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ON ADDICTION

AMARENDRANATH BASU

From time immemorial man has been facing paradoxical contradictions in everyday details of his life, in material, moral and social spheres. In whichever way he wants a smooth journey, he finds an adamantine wall which he cannot pass through. Various problems, *are impelling him on and calling him for solution ; but he cannot* solve. He moves in a circle and gets tired and frustrated. In spite of that he dreams golden dreams. He wants to get pleasure and be happy. But where to find it ? Above all there is the tremendous fact of death. Every thing dies. Even the stars and planets breaks into pieces and crumble into dust. Death is the end of everything of beauty, of wealth, of power, of dishonesty and horesty or virtue too. Then how to get pleasure at the face of such destruction ? But alas ! this is the world of reality. At the face of this paradox man has been trying to find a way out, a paradise, since his advent on this planet. This is another paradox. Aldous Huxley describes the situation very aptly : "That humanity at large will ever be able to dispense with Artificial paradise seems very unlikely. Most men and women lead lives at worse so painful, at the best so monotonous. poor, and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principle appetites of the soul."

Thus man wants liberation from the bondage of problems and monotony of his paradoxical life-situations. Ever since his attempts for this liberation, he has beem creating religion. arts, scierce, literature, i.e., in one word, civilization. All these have served as,

according to H. G. Well's phrase, 'Doors in the Wall'—the wall which has been baffling man all around. But along with these Doors in the wall, i.e., the doors of civilization, he also found out a very short cut route—the root to amnesia, the way to forgetting, where this world of stark reality vanishes altogether. Thus there have always been the use of chemical intoxicants All the sedatives, euphorics and hallucinogens that grow on trees, can be squeezed from roots and fruits have been known and used systematically by men from ancient time, And in this age of modern science, human technology has added to the natural modifiers of consciousness its quata of synthesis—the products of chemical technology. Man has been wanting an immediate and powerful escape from the hazards of his daily life. Thus he discovers the rocket-powered chemical holiday or escape.

Therefore, it is not that the increasing magnitude of the use or misuse of psychoactive or mind altering substances is a problem of modern age only. The paleolithic people used hallucinogenic drugs made from variety of mushrooms, plants and even hemlock. It is recorded that the king of Persia Cambyses, in the sixth c., B.C., had attained distinction for his in-take of alcohol. People belonging to the most ancient cultures—Egyptians, Greeks, Romans, Indians were all well acquainted with the use of alcohol or wine. According to the experts' opinion, the process of distillation was developed in about 800 A.D. by an Arabian chemist. Prior to that, the Indian sages were conversent to the use of Soma-rasa, an extract of Soma plant, which had a pleasurous effect on mind due to its intoxicating power. The Aryans were the worshippers of nature. When they found that the extract of soma plant had power to elevate the spirits, they projected in it something divine. The presiding deity of the soma plant was named Soma Deva. The Vedic Aryans sang in praise of Soma Deva :

> "Where wishes and desires are, where the bowl of
> the bright Soma is, where there is food and rejoicing,
> there make me immortal."

According to Radhakrishnan (1929) "Soma the god of inspiration, the giver of immortal life, is analogous to the Haoma of Aresta and Dionysos of Greece, the god of wine and grape. All

these are the cults of the intoxicants. Miserable man requires something or other to down his sorrows in."

Here, I am to point out a fact related to the problem of addiction. To be intoxicated by taking any herbal or chemical substance is not restricted to ordinary uneducated people. Rather it is found otherwise. The Aryan sages, the heros of ancient Egyptian and Greek legends were the most elite people of the then society. In modern age its prevalence is found also among the people of higher strata and among the students of the Institutes of excellence. Therefore, the question arises—why do intelligent, well off people knowing very well its ephymeral nature and harmful, even lethal, effects, take resort to such a device ?

The dependence on addictive substances has its effects both on physique and psyche. The physiological effects may go to the extent of death and the physiological dependence is evident in its withdrawl symptons. Again the dependence phenomenon is itself a psychological effect. A person may be called an addict only when such dependence is found in him, whether it is upon alcohol or any other drug or substance. Due to this dependence phenomonom the problem of misuse of substance has cropped up. Otherwise any substance can be used for medical purpose.

Due to a worldwide harmful effect of the problem of addiction the WHO Expert Committee in 19 7 delineated some features of addiction. However the term 'addiction' was replaced subsequently by the more embracing term 'dependence'.

Drug addiction was defined by the WHO Expert Committee in 1965 as " . . . . . the consumption of a drug apart from medical need in unnecessary quantities. "Subsequently, in 1969, the Committee defined drug dependence as " . . . . . a state, psychic and sometimes also physical . . . . . characterised by behaviour and other responces that always include a compulsiou to take the drug." The characteristics of any state of dependence were stated as follows :

(a) Craving or pathological desire for the effects of the drug.

