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ACKNOWLEDGEMENTS

With grateful heart,

I'd like to remember the persons who have helped me during the course of my case study and all the research work.

I wish to place on record my words of gratitude to Dr. Rajeev Gupta, psychiatrist and the founder of the Manas Clinic, Ludhiana for letting me perform my case study on one of his patients and for some nice piece of information.

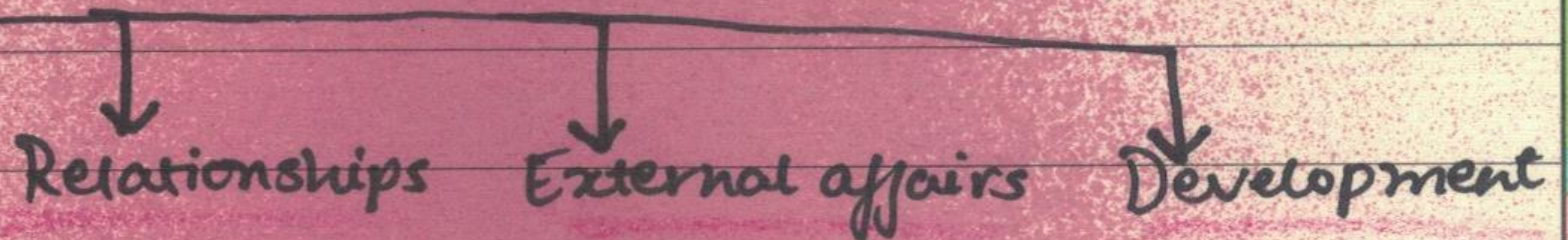
I express my sentiment to my guide Ms. Anushri Rajput, psychiatry student in The Delhi University for her guidance & support.

Anushri

NEUROSES

Neuroses are characterised by anxiety, depression, or other feelings of unhappiness or distress that are out of proportion to the circumstances of a person's life.


They may impair a person's functioning in virtually any area of his life



Psychiatrists first used the term 'neurosis' in the mid-19th century to categorize symptoms thought to be neurological in origin; the prefix "psycho" was added some decades later when it became clear that mental & emotional factors were important in the etiology of these disorders.

The terms are now used interchangeably, although the shorter word is more common

Both terms, however, lack the precision required for psychological diagnosis and are no longer used for that purpose.



THEORIES OF NEUROSIS

An influential view held by the PSYCHOANALYTIC tradition is that neurosis arise from intrapsychic conflict

[Conflict b/w diff. drives, impulses and motives held within various components of mind]

Central to psychoanalytic theory, founded by Austrian neurologist SIGMUND FREUD is the postulated existence of an unconscious part of the mind which, among other functions, acts as a repository for repressed thoughts, feelings, or memories that are disturbing or otherwise unacceptable to the conscious mind.

These repressed mental contents are typically sexual or aggressive urges or painful memories of an emotional loss or an unsatisfied longing dating from childhood.

Anxiety arises when these unacceptable & repressed drives threaten to enter consciousness; prompted by anxiety, the conscious part of the mind [THE EGO] tries to deflect the emergence into consciousness of the repressed mental contents through the use of defence mechanisms breaks down and a forbidden drive or impulse threatens to enter consciousness.

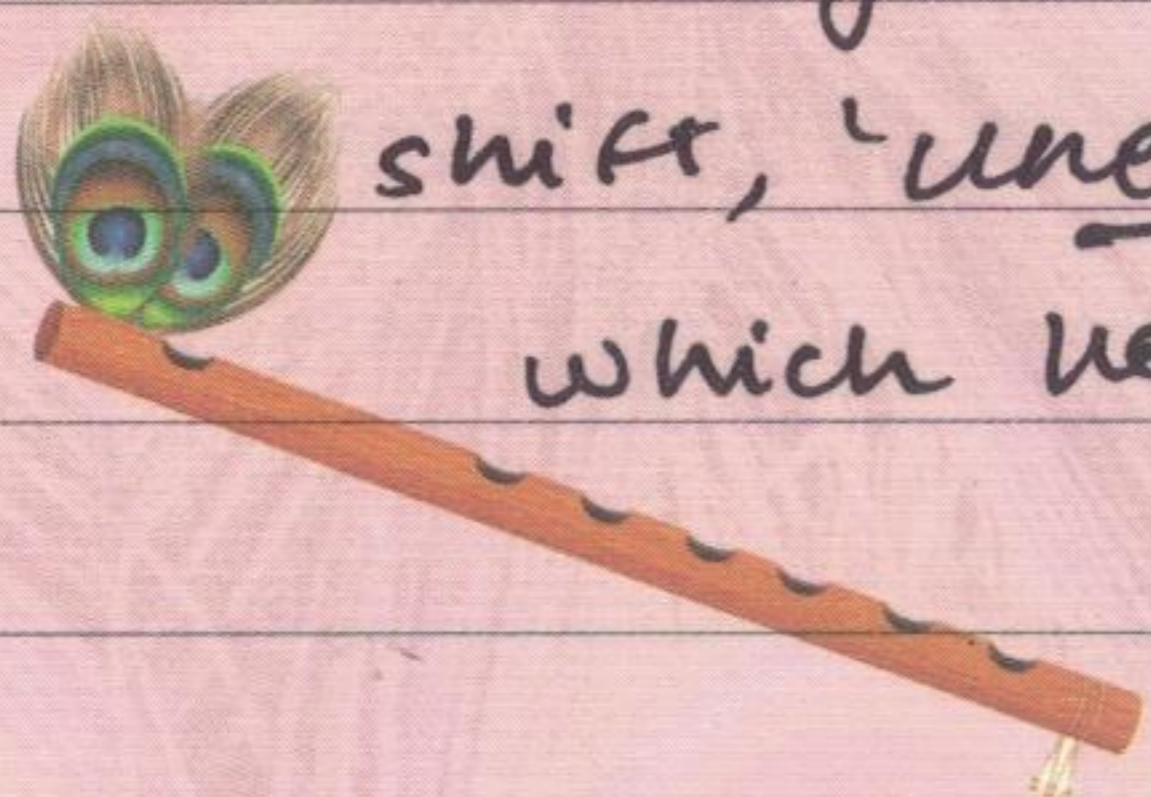
Further, we show the analytic research on NEUROSIS.

