to visit their place quite frequently and used to play with her clitoris by rubbing it repeatedly. It appeared clearly from her behaviour, narrations and outlet of emotions that transference was developed to some extent in a positive way.

Thereafter with the pouring out of her associations on several sexual involvements, she came out with the apprehension of rejection by her boy-friend. She considered her frank admission of these incidents to her fiancé to be wrong, who according to her judgement couldn't take them easily and got depressed in knowing that she was not a virgin.

She also seemed to have apprehension of insecurity over the fact that her father's retirement was due within a short period. As because they didn't have a house of their own, her tensions were

roused around the thoughts like what would be their future—where would they be going to stay, whether she would like that place or not, whether her father would agree to buy her ornaments and nice clothes to get her married to the boy friend and a few other similar thoughts.

With the trails of apprehension from these corners, her attention shifted to one of her major problems of being unable to tolerate the touches of her copassengers in the bus. She had a feeling that she had been intentionally and constantly touched by the male bus passengers who seemed to be lustful towards her all the time. She felt as if bus conductor willingly touched and pressed her palm while giving her tickets. Such incidents irritated her to a great extent. These irritations led her to associate on the clashing points between her father and herself and ultimately took her to the point of defying the father through any means, one of which was getting involved with other men physically.

In the next few sessions, the flow of association took her to few successive dreams pinpointing her conflicts regarding her sex desires. The dream were as follows :

- 1) She along with one of her school friends went to take food outside—suddenly she found that her fiance was waiting outside—She was thinking how the fiance could come to know about her being there.
- 2) She was going somewhere in the colony—it was dark—someone was chasing her—she was trying to escape, but couldn't escape.
- 3) A party going on—her fiance was there—after a while he couldn't be seen it was late at night—she couldn't return home—someone had brought in a dead body saying nothing had happened to her fiance.

Giving association on these dreams the patient manifested extreme anxieties and a deep sense of insecurity in respect of relationship with her near and dear ones. She also came out with her conflicts regarding her aunt and the fiance's mother, both of whom according to the patient were rude, inconsiderate, interfering and jealous about her she also found it difficult for her to comply

with anyone's wishes or dictates. Her usual pattern of response in these situations was sitting quietly being totally defiant to others.

Gradually there were traces of some idiosyncratic thoughts or apprehension in her. She reported her fear in seeing a black cat or looking at the aunt's face (uncle's wife) which she thought would bring her ill fortune. After these thoughts again she revealed her craving for a caring father repeatedly, which she received partially from her associations with her boy friend. The boy friend seemed to be of high importance in her life without whom she felt terribly insecure and restless.

At about this time, in several sittings, the patient expressed severe sense of inferiority in respect of body, beauty and self confidence (sit no. 20, 21). Regarding her physical appearance she judged herself to be not good looking as she was short in height and little flabby. She thought she had an immature look and from her ways of communication, people regarded her to be much younger than what her actual age was. To her opinion, as she didn't seem to be good looking and matured, people stare at her to see the oddity in her. Moreover, she found that even strangers, if and when conversed with her, their treatments towards her indicated that they have misjudged her age. To her achievements, she assessed herself to be always inadequate and comparing herself with others, she thought herself to be unaccomplished. These feelings cropped up in her when someone criticised her by drawing comparisons with others. Later on she ultimately linked this inadequacy with her past unsocial sexual involvements and described the male members to be always lustful and animalistic. Her childhood memories revealed that in her school days even though she used to have proper wash and wear clean clothes, she had a feeling of being dirty and while others seemed to be fresh and clean. Narrating all these feelings, in between, on a few sessions she revealed her transference-resistances through her ambivalence regarding the analytical sessions.

Though she seemed to suffer from doubts regarding the effects of analytical sessions and had hesitations towards it from time to time yet whenever any resistance towards such treatments or queries about it came from the family members (aunt, mother), she immediately