(b) A state of tolerance. (This necessitates increasing the dosage to obtain the same effect.)

(c) The supervening of psychological and/or physical abstinence symptoms on sudden cessation (or even too rapid reduction of the dosage) of the drug.

Now, I would like to put forward the psychodynamics of the addicts or drug dependents. In a general way these people suffer from frustration, tension, sense of defeat and narcissistic wound with the resultant depression. All these are emanations from the person's life situations and events which one cannot cope with or unwilling to tolerate. On psychoanalytical investigation it is found that in almost all cases of drug dependence or addiction there exists a sense of deprivation in love-life of the addicts. The sense of deprivation of love causes an ego impoverishment along with a sense of vacuum or emptiness in mind. Thus there is a drainage of the ego-strength. In such a situation one has to fill it up with something which may be substituted for his lost love. If it is not filled up with something else, the strong sense of emptiness either leads one to break down or self destruction.

Now let us see what is the dynamics of this sense of emptiness. When a person attaches himself to a person, to an object, to an object, to an ambition, to an idea or to anything else, his mental energy, which is technically called libidinal energy or simply libido, is invested in that person, object, ambition or idea in a major way. The libidinal energy is basically sexual in the wider sense of the term 'sexual' (i.e., any sort of bodily pleasure). Therefore, the more the attachment, the more the investment there is and vice versa. The object to which the libido of the subject is attached is called love-object. Thus there is a heavy investment of the ego-strength of the subject in the love-object, because the ego derives its energy from the store of the libidinal energy. So when the love-object moves away from the subject or there is a separation between the two by any reason, the love-object carries with it the invested libidinal energy or ego-strength of the subject. Thus the ego of the subject is denuded of its original energy and there is consequent impoverishment or emptiness. It is analogous to a person's capital (money-energy) invested in a Bank or in a business project. After investment the person gets identified with the Bank or business, because he invested his capital, i.e., his money-energy in that concern. Now,

if the Bank or business fails, his money-energy is put to an end or goes away from him. He is impoverished and emptied of his money-energy. Similarly, when the love-object fails, the subject is emptied.

Psychoanalytically viewed, the sense of emptiness of the addict is found to be linked with his oral fixation, which is one of the main characteristics of addiction (Rosenfeld, 1960). In order to understand the rationale behind this link we require to have a view of the psycho-sexual developmental phases of a human infant.

At birth a child is a bundle of impulses or drives. His impulses remain undifferentiated in the beginning. He becomes tense with the arousal of bodily discomfort. Gradually with the development of body apparatus and sense organs his impulses are sharpened. He begins to interact with the external world in order to meet his wants, to ameliorate his discomforts. In this development child's mouth, first of all, plays an important part. He interacts with the external world through the activity of his mouth, through his sucking of mother's breast and such other things. During the first year of his life, the child's oral phase becomes fully manifested. Proper care and nurture during this period has got great impact upon the child's personality development. A child at mother's breast, when hungry, is fed and nourished by his mother. But with hunger the child experiences tension which is satisfied by food fed by the mother. But if there is a prolonged gap between the child's feeling of hunger and the supply of food, the tension mounts to a height which generates in him a sense of void and emptiness. It is a very painful situation to a newborn or a small child. But the child's tension and sense of emptiness is normally obliterated by his mother by providing food in appropriate time. Thus food is the object which fills his void.

Now let us have a deeper look in the psychological implication or significance of food in the life of a baby at mother's breast. With food is associated his mother figure. It is mother figure who brings satisfaction to the child. The tension caused by hunger is ameliorated by the mother. Thus along with food the mother becomes the child's love-object. And as the mother fulfills all the needs,

both physical and psychological, of the child, in the primary stage of the child's life, she is the sole love-object of the child. Primarily, mother's breast or the feeding bottle represents the mother's body or mother's presense to the child. Gradually, the whole figure, along with her voice, her touch, her sight, even any object associated with her may become the child's love-object. But we must remember that the whole process was started with the function of incorporation of food. Therefore, if the baby at mother's breast is left alone for a long time and is hungry, he develops a sense of deprivation from his love-object. The genesis of the mechanism of the identification and his psychological relationship with his mother rests in his oral phase the first phase of the psycho-sexual development of the child-mind. If there is anything disturbing in this phase, there must be harmful impacts on the future personality of the child. (The other phases of development being anal phase and phallic phase, when the child mind concentrates on the erotic zones of anus and genital organ respectively along with thier functions at that early stage of a child's life. All these three phases overlap one another in their manifestations, but one predominates over the others at a particular phase. Hence the name of the phase is determined according to the predominance of the erotic zone And these three phases are manifested during the child's age of four or five years. Here we need not go into the discussion of other phases.)

