I now propose to conclude our discussion on psychoanalysis as represented by Freud in the realm of neurotic etiology. The views have so far been explained and discussed under different chapters.

Of his views, those which are connected with infantile sexuality may be considered to have the most un failing appeal since they were surfaced in the psychological arena by Sigmund Freud. At the very outset, readers may be confused about the status of Freudian sexuality. As seen as it tried to get hold in the domain of psychology, many were and are trying to condemn it on varied grounds as explained in the last chapters. However, some points worthy of consideration may be stated, for in order that at least a place, if not the kind of place as desired by Freud, may be retained for it.

First, history supports the view that all human beings are more or less involved in sexual activities. Not that sexuality is involved in all human activities. It is easy to maintain that there is a period in one's life when there is complete sexual abstinence. But it is difficult to maintain that a man's life is completely devoid of sexual activities from birth to death.

Second, in the trials and tribulations, thorns and thistles of life, sex is the one thing which can easily give solace to mankind. Perhaps it is due to this that sex-
oriental institutions, such as night clubs, bars etc. had flourished in the last decades in several parts of the world. It points to the possibility of sex being treated as a base drive.

Third, why do people get married? Innumerable answers are offered by psychologists, anthropologists, sociologists, indeologists etc. in manners befitting their own disciplines. A pervading factor is, however, that man wants to perpetuate himself through marriage. Many human activities, if not most, are considerably explainable by the idea that his name will be immortalized by them even after his death. This is not easy to be materialized in other actions. It is comparatively easy in marriage with which sex is closely associated.

Apart from the various factors by which Freud wanted to make sex an omnipresent matter in human activities, the above general points command special attention. However, in case the reader persistently feels tempted to discarding sex in its importance in human life, it is better to shift our attention to "infantilism".

Psychologists, especially environmentalists, are very much struck by the idea of infantilism, i.e., infantile experiences. Much importance, sometimes even undue, has been attached to it. Modern psychiatry also stresses the importance of infantile experiences. Next to that, neo-Freudians could not deny its validity. Last, the birth of child psychology in the last decades has much to do with the recognition of
its contribution to the development of adult psychology.

The most unfailing appeal of the infantile experiences, if not infantile sexuality, has been brought to the notice of the reader for one condition also that its relationship with physiological set-up may be established. Freud made it contributory to the study of neurotics by treating it as predisposing factor. Gradual accumulations of infantile experiences will slowly induce the organism to form a tendency to adopt a particular style of life befitting the experiences thus accumulated. The tendency for adoption of this style of life is called predisposition which is the initial step to neurosis.

The process of accumulation of infantile experiences to the extent of enabling the organism to develop a tendency to adopt a particular style of life is not so simple as may be imagined. Many factors are involved in it. It is suggested that physiological factors be treated as one of them. It may appeal to the reader as astounding and astonishing. By way of clarification, it is not the physiological vulnerability before or after the onset of neurosis nor is it the structural damage before or after the onset of neurosis. It is just the nature of physiological set-up vis-a-vis the nature of external objects and events working as stimuli for the sensations and perceptions. Such external objects and events are part and parcel of physical and social reality. Although Freud treated human body as part of reality, it does not hold good in this newly suggested approach.
Again it differs from the physiological defects such as eye defect as advocated by A. Adler, nor is it similar with the characterological approach devised by Kretschmer in that the suggested approach is connected with the nature of neuro-endocrinological system vis-à-vis the nature of external objects and events working as stimuli for the sensations and the perceptions. This is much in the earliest infantile (Freudian) stage. Afterwards, when internal states of the mind begin to function, they also will be included in the system. By then the approach will be designated as the nature of psycho-neuro-endocrinological system vis-à-vis the nature of external objects, events and the internal states of the mind working as stimuli for the sensations and perceptions. Human psyche, as it is developing and develops is considered here having two sub-systems of (a) stimuli and (b) decision. To be plain, it works as a part of the stimuli system. It works also as a part of the decision and co-ordination system.

Psychoanalysis did not venture to emphasise the role of physiological factors in the sense of neuro-endocrinological aspects. This is supported by the following case-studies conducted by different psychoanalysts, which may be treated as representatives of analyses so far conducted since the beginning of psychoanalysis.
(A) **Identity:** The patient was a married lady twenty-six years old coming from a middle class Brahmin family of East Bengal. Her father, an Assistant Headmaster of a high school very much devoted to teaching profession, had landed properties; but because of inability to manage them properly the income of the family was inadequate. Consequent on this, there used to be quarrel between her parents. Her father, already a mild and submissive type, became more so because of his belief in Vaishnavism. Her mother was a domineering and quarrelsome person. She had four siblings - the eldest one a son, second and third ones daughters, the youngest one again a son. The patient was the second child.