THE MEANING OF THE SYMPTOM

The meaning of neurotic symptoms was first discovered by J. Breuer in the study and felicitous cure of a case of hysteria which has since become famous [1880-82]. It is true that P. Janet independently reached the same result; literary priority must in fact be accorded to the French scholar, since Breuer published his observations more than a decade later [1893-95] during his period of collaboration with Sigmund Freud Sir.

Before Breuer and Janet, the great psychiatrist Leuret expressed the opinion that even for the deliria of the insane, if we only understood how to interpret them, a meaning could be found.

In the neurotic symptoms, P. Janet saw the expression of subconscious ideas (idées inconscientes) with which the patients were obsessed. But since then ~~to~~ Janet has expressed himself more conservatively, as though he wanted to confess that the term 'subconscious' had been for him nothing more than a mode of speech, a shift, 'une façon de parler', by the use of which he had nothing definite in mind.



The neurotic symptoms then have their meaning just like errors and the dream, and like these, they are related to the lives of the persons in whom they appear.

**HE WHO GATHERS HIS OWN
EXPERIENCE
WILL BE CONVINCED OF IT,**
— Sigmund Freud

The so-called compulsion neurosis is not so popular as the widely known hysteria; it is, if ~~the~~ the expression, not so widely used, noisily ostentatious, behaves more as a private concern of the patient, renounces bodily manifestations almost entirely and creates all its symptoms psychologically. Compulsion neurosis is that form of neurotic disease by the study of which psychoanalysis has been built up and in whose treatment as well the therapy celebrates its triumphs.



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It is moreover striking that the contrasts present in all psychological experience are so very sharply drawn in this condition. In addition to the compulsion of positive and negative content, an intellectual doubt makes itself felt that gradually attacks the most ordinary and assured certainties. All these things merge into steadily increasing uncertainty, lack of energy, curtailment of personal liberty, despite the fact that the patient suffering from compulsion neurosis is originally a most energetic character, often of extraordinary obstinacy, as a rule intellectually gifted above the average.

For the most part, he has attained a desirable stage of ethical development, is overscientious and more than usually correct.

It takes no inconsiderable piece of work to find one's way through this maze of contradictory characteristics and symptoms.



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Psychiatry gives names to the various forms of compulsions, but says nothing further concerning them. Instead it emphasizes the fact that those who show these symptoms are degenerates. That yields slight satisfaction, it is an ethical judgement, a condemnation rather than an explanation. We are led to suppose that it is in the unsound that all these peculiarities may be found.

Persons who develop such symptoms must differ fundamentally from other people. But are they more 'degenerate' than other nervous patients, those suffering for instance, from hysteria or other diseases of the mind?

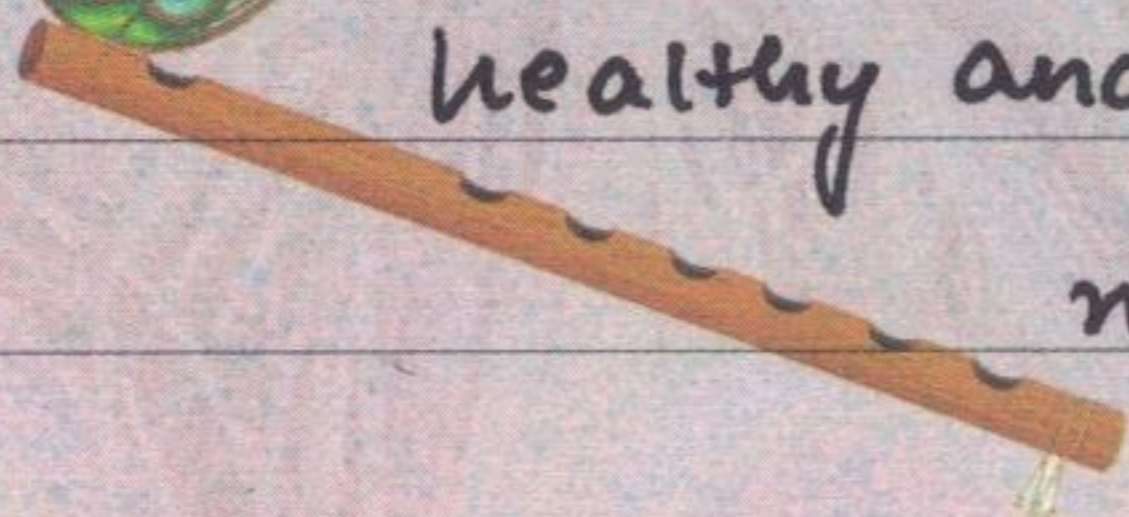
The characterization is obviously too general. One may even doubt whether it is all justified, when one learns that such symptoms occur in excellent men and women of especially great and universally recognized ability. In general we glean very little intimate knowledge of the great men who serve us as models. This is due both to their own discretion and to the lying propensities of their biographers.

TRAUMATIC FIXATION

- The Unconscious

Patients give us the impression of being FIXATED upon some very definite part of their past; they're unable to free themselves therefrom, and have therefore come to be completely estranged both from the present and the future. They are now isolated in their ailments, just as in earlier days people withdraw into monasteries there to carry along the burden of their unhappy fates.