The model of experience of a baby in his oral phase works in an addict's craving for addictive substances. Usually the addict incorporates the addictive substance through mouth. It has been found through psycho-analysis that an addict craves severely for love, because he suffers from a sense of deprivation in that respect. In his early infancy he had experiences of disturbed love-relationship with his mother figure due to disturbances in his oral phase. That is, he experienced both 'good mother and bad mother simultaneously, the latter experience being more intense. Consequently, he had to experience conflict and tension along with aggression and depression. The development of the ego started with unfavourable odds, the natural consequence of which is a weak ego. Due to severe injury in an infant's oral phase the infant suffers

from occasional bouts of aggression and depression; both are the consequences of his deprived love relationship. Thus the addict suffers from a severe sense of void or emptiness. It is very difficult for a person to tolerate the pain of depression, particularly when one's ego is weak. How can he overcome this pain of depression? There are two alternatives ready at hand. The one is suicide, the other is intoxication, that is the pharmacotoxic effect of the addictive substance which increases ego's sense of omnipotence. The sub stance of addiction fills up his sense of emptiness as well as it stands as a substitute for his love-object which he could not experience in his oral phase in a consistent manner. The intoxicating substance never fails to boost him up—the experience (of being boosted up) which he failed to obtain in his oral period. To him it stands for an unfailing love-object. He can rely upon it without any doubt. By incorporating the addictive substance along with its pharmacotoxic effect he obliterates his sense of emptiness and consequently forgets all frustrations, anxiety and aggression towards the depriving part of the mother figure. The substance symbolises an ideal object by incorporating which he can reinforce his sense of childhood omnipotence. The pharmacotoxic effect produces in him a state of drousiness leading to sleep in which he blissfully hallucinates an ideal love-object and feels united or identified with that (Rosenfeld, 1960). He is driven into the wish-fulfilment fantasies in dealing with his anxieties. The addict uses the drug effect as an artificial physical aid in the production of the hallucination, in the same way as the infant uses fingers or thumb as an aid to hallucinating the ideal breast, which, it seems to him, he is deprived of.

Here a question may be posed—why some addicts take recourse to needle or injecting the substance? We are to keep it in mind that the main purpose with them is incorporation of the toxic substance for the obliteration of their sense of emptiness. Some of the addicts hunt for an immediate kick for an immediate relief from their mental pressure. They enjoy this kick because it has an orgiastic experience. Moreover the cause of the dependence on the needle may be found in their sadomasochistic complex. They inflict self punishment and punishment upon the near and dear ones, though indirectly, by it.

There are other important features of the psychodynamics of the addicts. Of these, narcissism or strong self-love is one. It is one of the important findings of psychoanalysis that addicts suffer from deprivation of love, whether real or imaginary matters nothing, since his early childhood. They crave for love. This makes their personality too much vulnerable to narcissistic wound. In life's reality situations their self-image is injured at the slightest possibility of love deprivation. They cannot tolerate it. They becon e very touchy. So the sense of emptiness arises in them very easily. Consequently, they resort to addiction in order to fill the void, because the addictive substance to them, is the most unfailing substitute of their love-object. Like a loving mother, the addictive substance never fails to give them solace at the time of their needs, i.e., in the moment when they feel rejected. With the help of the pharmacotoxic effect of the substance the addict can imbibe in him the sense of narcissistic omnipotence and thus be able to deny the anxieties and frustrations connected with the reality situations (Rosenfeld, 1960).

Another important aspect of the addict's psychodynamics is aggression. When the desire to be loved is not fulfilled and when there is narcissistic wound, the natural consequence is aggression. The addict views the world of reality from the point of view of hostility. This aggression may be manifested in two ways—either as self directed or as external directed. Again, addiction may be considered as a process of self destruction, hence a process of self directed aggression. To this I will refer to very shortly.

In addict's psyche another important feature is Oedipal conflict. It has been found that the sense of void that remains behind the psychology of addiction arises from a sense of deprivation in an addict's childhood. The addict has a sense of deprivation of love from his / her parents. In that way he/she develops a conflict with the parents. The substance of addiction stands to him/her as an ideal representative of parental figure.

From the perspective of mental disease the psychodynamics of addicts is akin to the psychodynamics of manic depressive illness. According to Rosenfeld (1960), "The drug addict uses manic-depressive mechanisms which are reinforced by drugs and consequently

altered by the drugging. The ego of the drug addict is weak and has not the strength to bear the pain of depression and easily resorts to manic mechanisms, but the manic reaction can only be achieved with the help of drugs, because some ego strength is necessary for the production of mania." He says further : "One has also to consider the symbolic meaning of the drug, which is related to the unconscious phantasies attached to the drug and drugging and the pharmacotoxic effect which increases the omnipotence both of the impulses and of the mechanisms used." In this way the addict is able to act out his destructive drives without any hindrance from his internal controlling system, i.e., his super-ego, the power of which is subdued by his ego's sense of omnipotence. And thus his ego comes down to serve his id. That is, the reality sense, which is the legacy of the ego, is banished altogether and there is the supremacy of the impulses.