(B) **Symptom:** Getting anxiety attacks in the street; also getting similar attacks at home if she quarreled with her husband which often ended in a fit. Later on getting anxiety attacks and fits at home even without quarrel with her husband. Many times during such anxiety state she would cover herself with two blankets for relief from cold even in the hottest summer months. Also complaining of anorexia, flatulent dyspepsia, vomiting and constipation. At times incapable of walking due to sudden appearance of weakness of both the legs.

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(c) Investigation and Discussion:

(i) Non-analytical: The patient had a great admiration for her father for his thirst for knowledge but disliked her mother who was in the habit of rebuking and discouraging her in education. Once she became so much attracted towards a school inspectress that she decided to become an inspectress herself. Her mother got her engaged to a man senior to her by ten years; but she refused and got married to another of same age with hers. Her mother disapproved the marriage and cut off all connection with the patient. Being unable to adjust with the relations of her husband, especially his mother, the patient wanted to have a separate home but found it impossible with the family income. After pregnancy she became frightened that her life might be endangered at the time of delivery. She had to give up her teaching job after the delivery as she was to look after the baby. She was not, however, satisfied with the duty of a housewife and a sense of frustration developed. She did not express it normally but got it expressed in the form of quarrels with her husband who told her to resume her job. She did it but started getting anxiety attacks in the street. It was also thought that it could not be possible to harmonise the roles of a careerist and a housewife. Consequently her job was abandoned for the second time but she could not be free from anxieties at home also. She got the same anxiety attack as in the street while quarrelling with her husband.
when she demanded to be by her side so as to ease her hysterical tension.

(2) **Analytical:** The patient was in a state of oscillation between masculinity and femininity. Her taking up the teaching job before marriage and a desire to be a school inspectress support her masculinity. That is why she did not like to live with her husband. But then she was helpless economically. She could not go to her mother either. Besides, she had a feminine desire as expressed in her craving for child which can be traced back to infancy. Masculinity also could be traced back to infancy at the time of birth of her younger brother who is treated more affectionately than the patient by her mother. The patient was, however, not totally detached from her mother.

(D) **Diagnosis:** The case is one of both conversion and anxiety symptoms.
(A) **Identity:** The patient was a boy of nineteen years, a student of second year Intermediate Science Class. Although both parents are alive, the patient did not have attachment with either of them. He is attached more with his elder uncle. The association of the patient with his cousin brothers and sisters is more prominent than that of his own. The patient had eight siblings - the first one (female) getting married, having children; the second (male), a university student; the third (male), college student; the fourth (male), intelligent student; the fifth (male), the patient; sixth (male), died; seventh (female), married; eight (female), a minor. The father is a police inspector and cannot look after the family affairs. The income of the family is more than sufficient. A good social status is enjoyed by the family, the head being the police inspector.

(B) **Symptoms:** Lack of concentration, particularly in curricular subjects; sleeplessness; jamming of the brain, headache and head ringing; worry for reduced body weight; severe constipation; fear of dirt and infectious disease, frequency of masturbation. A strong sense of guilt, particularly due to (i) prostitution, (ii) masturbation, (iii) homosexuality and (iv) incestuous sex desires.

(1) **Non-analytical:** The symptoms first appeared about one year before he came for analysis. When he got admitted in a college in a town bigger than his own, he was to put up with some students who forced him to play a passive role in homosexual intercourse. He had this kind of experience prior to this also. At the same time he made some heterosexual object choice from among the girls in his college. Both these situations excited him sexually, and the tension was released only through masturbation. While masturbating images of heterosexual intercourse dominated his mind, but one picture appeared again and again and it was that of his cousin sister with whom he attempted intercourse. Gradually mental disturbance increased and symptoms like lack of concentration, insomnia, headache, constipation, restlessness etc. appeared. As a preventive measure he went back to his home town. For sometime it seemed to be alright. But the symptoms were up again. Thereafter he gave up his studies. Some physicians administered drugs on him. He started feeling better. Subsequently he had intercourse with two elderly prostitutes. The anxiety on the patient's part was aggravated by the idea of infectious diseases.

(2) **Analytical:** The patient was in a state of acute tension between passive homosexuality and active heterosexuality. He was not satisfied with the former for the fact that there was aggressive element as well as
Oedipus complex in his personality. So he attempted heterosexuality with a cousin sister, which he failed. Masturbation became the outlet for tension, when symptoms appeared. He further attempted and enjoyed heterosexuality with the prostitutes, only to complicate the neurotic pictures. The Oedipus complex and aggression could be traced to the patient's infancy regarding his relation with parents - a spoilt childhood, an unguided adolescent with enough money to squander and live a delinquent life. Ego and super-ego are weak. Id is all in all.