shouted at them saying "how would you know whether sessions are helping me or not?" This again indicated her positive transference towards the analyst. She narrated a dream in this perspective. She dreamt that she being an infant was in her in-laws place—the analyst was a kinder garten school teacher to whom all the parents were talking—she had been taken to her—ripe green coconuts were falling from the trees—somehow the analyst saved her from one such falling green coconuts—she had taken all the green coconuts from the analyst and not giving one to anyone else—she had been reviewing the snaps they had taken up during her visit in the in-laws place. Association on the dream brought forward her irresistible craving for mother's attention. She wished that her mother should be attending to her only whenever she would be around her. Slowly this feelings expressed her sibling jealousy in the incidents regarding her brother, when everyone at home attended more, especially the mother, on accounts of being the only son in the family even to not being well at studies like the patient etc. She expressed her jealousy towards the husband of one of her newly married very close friend(s) when she considered the marriage as the cause of separation between herself and her friend. She had jealousy towards her maternal aunts who were younger than her mother and her mother had soft feelings for them. She had the feeling that these aunts were taking away her mother from her. Then her jealousy was indicated regarding the other patients of the analysts, when she felt as if forcibly sharing the analyst's attention.

In between she went to Mangalore with her boy friend to get hereby acquainted with her in-law members. Coming back from Mangalore she joined her psychoanalytical sessions after 20 days. There in Mangalore she was not liked by the would be mother in-law which aroused her tension and anxiety regarding her marriage. A gush of aggression came out in her associations. Though she was communicating with her fiance through letters, she started feeling uncertain about their marriage as because the boy couldn't fix up a definite period for marriage. Her tensions seemed to take coverage in dreams like the following :

- I) Moving around with school friends—one of her friends got married—the size of the bathroom in the patient's place

suddenly decreased a lot—she is having respiratory uneasiness—loose T.V. wires all around—she is fearing about getting shock from loose wires—the brother has dismantled her tape recorder—she is shouting at her mother.

- II) She has gone somewhere—an ugly looking Muslim boy—she had gone to a high place a bamboo ladder was there—the boy stood near it—she had to descend through that ladder—she was scared—legs were shaking, heart beat increased—fiance turned up and helped to come down.
- III) Went to fiance's place—it was late at night—everydody was asleep—she had two soiled sanitary napkins in her hand—she threw them—thought it might fall on someone's place.

Associations on these dreams revealed her bodily symptoms of feeling uneasiness in the stomach, having giddy feeling etc. and along came promptly the inability to tolerate the touch of somebody, specially in the bus. She found the people to be filthy and lusty about her. In addition she recalled an incident of being grabbed by someone from behind in the street on one evening, but was saved from molestation by the sudden presence of other people in the situation. She couldn't even tolerate the starings of the pedestrians on road. The absence of her fiance added to her intolerance. She tried to fill it up with the involvements with a married man, inspite of her judgement that she shouldn't go for it. She came to know this man through one of her lady colleagues who was involved with this man. Later on the man became interested in her and she drifted away from her friend. The man was in a responsible job and had two kids. Off and on he used to call on the patient and everytime they met, they got sexually involved. Due to this involvement she got herself plunged into severe sense of guilt and also of inferiority but she had repressed hostility to every male persons, specially towards elderly ones, which prevented her to have faith, reliance and attachment to any one. She was very much concerned about her unsocial instinctual activities and desires. Yet her defensive arguments were that the man was a friend of her, she enjoyed talking to him, having smoking and drinking sessions with him and at the same time she found him to be caring about her and

for all these she had to pay through her body. She told that the man used to plead her to have sex, because her physical presence and even the thought of her body used to rouse him sexually. Indirectly she enjoyed this craving of him towards her body. But also after each involvement she used to feel bitter and guilty and developed hatred toward the man. This involvement helped her in venting out her ambivalence towards the opposite sex members. The man, she thought had strong affection for his own kids which the patient hated most. Yet his wish to have the patient beside him all the time and to maintain an extra marital affairs with her made her feel proud sometimes. (sit no. 35).

Furthermore she defended her activities by connecting her sexual impulses as mostly against the indifferent unconcerned father. Here she complained of her right shoulder pain which she felt after the verbal fights with the father or else when she didn't receive the fiance's letter for a long period (sit no. 46, 47, 48). She showered her aggression on both of them, reported them to be insincere, untrust-worthy and selfcentred. Then she tried to draw sympathy of the analyst by describing her emotional deprivations from the parents. She came out with the comment that none of them understood her. Then she concentrated on the mother's side and tried to reveal her sympathies to her. She also produced materials regarding her good performances at school, her ways of tolerating people around her and her systematic approach to any job or work she took up. She tried to impress the analyst by smiling in a childish way while listening to the interpretations of her free-associations and expressed extreme dependence on her in solving her problems. Again she had a transference dream: a teacher was praising her—gave her a sandwich to eat. Acceptance of love through food indicated her transference of her early childhood emotions (positive) from her mother on to the analyst. Associations on the dream revealed her acceptance of the authority of the analyst. She could take the decisions of her own from time to time, she could submit to her boy-friend's opinions little more easily, though she found him to be a weak personality who couldn't go against the mother or the office superiors.