Again, addiction makes it easy to give vent to two fundamental aspects of human personality—activity and passivity. The addict's preference to or choice for a particular addictive substance depends upon his/her inclination of personality towards activity. According to this rule, individuals with active personality pattern, (and the society which encourages active manifestation of personality) will always prefer those substances whose pharmacoroxic effect helps release of aggressive drives. And opposite is the case with persons or societies having leaning towards passive personality pattern. Alcohol releases aggressive drives, and opium weakens it. Therefore, alcohol is prefered by the Western society, whose general nature is competitive and the Eastern society's placid nature makes it to choose opium or similar things which have passive effect upon mind. This aspect of activity may have some link with the domination of innate aspects of masculinity and faminity of human psyche. That is, the inherent pattern of bisexual nature may sometime play a role in the selection of addictive substance. Moreover, in normal persons psychological sex-identity is according to their sex But in addicts, sometimes, there is a crisis in psychological sex-identity due to their sex. But in addicts, sometimes, there is a crisis in psychological sex-identity due to their bisexual conflict. That is a male addict may prefer to display his feminine passivity and a female addict, similarly, may like to manifest masculine activity. Hence their preference for addictive substances accordingly.

Psychoanalysis views addiction from another point of view which emerges out of a particular psychoanalytic theory. The human psychic structure is composed of, according to this theory, two basic drives or instincts. They are Eros and Death, or life and death or destructive instincts. Eros strives for unity and love, whereas Death strives for disintegration and destruction. These two drives always remain in combination in human mind. The predominance of one over the other determines the character of a person at a particular moment or situation. That is, when Eros dominates in mind over Death, the person seeks for unity and crea- tivity with loving approach, and when the case is vice versa, one resorts to those activities which brings forth aggression, destruction, separation. Now it is easily realised that in an addict's psyche Death or destructiveness predominates. The Eros is subdued. And his Death instinct is directed against himself. It is not that an addict does not know the ultimate consequence of addiction. Knowing full well the dangers of addiction he pursues the course of addiction and leads himself to death. Therefore, it can be said that the addict takes the path of slow death or suicide. Unless his Eros can be revived. he can not be saved.

A young student of a prefessional institution, on the verge of completion of his course, had an affair with a girl class-mate. But there was a set-back in their soft relation. As a result, sense of rejection and frustration had seized the boy up, as it were, in life's blind alley, and he succumbed to abnormal behaviour,both aggressive and depressive. Then, ultimately he found out a passage of escape through the door of addiction using hashis, alcohol and drugs.

The youth had a history of experience of deprivation of parental love in his early life. In his childhood he was sent to a Boarding School where he had to stay seperated from his parents. At that time in the hostel he had to stay seperated from his parents. At that time in the hostel he had a mental set back. He had a feeling of rejection by his parents. Ultimately his parents withdrew him from that institution. But this separation had an adverse impact on his mind. And in his young age that sense of rejection was again revived by the experience of separation from his girl friend. His narcissistic value-sense was badly injured and this caused a severe sense of

ego-impoverishment. He filled the emptiness by addictive substance which also helped him in boosting up his poor ego.

Thus, on the whole, the aetiology of addiction may be allocated to the fact of one's experience of deprivation of love from significant persons, specially in one's childhood. But some other factors though not fundamental, yet, may be considered in this regard :

1. The unfavourable or unhealthy environmental factors, viz., the association of the addicts may lead someone on the road to addiction.
2. Once one is addicted, a fear of the distress caused by physical abstinence may tend one to maintaining his addiction. For example, the 'cold turkey' and 'craving' situations may be mentioned. Thus a physical demand is created for addiction.
3. There is a common belief that the addictive substances have been the capacity to reduce tension. Therefore, one may very easily become a prey to addiction in a moment of ephemeral tension. They take addiction as a source of relief.
4. The pesonality make-up of one must be considered in this regard. A person with emotional immaturity, low frustration tolerance capacity, low capacity to stay in a given course of activity which requires high sense of responsibility and attention may fall easily in the trap of addiction.
5. Easy access to addictive substances may allure one to addiction.
6. Sometimes young boys and girls are found to make adventure with addictive substances. They find in it a sort of heroism. Thus through sheer adventure one may be entangled in the trap. Sometimes they find a glamour and status symbol in it.
7. Lack of suitable recreation and avenues for normal outlet for relief of one's emotional discomfort and pain may induce one to turn to addiction.
8. Some thinkers point to the genetic influence on addiction. But this can not be established. At least it may be said that an addict's son or daughter may be an addict. The son or daughter may have an unconscious identification with the addict father or mother.