It is impossible to evade the question of how, in what manner, and driven by what motives, an ind. may come by such a remarkable and unprofitable attitude towards life. Granted of course that this bearing is a general characteristic of neurosis, and not a special peculiarity of those two cases, it is never the less a general trait in every neurosis of very great importance in practice. Breuer's first hysterical patient was fixated in the same manner upon the time when she nursed her very sick father. In spite of her recuperation she has, in certain respects, since that time, been done with life; although she remained healthy and able, she did not enter on the normal life of women.




RESISTANCE & SUPPRESSION

When we undertake to cure a patient, to free him from the symptoms of his malady, he confronts with a vigorous, tenacious resistance that lasts during the whole time of the treatment.

That is so peculiar a fact that we can't expect much credence for it. The best thing is not to mention this fact to the patient's relatives, for they never think of it otherwise than as a subterfuge on our part in order to excuse the length or the failure of our treatment.

The resistance which the patient shows is highly varied, exceedingly subtle, often difficult to realise, protean-like in its manifold changes of form. It means that the doctor must become suspicious and be constantly on his guard against the patient.



We tell the patient that without further reflection he should put himself into a condition of calm self-observation and that he must communicate whatever results this introspection gives him in the order in which they appear to his mind.

We tell the patient that without further reflection he should put himself into a condition of calm self observation and that he must then communicate whatever results this introspection gives him - feelings, thoughts, reminiscences, in the order in which they appear in his mind. At the same time, we warn him expressly against yielding to any motive which would induce him to choose or exclude any of his thoughts as they arise, in whatever way the motive may be concluded and however it may exclude him from telling us the thought: 'that is too unpleasant'

OR
'too indelicate'
OR
'too unimportant'
OR
'it is nonsensical'

We impress upon the fact that he must skim only across the surface of his consciousness and must drop the last vestige of a critical attitude toward that which he finds.

We finally inform him that the result of the treatment and above all its length is dependent on the conscientiousness with which he follows this basic rule of the analytic treatment.



Women are adepts at exploiting, for the purposes of the resistance, a tender, erotically tinged transference to purposes of the resistance. When this leaning attains a certain intensity, all interest for the actual situation of the treatment is lost, together with every sense of the responsibility which was assumed by undertaking it.

The pathological process which is made evident through the resistance is named

RESISTANCE

It is the preliminary condition for the formation of symptoms; it is also a thing which has no parallel.

Taking prototype as an impulse, a psychological process which is striving to convert itself into action, it may succumb before a rejection, which is called

REPUDIATION
OR
CONDEMNATION



THE SEXUAL LIFE^x OF A MAN

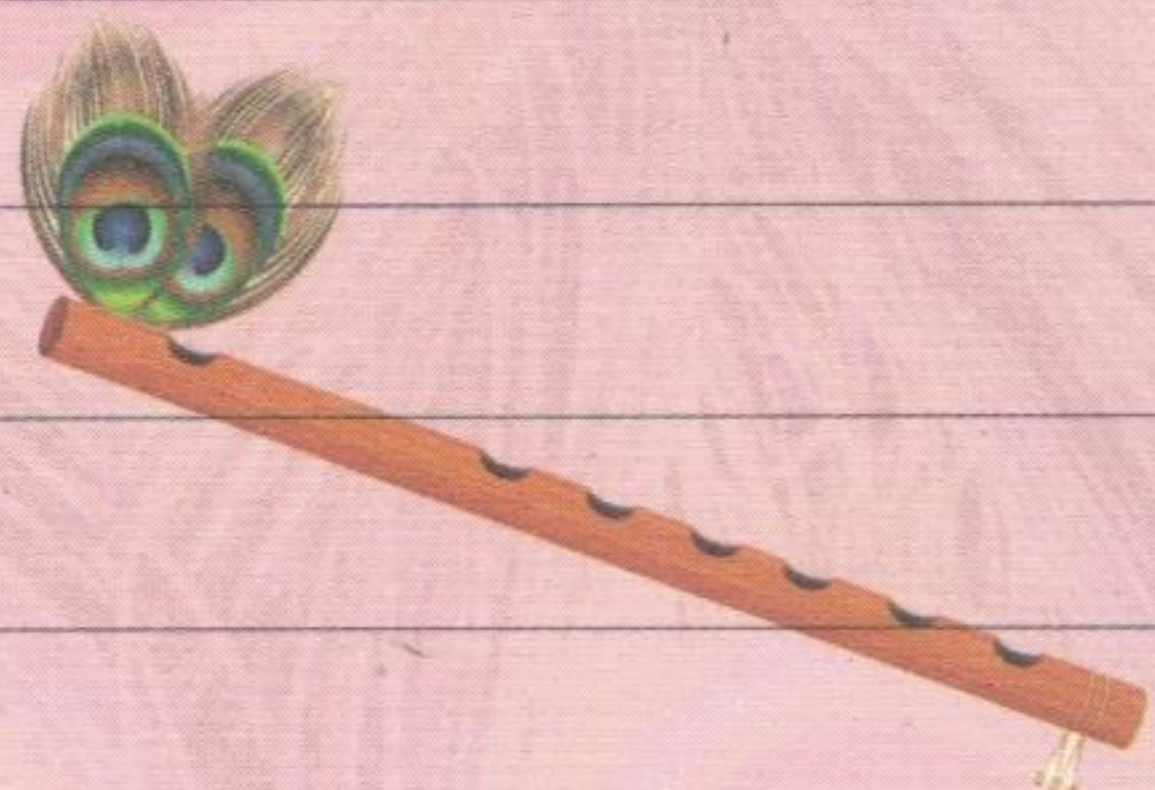
[Symptoms of Hysteria very frequently represent sexual matters.]
Definition

It is not altogether easy to define the concept 'sexual'. Perhaps the only accurate definition would be everything that is connected with the difference b/w the two sexes, it can be too general or too colorless.