Again her attention shifted to her over sensitiveness regarding the bus passengers. Here the touches of females and kids specially made her extremely angry. She feared that germs of numerous diseases will come to her from these passengers. Sometimes she used to express her discomfort at them, otherwise in her fantasy she used to pour her aggressions on them. Even to the passers by in the street she felt everybody was looking at her and she must be looking odd and they would laugh at her. The thoughts switched on her aggressions and she used to feel anxious and helpless. Gradually she developed a fear in travelling by a bus or going out in the street alone. Prior to this phase also she reported the touches of the females to be undesirable to her. She couldn't like the touch of her aunt (father's cousin sister) who while watching a T.V. kept her hand on the patient. In the bus if the female copassengers used to rest their hands anytime against her, she couldn't remain indifferent to it.

But gradually there came out a conscious liking for females' presence or touch in her associations. If she had a baby, she thought a female body would be more desirable to her than that of a male one. Quite frequently she dreamt of being in her friend's place(s), gossiping with her or going out with school, college friends etc. Then she dreamt that she was giving examination—she was writing in Bengali—she couldn't write fast—she finished one question in three hours time—paper had to be submitted within 7 O'clock in the evening—she was seeking for her help to which the aunt agreed. After a few more sessions, she could even enjoy the touches of small girls in the public transport. She found it to be very soft and soothing (sit no. 51, 53). In this context she could remember again one of her childhood dreams as follows.

Someone was coming to grab her—soft cotton like materials were dropping on her—they were very light—but so much of them were falling on her that she had the feeling of being choked.

The associations on the dream content revealed her attempts to identify herself with the aunt and the mother. Then her associations took a turn to the positive identification with her mother. She started showing slow but gradual improvement in her dealings with

the other members of the family. She started communicating with their visiting relatives and spent time/three days at relatives' places. Though she could not revive her communication with the brother, but started talking to her father off and on. Even after her fiancé had a motor-bike accident in Assam, she went to see him being accompanied by her father. Though the domineering personality pattern was there in the father yet she could see his touches of positive emotions and affections to her. There were assuring letters from the fiancé regularly. She stopped mixing with the other married man. Her previous complaints regarding the shoulder pain diminished to some extent and sometimes she used to feel free.

Still there were a few more anxiety dreams in between, she started suffering from separation anxiety at the thought of leaving her mother and the analyst and be married and off to her husband's place. The unavailability of the mother's assistance to all her daily course and the separation from the analyst mingled up and made her depressed. But she tried to restore her mental strength and follow the reality as best as she could. She thought of joining a sewing course and took up initiative in cooking at home. There she felt the need of getting appreciations as because she was good at cooking, but did not bother much if it did not come out well. Over and above she looked forward with the fantasy of being with her lover and be loved by him.

After six months she got married to her fiancé and left Calcutta. Afterwards she kept contact with the analyst through letters where deterioration was not reported.

Discussion :

The materials derived from the records of personal history as well as from free-associations indicate a distorted psycho sexual developmental pattern in the present case. All throughout her sessions the body alongwith the sensation of touch became a focal point around which her main symptoms gathered. Her childhood memories indicate one significant experience in her life which can be said to be sub-stratum of her unwholesome personality development and later