9. Sometimes economic factors, such as poverty and affluence both can induce one to addiction.
10. Social customs may also sometimes make one a habitnal addict, such as, drinking in festival may turn to regular drinking.

Now regarding the treatment of addiction we may view the problem from several angles. First, we may ignore or tolerate the problem as a necessary evil in the society. Then we may try to treat those addicts only who come for treatment of their own accord. And, thirdly, we may impose treatment on addicts against their will.

Actually the word 'treatment' is derived from the latin word 'tractare' which means to drag or draw'. Thus in the concept of treatment there is an idea of coercion. And in the realm of addiction an amount of coercion is an uuavoidable necessity. But we must not rely upon coercion only, because it alone cannot produce the desired effect. We have seen that the psychodynamics of the addicts is propelled by the facts of a sense of rejection, or a sense of ego-impoverishment, sense of devalued self-image and such other phenomena. Therefore, only coercion will aggravate those feelings. Hence coercion with sincere touch of love is essential. In order to give a human touch to the treatment, psychoanalytic therapy may be recommended along with the psychiatric treatment. The addicts are usually in a regressive state, Therefore, they require parental figure on whom they can depend, as they depend on addictive substance. Hence, provision for daily analytic sitting with a psychoanalyst must be made for an addict. According io international Encyclopedia of Psychiatry, Psycho., Psychoana. and Neurology, "Anna Freud described the addict's externalisation of his inner conflicts onto the analyst who represents at the same time or in quick alteration either the object of the craving, i.e., the drug itself, or an auxiliary ego called upon to help in the fight against the drug. At times, the analyst must function more like a drug for the patient, as in making himself more available through ready responses to phone calls and extra appoinments. This is simple substitution for the drug, rather, a delicate balance is sought in which the gratification is just enough to keep the patient from losing his capacity to listen to and utilise interpretation. The turn to the analyst is also a way—station on on the road back to object relations previously abandoned as too

frustrating, disappointing and threatening, particularly in the form of the maternal transference." Therefore, along with the coercive treatment of psychiatry, including detoxification, prolonged psychoanalytic treatment is very urgent.

The aspect of rehabilitation connected with the problem of addiction cannot be seperated from the treatment measures. To rehabilitate an addict in his family, society and in his place of work is an integral part of the treatment without which the treatment measures may fail. because the psychology of the addict revolves round ths sense of rejection or deprivation of love.

One thing we must remember ; it is said that prevention is better than cure. This maxim is more appropriate in the field of addiction than in any other field. Therefore, we should concentrate our efforts on prevention simultaneously with treatment.

The preventive measures, first of all, should include an elaborate programme for educating people about the psychoanalytic findings related to the child development processes. Healthy development of the child is the main safe-guard against addiction. Then the people should be well informed about the harmful effects of addiction. The voluntary organisations in collaboration with the government machinery are required to launch a comprehensive movement in this regard involving persons from all walks of life. For some immediate actions the law enforcing authority is required to come down heavily on illegal production and trafficiug of addictive substances. This requires international cooperation, because the problem has assumed an international dimension.

There is a belief that addiction or intoxication may lead one to to creativity. Aldous Huxley (1960), in this regard- narrates remarkable experiences under the intoxicating influence of mescalin. an ancient Mexican drug, in his book 'The Doors of perception and Heaven and Hell'. Though Huxley advocates svch experiences with mescalin, as It may help one to climb on a vantage point from where it may be easier for one to drive into higher visionary experiences, yet he mentions that it depends upon the motivation or attitude of the person who would take mescalin, whether he would have the vision of heaven or hell.

Similar experiments were undertaken by Arthur Koesler (1968)

which he reported in his article 'Return trip to Nirvana' in his book 'Drinkers of infinity : Essays 1955-1967'. Koesler himself was one of the subjects, along with others, of his own experiment. He found no favourable result in support of the use of chemical addictive substances for the achievement of clear vision. Therefore, he rejected out-right the suggestion for its use : there is no short cut way, with the help of chemical substances, to 'Nirvana'. In our country there is a prevalent idea that tantric endeavour has got a link with addiction. This is altogether fallacious and founded upon the perverted motive of the wayward spiritualists.