If the sexual act as the central factor is emphasized, people might think that everything is sexual which seeks to obtain sensual excitement from the body and especially from the sexual organs of the opp. sex, which aim towards the union of the genitals and the performance of the sexual act. But then they're very close to the comparison of sexual & incident, and the act of delivery is not sexual.

Those who think the function of reproduction as the nucleus of sexuality, then people are dangerously excluding a no. of things that do not aim at reproduction but are certainly sexual, such as onanism or even kissing.

THE FUNCTION
OF REPRODUCTION
IS NOT THE
NUCLEUS OF
SEXUALITY.



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The inclusion of the following factors in our concept 'sexual' amply suffices for all practical purposes in ordinary life :-

- THE CONTRAST BETWEEN THE SEXES
- THE ATTAINMENT OF SEXUAL EXCITEMENT
- THE FUNCTION OF REPRODUCTION
- THE CHARACTERISTIC OF AN INDECENCY THAT MUST BE KEPT CONCEALED

[But this is no longer satisfactory to science]

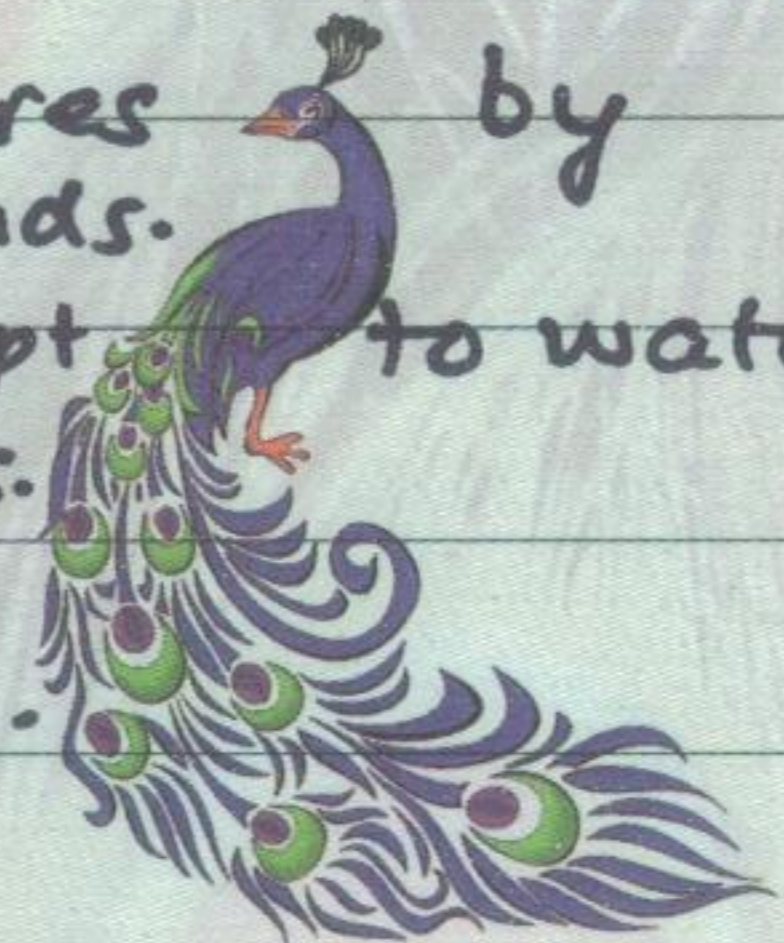
Through careful examinations, rendered possible only by the sacrifices and the unselfishness of the subjects, a group of human beings were contacted whose sexual life deviates strikingly from the average.

FIRST GROUP

- Dispensed with the mutual union of the genital organs.
- Replaced the genitals by another organ or part of the body
- Had overcome both the shortcomings of organic culture and the usual disgust involved.

SECOND GROUP

- Perverted ones who've placed as the end of their sexual desire performances normally introductory.
- Satisfy the desires by their eyes & hands.
- Watch or attempt to watch intimate doings.
- Involves the enigmatic sadists.



SIGN OF DEGENERATION

A penetrating insight due to Ivan Bloch and two new experimental results will help in this task. Bloch takes exception to the point of view which sees in a perversion a 'sign of degeneration'; he proves that such deviations from the aim of the sexual instinct, such loose relations to the object of sexuality, have occurred at all times, among the most primitive and the most highly civilized peoples, and have occasionally achieved toleration and general recognition.

The two experimental results were obtained in the course of psychoanalytic investigations of neurotics; they'll undoubtedly ~~ex~~ exert a decided influence on our conception of sexual perversion.

∴ — THE NEUROTIC SYMPTOMS ARE SUBSTITUTIONS ↓ FOR SEXUAL SATISFACTION

For this statement is ~~not~~ only justifiable if, under the term 'sexual satisfactions', so-called perverse sexual ends, since with surprising frequency, symptoms which can be interpreted only in the light of their activity are included.

The claim of rareness made by the homosexuals or the inverted immediately collapses when, in the case of no single neurotic do we fail to obtain evidence of homosexual tendencies, an expression of latent inversion can be found in a considerable no. of symptoms.



PARANOIA

Differences b/w manifest homosexuality and the normal attitude are not thus erased; their practical importance persists, but their theoretic value is greatly decreased.

Paranoia, a disturbance which can't be counted upon among the transference-neuroses, must in fact be assumed as arising regularly from the attempt to ward off powerful homosexual tendencies.