adjustment problems. When she was three years old and her elder brother was five, her father used to give both of his children bath at the same time. In bathing both of them were physically exposed and the patient got the opportunity to see the physical differences between male and female child. Moreover at the same time she used to be in direct body contact with her father also through these experiences she was acquainted with sex and got the opportunity for comparison of two sexes. This comparison prompted her ego to have knowledge about sex difference. The pleasure of having the soothing effect of bath along with the touches of male bodies were likely to have been quite pleasurable to her, but that was marred by the malhandling of the situation by the harsh and aggressive father. Hence what could be pleasurable, turned into painful experiences to her. As it is her childhood memories revealing her interaction with the father depicted the father-image as totally negative and painful because of the father's mode of behaving through the tight painful grip and wiping during the baths by the father, covered the pleasurable aspect of the body touches with painful experiences. Little later, at the age of six when she was being touched at the genitalia by an uncle repeatedly, there was a high degree of clitoric excitement in her. Perhaps this highly charged clitoric excitement and a bit fixation to this resulted in clitoric importance in her sex-life. This again turned her to be tom-boyish. This caused in her a sense of masculine protest. Consequently this might have caused a diminution in importance to her proper genital or vaginal zone. This is one of the characteristics of the hysterics* (Freud, 1909). Her body surface became the source of erotic pleasure. This was evident from her later life style. This high intensity of clitoric excitement before her latency period created a disturbance in her normal psycho-sexual development. The quantity of libidinal urge employed in sex-play much before reaching a state of body maturity caused a disproportion in the attainment of balance in libidinal flow (Freud, 1905).

As it happens with females with high amount of self-love, these appeared in her puberty with the maturation of her sex organs the

* Freud (1909) says: "As far as my experience goesthe innate constitution of hysterics is marked by the genital zone being relatively less prominent than the other erotogenic zones".

inherent primary narcissism with much intensity. The major amount of her libidinal flow was in the direction of being loved. Her own body became her point of concentration—object of her erotic life. She found pleasure in decorating and exhibiting her body. Her whole erotic life after her puberty gives evidence in favour of this contention.

But here a question may arise, why her narcissistic trend in love-life amounted to perversion? She entangled herself with several sex affairs, even with an elderly married person. The cause behind this fact lies in the frame of her mind which was not properly developed. Due to her maladjusted relationship with parents and parental figures and due to an unhealthy experience received by her in her early years in the event of being sexually malhandled by one of her uncles, her ego ideal was not formed properly. According to Freud (1914), the ego ideal restricts properly, i.e., socially, the channelisation of libido. Therefore, where the ego ideal is not formed properly, the sexual urge manifests in perversion.

In the next place, evidences were found to focus on the fact that she had extremely poor object relation. At the first place parents' discriminative behaviours between her and her elder brother initiated basic lack of identification in her. While she had some infantile craving for the father, the father's harsh, aggressive, inconsistent behaviour to her and to all other family members made her depressed by being repulsed by the father. His utterly aggressive tone in behaviour vitiated her mechanisms of identification with him, a love object. In the next stage she couldn't identify herself with the mother too, owing to her extreme timidity and submissiveness to the aggressive father. The mother being of her own sex and being also inferior to her father, i.e., male, aroused her hatred towards the mother. The mother also appeared as rival to her desires towards the father with the feeling that the mother had castrated her to make her inferior to males which is evident in her allegations about her mother for her misfortunes. Besides the discrepant attitudes of the parents between the children started the vicious circle of sibling jealousy towards the only brother, negating the identification process there again. Thus in general, the father's aggressive disposition, her

jealousy towards the brother, a timid mother-image, her sense of inferiority as a female—all contribute to her pattern of distorted object relation.

Gradually the same mechanism extended towards her interaction with the other family members, the aunt and the grandmother, where she always felt irritated at their slightest intervention into her affairs. The over all negative outlook towards life as such refrained her from enjoying the sexual involvements, where again in spite of her craving for male company, she always felt being exploited by them.

After having the primary sex knowledge in bathing sessions, she could realise the discrepant attitudes of her parents towards her and her only elder brother. According to her view, being a boy, the brother used to get preference in every respect, which ultimately aroused the penis envy in the patient along with extreme sibling jealousy. The bathing sessions gave vent to her sexual curiosity to her brother to whom she had her attractions. But continuous discriminating behaviours on the part of parents between the two children made her feel subsequently inferior with the fact of being devalued because of being a female (i.e. lack of penis), such inferiority also shaded her idea of getting pleasure through the body touches by males, being jealous towards them. For the penis envy and inferiority due to femininity she held her mother responsible whom initially she blamed to be on the brother's side all the time. Though she had her regressive tendencies in utter dependence on the mother, yet her association's revealed that she had prominent negative feelings towards her. As her mother was all along very timid and submissive, she used to hate her mother's attitude to others and considered her as a very inferior creature to that of her other family members, specially the father.