In the history of English literature there is a story that the eighteenth century poet Coleridge got the content, style and language of of his creative master piece 'Kubla Khan' in a dream in his sleep which was induced by taking opium. This instance is cited by some in support of the view that addiction clears one's creative vision. Coleridge became addicted to opium after he started taking the substance as a relief measure, on medical advice, for his abdominal pain due to indisposition. But, it was a fact that Coleridge had acheieved his creative height and renown before he became addicted to opium. It was his creative mind which produced the poem 'Kubla Khan', not his addiction. It is certain that the opium induced sleep in which he saw the dream resulted in writing the said poem immediately after he woke up : but that does not mean the poem was the product of his addiction. The dose of opium only gave him relief from his pain and helped him to sleep which facilitated his unconscious to create the dream. That is, on this specific occasion (suffering from abdominal pain), the drug as a reliever of pain helped the poet to dive deep into his fantasy world in his dream (Macrovitz, 1964). It is his original poetic genius that created the masterpiece. Similarly, it is a known fact that poet Tagore got the clues of his several creative masterpieces in his dreams without the help of addictive substances. Many such examples can be gathered from the lives of the creative geniuses in literature and also in science. Glimpses of many scientific discoveries were obtained by their discoverers in their dreams. Therefore, it is futile to argue in favour of addiction to some particular substances as cleanser of vision.

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COMPARATIVE STUDY OF DEPENDENCY NEED AND FEELING OF HOPELESSNESS BETWEEN NEUROTIC & PSYCHOTIC DEPRESSIVES & THEIR PERCEPTION OF SELF & ENVIRONMENT

By Arup Ghoshal & Shyamali Ghosh

In the realm of our daily course. the word "depression" is a very familiar one. The term encompasses a wide range of clinical entities, from a mild mood disturbance that is commonly found in both normal and neurotic persons to a severe illness, that is, characterized by such vegetation signs as restlessness, motor retardation, early morning awakening, weight loss and anorexia and by such subjective symptoms as self reproach, hopelessness, feeling of worthlessness and apathy. Depression darkens our perception of the world. It is a negative angle of viewing the world around us, it reveals a hopeless —helpless state of an individual, it varies from mild (neurotic depression) degree to a significantly unrealistic extent (psychotic depression). In its neurotic type it has the remarkable features of loss of interest in day to day life activities. Apparently neurotic depressives do not reveal a distressed look like their psychotic counterpart. The study of Winkur, Clayton and Teich (1969) has pointed out anhedonia to be an assoeiated common feature of neurotic and psychotic depressives.

Within the domain of numerous studies with depress-depressives, a few important variables have been repeatedly pin-pointed by different psychologists. The study of Trentescau, Hyer, Verenes (1989) have shown that hopelessness is an important variable related to depression. The same feature has come out in the studies of Minkoff

(1973) Procink (1976) etc. Moreover, several studies have focused on the fact that as depression usually involves some losses in life, experience of stress is frequently found to be a common occurrance of dependent depressive individuals. In the context, it seems relevant, that one of the most important defense mechanism, adopted by depressives, is regression of stress—is not only the most wide spread clinical symptom of major depression, in fact, according to Fenichel, it is the concommitant of every depression. Kaplan and Sadock are also of opinion that fixation at oral phase may manifest itself as excessive dependency and cannibalistic impulses toward object. From the theoretical frame work of Abraham and Freud, it is assumed that cannibalistic fantasies are highly demonstrable in the delusions of major depression and also in neurotic depression. Depressed patients frequently return to oral erotic activities of their childhood.

Willner (7985) has also brought out the fact in his study that dependency is one of the personality trait of the depressed people. Wolman (1965) has seen that a frustration of dependency expectation is a most likely precipitant of a depressive episode. This behavior is also shown when the demands of the environment become stern and experiences which in the past were a guarantee of dependence are withdrawn.

Moreover, keeping aside the affective sides of depressives the eognitive part unfolds the patients' distorted views of himself, his world and his future. Beck (1970) has called this group of thoughts the "Cognitive triad" meaning, low self evaluation, distortion of body image, negative expectations, self blame and indecisiveness. As changed cognitive pattern, Wittenborn (1965) found that patient regards himself as ugly, repulsive and even expect people to turn away from her in disgust. Jecobson is of opinion, that in severe depression the ego and superego development are arrested. This results in lack of ability to master inner and outer reality by the use of appropriate defenses. In fact, in depressed patient a real interaction with an object is replaced by an internalised, purely fantasized relationship. The patient's regression includes a return to early levels of instinctual functioning resulting in a distorted perception of self and environment.

Hence, for all these studies, it seems to be relevant to say that neurotic and psychotic depressives, have certain characteristics of their own, that affect their internal variables as well as external views of the world around them. But as the neurotics and psychotics differ in quantum of their pathology, it is expected that these two groups will have intra differences between them regarding certain internal and external variables of life. In the present context, an attempt will be taken to approach a comparative study of neurotic and psychotic depressives—in terms of their perception of self and environment in a global fashion. The scattered study, regarding these variables helps us to presume that significant differences will be found between these two groups of samples. This being the objective of the study is hoped to take us to a better understanding regarding the dynamics of neurotic and psychotic depressives.