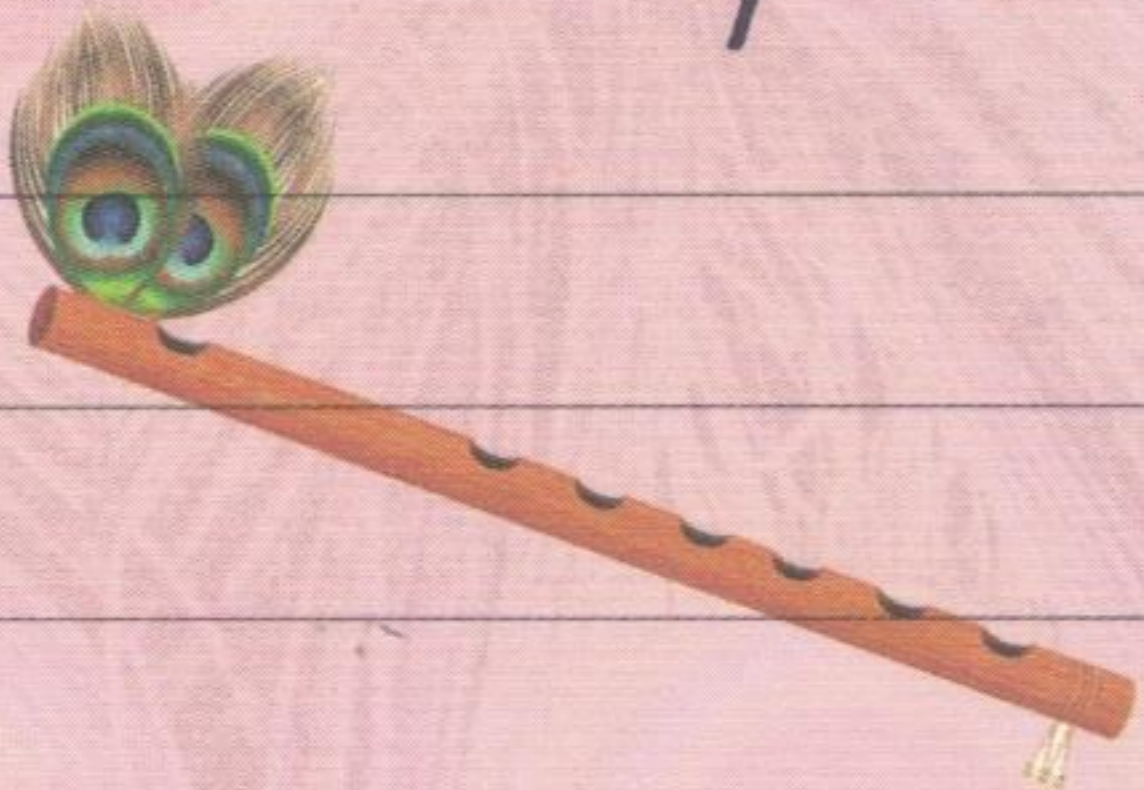
In the research, one of the patient under her compulsive symptoms acted the part of a man, namely that of her own estranged husband; the production of such symptoms, impersonating the actions of men, is very common to neurotic women.

Though this can't be ascribed directly to homosexuality, it is certainly concerned with its prerequisites.

NEUROSIS OF HYSTERIA - Analysis

Neurosis of Hysteria may manifest its symptoms in all organic systems and may therefore disturb all functions.

[TURN FOR THE ANALYSIS]



LÍBÍDO

Analogous to hunger, is the force through which the instinct, here the sex instinct [as in the case of hunger, it is instinct to eat] expresses itself. Other conceptions, such as sexual excitement and satisfaction, require no elucidation.

The interpretation plays the greatest part in disclosing the sexuality of the suckling; in fact, this can be cited as an objection.

These interpretations proceed from a foundation of analytic investigation that trace backwards from a given symptom. The suckling reveals the first sexual impulses in connection with other functions necessary for life.

His chief interest, as you know, is directed towards the taking in of food; when it has fallen asleep at its mother's breast, fully satisfied, it bears the expression of blissful content that will come back again in later life after the experience of the sexual orgasm.

DR. LINDNER [Old Pediatricist in Budapest]

— was the first one to ascertain the sexual nature of this procedure.



GRATIFICATION

The gratification can only be attended to the excitation of the mouth and lips, hence we call these parts of the body

EROTIC ZONES

And the pleasure derived from sucking

→ SEXUAL

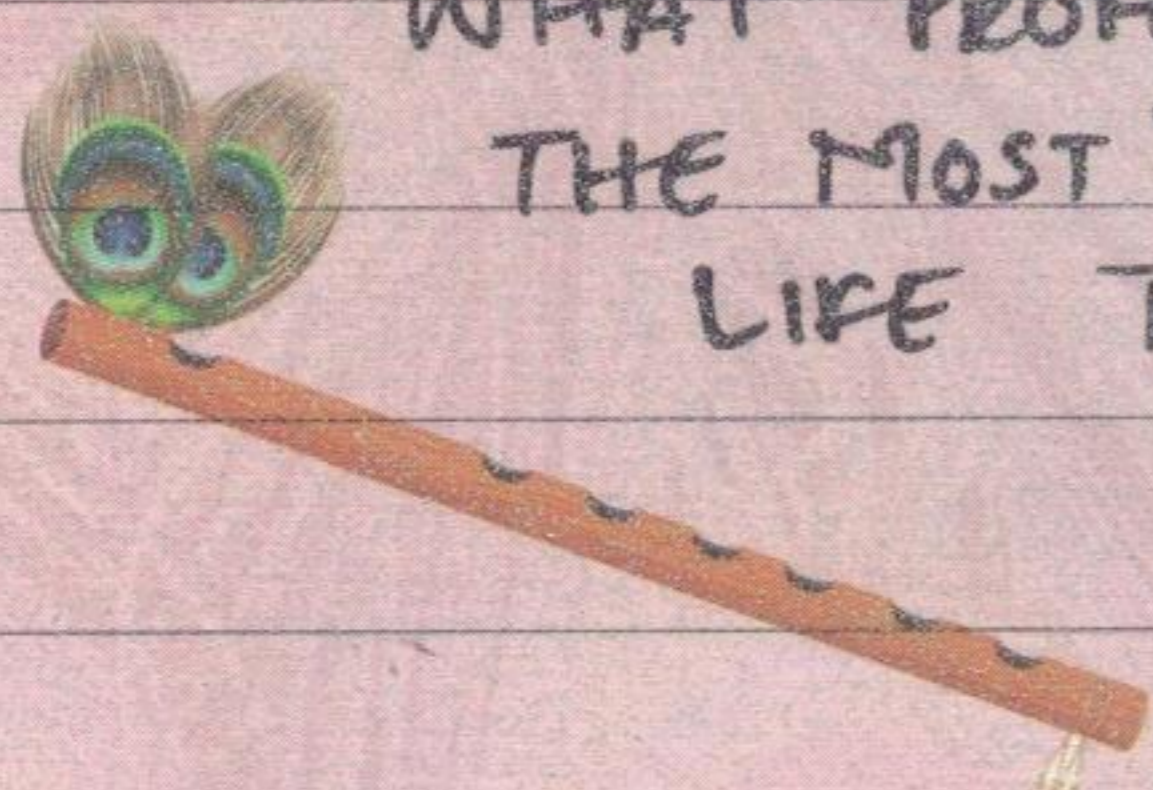
If the sucking could express ~~himself~~ himself, the child would probably recognize the act of sucking at his mother's breast as the most important thing in life. He's not so far wrong, for in this one act he satisfies two great needs of life.