In fact her over-all psychosexual development was marked by disturbance, mostly in her phallic phase and this particular libidinal disposition along with her pattern of object-relation and sense of inferiority together made its harmful effect on her subsequent life. With these features forming the background, her symptoms can be interpreted in the following way :

1. *Shoulder pain* : With the excessive libidinal disposition in the phallic phase, the patient had craving for male company and attention. But due to her ambivalent object-relation and various life experiences she perceived pleasure associated with pain in body. In her earlier bathing sessions when she tended to enjoy the elder brother's company or the father's body touches, she came back baffled with the pain in the body inflicted upon her through the father's harsh rubbings or wipings. Yet in later incident when she was enjoying the boy friend's touch on the shoulder, she was punished by the father, being slapped on the shoulder for being touched by the boy friend there. Again when she associated pleasure with pain the body became the place of both reward and punishment to her. Having a feeling of being cared and protected by the boy-friend as he was holding her close by the shoulder created the image of having a reward from him where the body was the media. At the same time the tight slap of the domineering short-tempered father because of having such a reward, filled her mind with the sorrows of being punished. Shoulder pain is a compromise of pleasure and pain, reward and punishment in a symptom of conversion. Her preoccupation with her own body and the symptom of shoulder pain point towards hypochondriac and hysterical conversion symptoms. We have been in this case, as stated earlier, that her act of concentration on her own body gathered impetus since her early ego. Her persecutory as well as pleasure feelings were transformed into physical symptoms. According to Freud (1914) this is a sort of preoccupation with the inner object ; therefore it is an introversion behind which lies self-love or narcissistic trend. In the present case under study the patient was preoccupied with her own ego, but it was her body-ego or self-image in terms of her own body. The patient's libido is manifested in a general way through her body and specifically through her shoulder pain. Her psychical conflict is transformed into physical pain. Moreover her exhibitionistic attitude in the mode of her daily life indicates her emphasis on her own body. As she was a narcissistic type, she capitalised her body to win over love from others. In spite of her repeated self-injuries in love life, she went on employing her body to have a warmth of love.

2. *Sexual involvement with different persons* :— In a very early stage of development, the course of incidents in the patient's life made her quite acquainted with sex as a pleasure deriving media in life. She had her cravings towards the elder brother, father and also the uncle (father's brother). But the discriminative behaviours of the parents, resulting in the development of feminine inferiority made her jealous towards the male and ultimately prevented her from enjoying their company. Moreover owing to her disturbed psycho-sexual development with high intensity of clitoric excitement before latency period in ego's immatured state, which caused an imbalance in her libidinal urge that prevented her from enjoying the real sex activities. In one after another situation she got involved with men sexually, there were traces of love craving in each of these involvements, specially in her involvements with the aged married man whose attention towards her body and likings for her company made her feel proud mostly, yet she could not reach to a stable point of settlement in any one of them. This indicates her improper oedipal craving along with a strong narcissistic bearing to perversion in the sense of unsocial sex drives.

3. *Fear of being touched in the bus* :—The history as well as her associations revealed that the patient had a nagging fear of being touched in the bus by the copassengers. This fear may be interpreted in the light of a defense of reaction-formation (Fenichel, 1946). She always had the sexual cravings towards the males around her, but her sense of inferiority regarding femininity made her feel exploited by males in these encounters. Thus to repress her own sexual wishes, she expressed the opposite reaction, the fear of being touched by copassengers, i.e. the fear of being penetrated by them.

4. *Resentment with her own appearance* :—Her sense of inferiority around her body image was revealed in her later associations where she depicted her low self-image of being ugly looking, short and flabby and having an immature look. This was also the result of her feminine inferiority. Her sense of inadequacy and being unaccomplished, specially when criticised by the others were also related to this sense of inferiority which she thought was the outcome of female-birth. In spite of her sense of inferiority and sense of deficiency, she

possessed a hidden self-love of which I have pointed out earlier. She could over-come her deficiencies by this narcissism as is evident in her craving for love and exhibitionistic trends. Subsequently, during the course of analysis her ego ideal was repaired to some extent the pattern of which was reflected in her transference dreams of being protected by the analyst or receiving food from the analyst. These are nothing but her image of perfect parental figure which she desired to have in these dreams we find a reflection of her inner world and this is formed, according to Joan Riviere (1971), "solely on the basis of the individual's own urges and desires towards other persons ..". So this also, according to Freud (1914), is fulfilment of self-love by internalising the ego ideal. In the case of this patient, we have seen that along with the development of a positive relationship with the analyst she could gradually develop positive relationship with other female persons which she previously could not. Melain (1971) describes this process as an "extension of the self", because the self-continues its existence, in a better and valued way, in the internalised ego ideal. To overcome this, later on she tried to identify with the females around her and to secure love from them. This attitude brought forward her transference dreams of being protected by the analyst or receiving food from the analyst or even in her infantile regressive attitude towards the analyst in her child-like communicating mode.