METHODOLOGY ;

Sample

For the purpose of present study neurotic depressives (n = 12) and psychotic depressives (n = 9) patients were selected from R. G. Kar Medical College & Hospital ; N. R. S. Medical College & Hospital and Girindra Shekar Clinic, Calcutta. They are matched in age (between 20 and 40 years). The sample consisted of both male and female patients (n of neurotic male patient is 7 and of female patient is 5 ; and n of psychotic male patient is 5 and of female patient is 4). Minimum level of their education was class V. Their socio-economic status was of lower category. The onset of illness was kept at not more than two months prior to the date of testing.

Tool :

A) *Dependence Proneness Scale*—To measure the dependency need of the patients, Dependence Proneness Scale, developed by Jai Ballav Prasad Sinha was used. This scale has 0 items, It is a Likert type 5 point scale, scores are given obeying the scoring key.

B) *Beck Hopelessness Scale*—It is a 20 items scale for measuring the extent of negative attitudes about the future (pessimism) as perceived by adolescents and adults. The scale was originally developed by Aaron T Beck and his associates to measure pessimism in psychiatric patients considered to be suicidial risks.

C) *Thematic Apperception Test*—It is one of the well known projective type of personality tests ; prepared by Murray & Margon in 1943.

In the present study, Card No. 1. 2, 3 BM, 7 BM & 14 were administered to male patients and 1, 2, 3 BM, 7 GF and 14 to female patients.

Procedure

The two questionnaires—Dependence Proneness Scale and Hopelessness Scale were translated in Bengali by three experts and on the basis of their average judgement, items of those two tests, were retained.

Each case was handled in single day, single seating. After brief interview, in each case, first the Dependance Proneness Scale then Hopelessness Scale and at last T. A. T. were administered.

Result

Scoring & Treatment of Data—The responses on Hopelessness Scale and Dependence Proneness Scale were scored following the scoring standard provided in each case.

The scores on each of these tests were subjected to statistical analysis by the Mann—Whitney U—test.

T. A. T. Stories were analysed by the method developed by Leopold Bellack.

TABLE

	Dependance Proneness	Hopelessness	Perception of self	Perception of environment
Neurotic Depression.	Out of 12 patients 10 are usually dependent & 2 are mostly dependent. Mean score of the patients are 66.75.	Out of 12 patients 4 remained in mild category 6 remained in moderate category and 2 in severe category. The mean score is 10.25.	Inadequate. helpless. guilty, low self esteem-ill (adequate)	Hostile, unfriendly, non-congenial (succorant).
Major Depression.	Out of 9 patients, 7 are usually dependent & 2 are mostly dependent. The mean score of the patients are 73.89.	Out of 9 patients 7 remained in moderate category & 2 remained in severe eategory. The mean score is 12.89.	Inadequate weak. diffiant, perplexed. apathetic,	Oppressing, hostlle. gloomy, coerceive,
	U — 38 indicates that differ-enee is not significant at .05 level.	U — 34 indicates that the differ-ence is not significant at ·05 level.		

TABLE

Further Analysis Chart of the T. A. T. results.

		Neurotic	*Psychotic*
Need	:	Need for oral support, pleasure to avoid problem & acts in fantasy level, *oral aggression with* guilt.	Achievement through aggression, narciss-istic pleasure, achievement in *fantasy.*
Parental figure	:	Strong, powerful, supportive, loving, difficulty in estab-lishing emotional bond with mother figure. (punishing parental figure).	Powerful, strong, aggressive. (Succorant and submissive).
Contemporary figure.	:	Strong & dependent.	x
Conflict	:	Adequacy-inadequacy, autonomy-compliance. id-superego, activity-pleasure, extra-intra aggression.	Adequacy-inadequaoy, Activity-passivity, id-superego, guilt over aggression.
Anxiety & fear	:	Illness, of being rejected, disapproval, helplessness, separa-tion anxiety, of being overpowered.	Loss of love, helpless-ness, failure, illness.
Defence	:	Rationalization, submission, undoing & acting out.	*Withdrawal, fantasy* solution, relation-alization.
Integration of the ego	:	Happy ending with realistic solution, 6 patients made inappropriate, incom-plete story, other 6 made appropriate, complete story.	Unstructured, unrea-listic incomplete story with unhappy ending.

Interpretation

In the interpretation of present data the first fold of analysis revealed that the mean score of 12 neurotic depressive patients' dependence proneness is 66.75 while the mean score of major depresslve patients' is 72.89. The result clearly indicates that the magnitude of quantitative difference regarding dependence proneness is well evident though statistical significanceof the difference could not be established. The similar line of finding was also evident regarding hopelessness of the two comparable depressive groups. The neurotic depressives have been found to have mild degree of hopelessness while the psychotic group have moderate degree of hopelessness. In these respect the lack of statistical significance, in the computation, can be ascribed to the fact of very small sample category (N), but the direction of difference between them is assumed. Statiscally significant data are expected with the increment in N factor. These findings are in line with the findings of Willner (1985). In the similar respect Fenichel (1946) pointed out that ".... ...definite trends of an oral fixation always are apparent in depression." It also seems at per with Wollman's (1965) opinion that the loss of brief in his own omnipotence will teach him to prefer security to pleasure and hence, to accept a strong love object that gives him security and it supports the study result of Trentesean. Hyer, Verenes (1989 ; Minkoff (1973) ; Prociuk (1976) all of which confirmed that hopelessness is a major trait of depressed people.