With no small degree of surprise we learn through psychoanalysis how much of the physical significance of this act is retained through life. The sucking at the mother's breast becomes the term of departure for all of sexual life, the unattained ideal of later sex gratification, to which the imagination often reverts in times of need.

The mother's breast is the first object for the sexual instinct;

WHAT PROFOUND INFLUENCE IT EXERTS UPON
THE MOST REMOTE DOMAINS OF PSYCHIC
LIFE THROUGH

EVOLUTION & SUBSTITUTION



REGRESSION ETIOLOGY

INSIGHT INTO FIXATION DEVELOPMENT

Regression is a danger of fixation development by stages. Even those components which have achieved a degree of progress may readily turn backward to these earlier stages. Having attained to this later and more highly developed form, the impulse is forced to a regression when it encounters great external difficulties in the exercise of its function, and accordingly can't reach the goal which will satisfy its strivings.

CAUSE OF NEUROSES:

With the knowledge you've gained concerning the development of the function of libido, the two kind of regressions:

Incestuous return to the first libidinous objects

Return of the entire sexual organisation to an earlier stage of development.

Both occur in the transference neuroses and play an important role in its mechanism. Especially is the return to the first incestuous objects of libido a feature that the neurotic exhibits with positively tiresome regularity.

- If you accord regression in the general meaning of return from a higher to a lower stage of development, suppression as a form of regression must be included then.



THE DEVELOPMENT OF THE SYMPTOMS

The neurotic symptoms are the result of a conflict aroused by a new form of gratifying the libido.

The two forces that've contented against each other meet once more in the symptom;

↳ they become reconciled through the compromise of a symptom development.

That is why the symptom is capable of such resistance; it is sustained from both sides.

Cause
of the
neuroses

=

Disposition as
determined by
libido fixation

+

accidental
experiences
[traumatic
element]

Sexual Constitution
(pre-historic)

[Infantile
experience]

Schematic representation of early childhood.



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INFANTILE NEUROSES

The neuroses of children are very frequent, far more frequent than is generally believed. They're often overlooked, dismissed as signs of badness or naughtiness, and often suppressed by the authority of the nursery; in retrospect, they may be easily recognized later.

They occur most frequently in the form of

ANXIETY
HYSTERIA

When a neurosis breaks out in later life, analysis regularly shows that it is a direct continuation of that infantile malady which had perhaps developed only obscurely and incipiently.

However, there are cases stated in which this childish nervousness continues, without any interruption, as a lifelong affliction.


There're cases in which the entire causal emphasis falls upon the sexual experiences of childhood, in which these impressions take on an effect which is unmistakably traumatic and in which no other basis exists for them beyond what the average sexual constitution and its immaturity can offer.



ORDINARY NERVOUSNESS

The Theory of neuroses is Psychoanalysis itself

One of the relations which the ego bears to its neurosis is so obvious that it must be considered at the very outset.

In no case does it seem to be absent, and is most clearly recognizable in  TRAUMATIC NEUROSES

In the causation and mechanisms of all possible forms of neuroses, the same factors are active again and again; it is only the emphasis that is shifted from one to the other of these factors in symptom formation.

SECONDARY ELABORATION

Thus the phantasies which undergo conversion into symptoms are especially easy to detect in HYSTERIA; compulsion neuroses are essentially dominated by the reactionary formations, or counter-seizures of the ego;

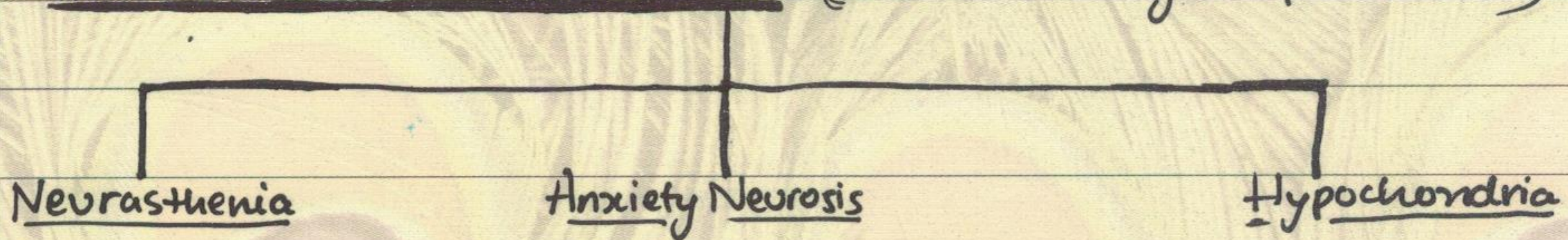
what we designate as secondary elaboration in dreams dominates paranoia in the form of delusions, etc.