5 *Exhibitionism*: As a reactive mode of behaving towards her feminine inferiority and also to satisfy her cravings for male in indirect way, the patient manifested exhibitionistic tendencies in her. Generally she used to get over-dressed whenever she was out of home. At home also she was highly exhibitionistic in her attires, even in the presence of the father and the brother. This exhibitionism is also an evidence of her narcissistic bent of mind. Through this exhibitionism she used to make effort to influence the onlookers in various ways (Freud, 1924, Ferenczi, 1926).

6. *Aversion towards persons of the same sex*:—Initially she didn't have positive emotional bonds towards the other female members at home, like the aunt (father's sister), attached to femaleness by the patient. Actually her own inferiority as female was so deep-

rooted that any interaction with females always aggravated and magnified her injured self image of being a female.

7. *Ambivalence*; Her genuine inferiority complex regarding femininity also resulted in ambivalent attitudes towards the same sex members. Her lack of passivity and ambivalent attitude towards the would-be-mother-in-law or the analyst (being female) were evident from time to time. Her wish to communicate and establish smooth relationship with the mother-in-law through writing letters to her, yet not even replying the mother-in-law's letters can be accounted for as evidence of ambivalence. She used to manifest her ambivalence towards the analyst by coming to the session, yet with the wish of not complying with the rules of analytical sessions.

Later on, due to working through the analytical sessions with a little improvement in the identification with the mother, these symptoms of ambivalence, aversion towards the same sex members was replaced by the craving for a baby girl or enjoying the touches of kiddy girls in her proximity. Such transformation in the wishes can be logically assumed as the result of her desire to fulfil her wishes by starting afresh as a baby girl and to overcome her present drudgery.

8. *Indecision and anxiety*: Starting from the point of body craving in her, the root of indecision can be seen to have been embedded in her pleasure-pain confusion regarding body pleasures. With gradual deterioration such confusion took the turn of anxiety in her. There was lack of matured super-ego as a result of poor object-relation in her and the lack of ego stability was evident from over-all profile. There was poor reality testing on her part and poor super-ego led to easy allurements. All these disturbances ultimately resulted in indecision. Because of her indecisions she suffered from apprehension of loss of love which aroused anxiety in her.

To assess her position in an over-all stand it can thus be said that basically her early displeasure in emotional life because of lack of identification with the parents, their discriminative approach to the male child and female child, lack of development of balanced super-ego, her impulsive sex relations—all had resulted in over-all distortions in her psycho-sexual growth, the by-product of which

was the development of strong sexual urges to compensate her sense of devaluation and inferiority generated by her penis envy. In one after another incident she got physically involved with men, she used to adapt active role in sex plays, yet she came back baffled all the time with the feeling of being exploited bodily by the men. Her overwhelming sex urges distorted the whole reality knowledge, she fell in the clutches of punishing super-ego, with the anticipation of receiving punishment she suffered from guilt pricks a lot. Her deformed super-ego never came to rescue her ego in times of necessity.

Gradually with the attempts of realising the sources of her difficulties, there occurs several examination dreams in a repeated fashion where her failures were indicated. Such dreams can be explained—in Freudian light (Freud, 1900) as viewing real life situations to be difficult life conditions or hurdles, failures indicating the struggle to combat with these hurdles together with the negative associations of punitive situations in life, which her ego was attempting to cope and tolerate to the extent as was practicable for her. Even in the midst of lack of sufficient materials within the limits of such short span of psycho-analytical sessions, it can be stated to be a little improvement in her inner life.

Before ending up it is to be mentioned that though the patient could obtain relief to some of her intense problems through analytical interpretations, the strong relief and chances of non-relapse can be secured through further analysis for a proper readjustment among her id, ego and super-ego structures.

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