In the second fold of qualitative analysis regarding the perception of self and perception of environment in terms of TAT responses it has been found that self image of neurotic depressives embrace the traits of helplessness, guilt, illness and low self esteem, whereas psychotic depressives have invited the traits of weakness, perplexion apathy and defiance in their perception of self perception feature. Neurotics have been found to perceive themselves comparatively more adequate while the psychotics are found to suffer from sense of inadequacy. This particular feature once again seems to have its semblence to the explanations forwarded by Bibring, regarding dynamics of neurotic and psychotic depressives.

In the qualitative assessment of the two different groups of

depressives' perception of environment, certain dissimilarities were noted. Due to less severity of pathology in case of neurotic depressives they tend to perceive their environment as unfriendly and noncongenial but psychotic depressives owing to their greater amount of pathology tend to view the environment in the total negative fashion like oppressing, gloomy, coerceive etc. But as both the groups were depressive patients, due to the similarity in their basic dynamics, both of them have the perception of environment as hostile which may be assumed as their projective perception.

From the further analysis of T. A. T. data, it has been seen that neurotic depressives showed a prominent need for oral support, psychotics also expressed need for narcissistic pleasure. Bibring agrees, that depressive are typically of orally dependent personality, who are excessively dependent on external "narcissistic supplies" of love, care and support (J. Becker). In the present study, psychotics' main need is to achieve through aggression ; neurotics also have need for oral agression but, with feeling of guilt. In the data it is clear that neurotics and psychotics both are eager to achieve through fantasy activities.

Both the group of patients perceived the parental figure as strong, powerful , neurotics perceived them supportive and loving also. In the present study, there were some patients, in both the group, who perceived the parental figure as aggressive and punishing.

Major part of the patients of both the group suffered from guilt over aggression and conflict of expressing aggression. Jacobson said that, "depressions are elicited by reactivation of conflicts in which the reggressive/hostile components and their sources are largely inaccessible to awareness". In the study conflict between feeling of adequacy and inadequacy, id and superego, were the significant conflict of both the groups. To explain the id-superego conflict of the depressives, Abraham (1911) expressed that in the depressive the love objects are ambivalent parental figures "love objects are partially experienced as repetitions of the oeidipal objects", thus they are partly representatives of objects of the impulses of the id, as yet unedited by the ego. "The depressives reproach are directed not only against the recently introjected object but against the original parental introjection as well." Thus reproach mechanism of super-

ego are directed against the naked id impulses of the oedipal style" (Becker 1974). This is what Freud also described "as if the shadow of an object has fallen on the ego." Some major depressives also experienced conflict between autonomy and compliance and in both the group, there are few cases who had conflict over dependency need.

Both the group of patients are mainly anxious about the thought of being disapproved, and the other anxieties are loss of love/deprivation, anxiety of illness is also very common among the depressive patients. Along with this, neurotics are also had anxiety of helplessness and of being attacked, some major depressives have anxiety of failure.

Neurotic and psychotic depressives, both group mainly used withdrawal or regression as the defence, along with it, neurotics used rationalization, undoing and submission. Major depressives also used rationalisation, but their number is few, they used fantasy solution, acting out and projection—which are more pathological in nature.

Most of the neurotics made unhappy, uncertain outcome of the stories, most of the major depressives also made unhappy outcome but were of greater degree. In both the groups, few cases made happy outcome.

Most of the neurotics made solutions, which were very near to unrealistic, which were inadequate and their story were incomplete type, but all the major depressives made unrealistic, inadequate solution with much greater degree, they also made incomplete story which were more vague than neurotics' stories.

Major depressives produced unstructured stories, whereas some neurotics produced unstructured or poorly structured stories and very few neurotics made structured stories.

So, it can be assumed, from the overall findings, of this present investigation, that neurotic depressives are not qualitatively different from psychotic depressives, but their sufferings differ in degrees. Paul Willner (1985) also claimed that "Evidence from different sources suggests that there is not, in fact, a qualitative difference and that major depressions differ from mild depressions and normal mood

owing primarily in their intensity, "it appears to be a continuum of severity and risk rising from normal fluctuation of mood, though cyclothymic temperamental disorders to bipolar illness."

For the very small sample size, no attempt is made to generalize the findings beyond the observed group.

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