In TRAUMATIC NEUROSES, this is in itself is not a sufficient cause for illness, but it can favor its beginning and also feed its needs once it has been established.



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THREE FORMS OF TRUE NEUROSIS (occur occasionally in pure form)



[More often they're blended with one another or with a psychoneurotic condition]


• The symptom in the true neurosis is frequently the nucleus and incipient stage of development of the psychoneurotic symptom

HYPOCHONDRIA & PARAPHRENIA (Dementia Praecox & Paranoia) also termed as [• Such a connection is most easily observed to/w neurasthenia and the transference neurosis.]

which are termed ANXIETY HYSTERIA, ANXIETY NEUROSIS, CONVERSION HYSTERIA

INFLAMMATION

Persons who're disposed to be neurotic, without suffering from a flourishing neurosis, frequently set in motion the work of symptom development as the result of an abnormal physical change — often an inflammation or an injury.

This development rapidly makes the symptom given by reality the  representative of the unconscious phantasies that had been lurking for an opportunity to seize upon a means of expression.

* NO GENERAL LAWS CAN BE LAID DOWN FOR SUCH MIXED CASES *

FEAR & ANXIETY ^{*}

(Which most nervous complain of & describe as their greatest source of suffering.)

- Terming the REAL FEAR & NEUROTIC FEAR in contrast with each other and addressing the difference b/w the two:-

REAL FEAR

- Seems quite rational and comprehensible
- Reaction to the perception of external danger
- An expression of the instinct of self-preservation.
- Superior knowledge promulgates Fear, recognising the danger earlier.

∴ DEVELOPMENT OF THE FEAR IS NERVE PURPOSEFUL

EVOLUTION OF FEAR

- The first factor is the expectancy of danger which expresses itself in heightened sensory attention and in motor tension.
- The readiness to be afraid seems to be the purposeful aspect; evolution of fear itself, the element that defeats its own object.

Generally one means a subjective condition, caused by the perception that an 'evolution of fear' has been consummated.

maybe called an EMOTION

WHAT IS AN EMOTION IN THE DYNAMIC SENSE?

- Certainly very complex.
- includes indefinites motor innervations or discharges

• Definite Sensations

2 Kinds

The perception of motor activities.

The direct sensations of pleasure & pain.



[FATHOMED BY ENUMERATIONS]

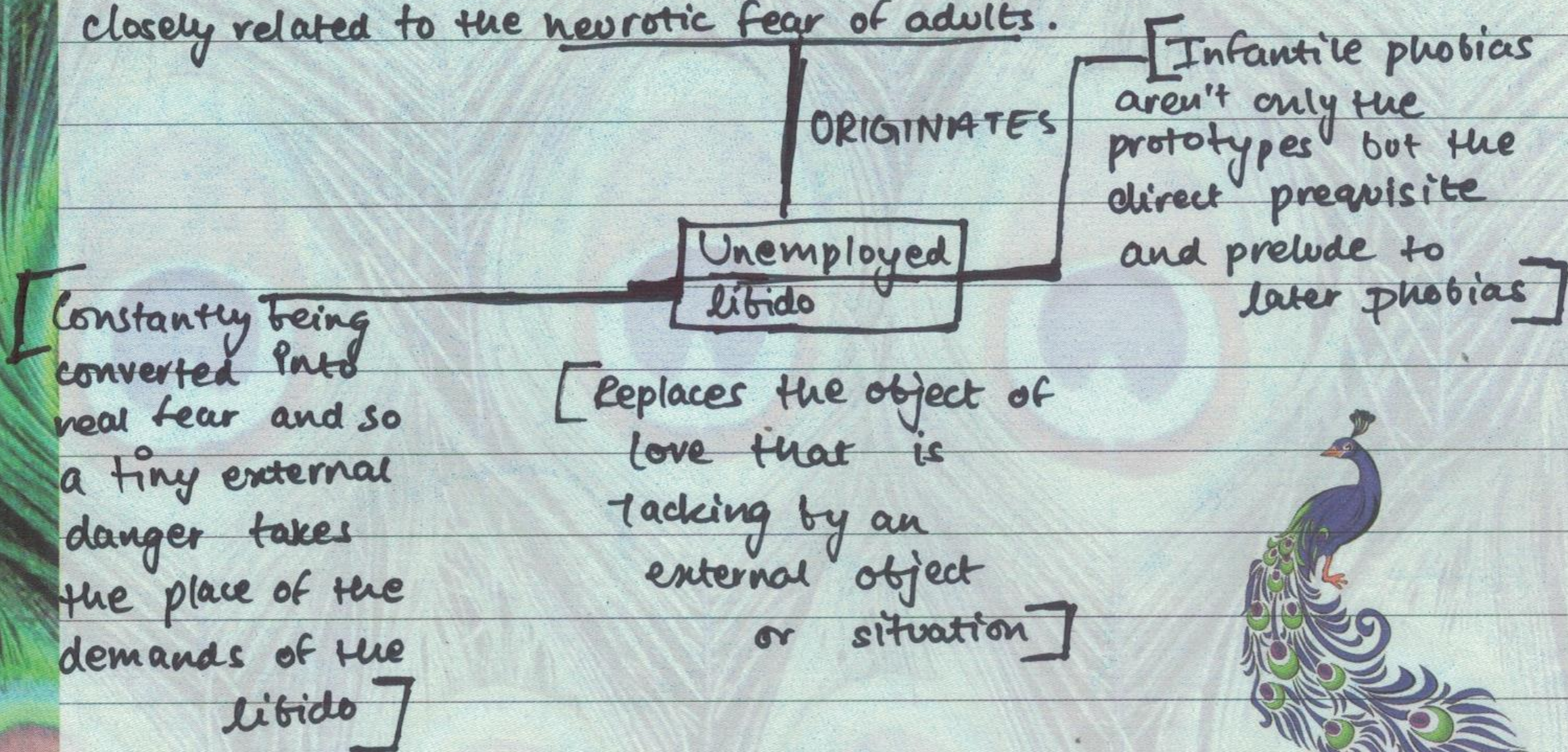
'THE AWAKENING OF REAL FEAR IS THE RESULT OF EDUCATION'

'EXPLANATION'

≡ It suffices that their constitution contains a greater measure of libidinous need or that they've been spoiled early through libidinous gratification. No wonder that those persons who're nervous in later life are recruited from the ranks of these children.

The creation of neurosis is made easy by the inability to endure a considerable amount of pent-up libido for any length of time.

Infantile fear has very little to do with real fear, but is closely related to the neurotic fear of adults.



These neurosis are accompanied by processes that strive to restrain the development of fear, and succeed in various ways.

In Phobias, for instance, two phases of the neurotic processes can be clearly distinguished:

Effects the suppression of libido and its transition to fear (joined to an external danger)

Building up all those precautions and safety devices which are to prevent contact with the external danger.

In other neurosis, ∴, other systems of defense are used against the possibility of fear development.

CONCLUDING POINT :-

The development of fear is interwoven with the fate of the libido and the unconscious system

THE INDISPUTABLE FACT THAT REAL FEAR MUST BE CONSIDERED AN EXPRESSION OF THE EGO'S INSTINCTS OF SELF PRESERVATION

There is only one disconnected point!

≡ One inconsistency in the hypothesis

Neurotic Psychology

x THE LIBIDO THEORY & NARCISM

The sexual function cannot be eliminated from psychic life by any device, we rightly retain the name libido for the instincts of sexual life.

SEXUALITY

It is the only function of the living organism which extends beyond the individual and sees to his kinship [with the species]. It is undeniable that its practice does not always benefit the individual as do his other performances.

The individual who places himself in the foreground and regards his sexuality as a means to his gratification is,

FROM A BIOLOGICAL POINT OF VIEW,

only an episode in the series of generations, a transient appendage

For the price of ecstatic pleasures, it involves him in dangers which threaten his life and frequently DEATH.

GERM PLASM
[virtually endowed with immortality]

FOR PSYCHOANALYTIC EXPLANATION OF NEUROSES

By separate observations of the sexual and ego instincts :

[gained the understanding of TRANSFERENCE NEUROSES]

INTEREST

→ The accumulation of energy the ego directed towards the object of its sexual striving libido and all others,

[proceeded from the instincts of SELF-PRESERVATION]

PSYCHOANALYTIC CONCEPTIONS BY - K. ABRAHAM [1908]

Principal characteristic of DEMENTIA PRAECOX [Considered one of the psychosis]

→ THERE IS NO LIBIDINOUS

OCCUPATION OF OBJECTS

[Psycho-sexual Differences b/w Hysteria & Dementia Praecox]

WHAT HAPPENS TO THE LIBIDO OF THE DEMENTED?

- It is diverted from its objects.

- It is turned back upon the ego

[THIS REFLECTED TURNING BACK IS THE SOURCE OF THE

MEGALOMANIA]

dementia
praecox

* [Compared psychotic condition with the normal course of love in order to understand it] *

NARCISM

The libido, which is attached to certain objects, which expresses a striving to attain gratification from these objects, may also forsake them and put in their place the person's ego.

The name for this placing of the libido - NARCISM

The grown individual lavishes upon his own body all the affection usually devoted to some foreign sex object.

BY
P. NAECKE

EVOLUTIONARY HISTORY

From the evolutionary history of the object-libido many sex instincts seek [auto-erotic gratification]

forms the basis of RETARDATION & SEXUALITY

- * Auto-eroticism was the sexual activity of the narcistic stage in the placing of the libido. *

THE SLEEP

In the sleeper, the original condition of libido division is again restored,

A condition of complete narcissism in which libido & ego-interest are still united and live indistinguishably in the SELF-SUFFICIENT EGO

X

OVERCOMING TRANSFERENCE

We overcome transference by proving to the patient that his feelings do not originate in the present situation, and are not intended for the person of the physician, but merely repeat what happened to him at some former time.

When the cure, however, first has taken possession of the patient, the productivity of the illness in this new phase is concentrated entirely on one aspect

↓
[The relation of the patient to the physician.]

SYMPTOMS

All the symptoms of the patient have lost their original meaning and have adapted themselves to a new meaning, which is determined by its relation to transference.

The control of this new, artificial neuroses coincides with the removal of the illness for which treatment was sought in the first place, namely with the solution of our therapeutic problem.

Transference has attained extra-ordinary significance, has become the centre of the cure, in the conditions of hysteria, anxiety & compulsion neuroses.

INTERPRETATIONS OF THE DREAMS

The dreams of the neurotics, as well as their errors and haphazard thoughts, helps us in finding the meaning of the symptoms and in discovering the disposition of the libido.

In the form of the wish fulfillment, they show us that wish impulses have been suppressed, and to what objects the libido, withdrawn from the ego, has been attached.

The condition of sleep itself carries with it a certain abatement of suppressions.

Because of this lessening of the pressure upon it, it becomes possible for the suppressed impulse to create in the dream a much clearer expression than the symptoms can furnish during the day.

So, DREAM-STUDY IS THE EASIEST APPROACH
TO A KNOWLEDGE OF THE LIBIDINOUS
SUPPRESSED UNCONSCIOUS WHICH
HAS BEEN WITHDRAWN
FROM THE EGO.