(D) Diagnosis: A case of homosexuality caused by sexual inversion.
CASE-III  

(A) Identity: A Hindu male of thirty years of age, working as a clerk. His father, an engineer, joined a firm but later started his own business. He earned quite a lot but afterwards he gave all these and remained at home almost idle. He died when the patient was twenty-four years old. His mother was an ordinary housewife, having no personality of her own in that she supported his father out of fear. The patient was brought up in a joint family, he being the last but one child. There are seven brothers, three sisters. When the patient was born the economic condition of the family was not very good. The age gap between the patient and his eldest brother is twenty years. One brother and one sister died in the early age.

(B) Symptoms: One night, while sleeping, the patient began to feel that he was going to die. "I was sinking" to quote his version. A local physician was called and some sedative was prescribed. Thereafter an idea developed in his mind he might commit suicide at any time and this frightened him very much. While going by a train, the idea that "Let me jump from the train" came to his mind. Another idea, "Let me hang myself", also came when he sees a mosquito net. Still another idea that he might kill his nephew who used to sleep with him in the same room possessed him. The

3. Ibid., pp. 169-176
other complaints were about depression and difficulty to concentrate in intellectual work. Inspite of his dislike of this idea it was coming again and again.

(C) Investigation and Discussion:

(1) Non-analytical: As the patient rated himself, he was an ordinary student in the school. Though he had not been helped by his father or any private tutor, he had been able to stand second in the final primary examination. The patient said that he pursued his studies under great stress and strain, particularly about economic condition. Anyway, he passed Matriculation and Intermediate Science. He failed in B.Sc. course for three times. In case he got help from his father, he should have passed. But he did not like to take help from his father, brilliant but fickle-minded, whimsical, having no fixed idea, too much domineering and sometimes hostile, utterly neglecting, inconsiderate to other's feelings. He appeared in an Air-force examination and got selected. It was, however, given up at the insistence of his parents. Then he became a school teacher only to give it up on the death of his father. Later he joined a clerical post on the 15th of the month. He treated this number to be an unlucky one.

(2) Analytical: The patient could not adjust to the job situation. This was due to his aggression against authority. On the other hand, he could not give up the job as money was involved. He needed money for livelihood. There is another
factor for which it was difficult for him to abandon the job. There was oedipus complex and castration fear which could not be resolved. He had ideas to mix up with the girls but had no courage to do so because of inferiority complex. He developed homosexual tendency and that too as a passive partner because of the same complex. His boss appeared in this fantasy-situation. This aggression, inferiority complex, oedipus complex, castration fear were all traceable to infancy.

(D) Diagnosis: A case of psychoneurosis of obsessive type.
(A) **Identity:** The patient, Mrs. X, is an Anglo-Indian married lady, aged thirty five. She was married in the year 1958, having no children. She belongs to a middle class Anglo-Indian family. The patient's mother had married twice. She was the fifth issue of the first husband, two of whom (sons) died in the childhood. The mother had five more issues by the second husband (two sons and three daughters), one of the sons being insane. They all lived together.

(B) **Symptom:** The patient could not sleep alone at night. Second, she could not resist her intimate sexual relationship with different men.

(C) **Investigation and Discussion:**

(1) **Non-analytical:** The patient was born and brought up in Calcutta. She was educated in a missionary school. She had little interest in her studies but was very much interested in dances, picnics, etc. arranged by the boys and girls of her locality. She hated her mother and felt inferior in her presence, because her mother gave attention more to her insane brother. She loved and admired her father very much, but could not get closer to him. He died when she was fifteen years old. She could not adjust with her step-father, a gambler and a drunkard. So she

always wished to run away from home. There was a keen rivalry with her siblings because they were in better positions. She readily accepted the marriage proposal by her husband, Mr. D, in a dance party in the hope that she would escape from home. But Mr. D, a customs officer, was imprisoned for seven years during which she had sexual relations with men, younger and older, to satisfy her desires. Later she had mental agonies for which she went to father G who sent her for psychoanalytical treatment.

(2) Analytical: Love, according to her, included the company of men between fifty to sixty, mature, sympathetic, kind, affectionate and acceptable. She did not give importance to physical appearances, but valued an elderly man more, as she felt he would take long in his sexual intercourse and that would mean love and care. As she could not enjoy her father sexually, she looked for persons like him. She felt guilty of many of her actions. She did not properly use the money given by her mother for her insane brother. For her husband she did not do anything to save him from being imprisoned. Four abortions were undergone by her as consequences of her illicit relationships. The patient feels lonely. She needs company which happened to be different men and that, too, of fatherly type because of oedipal fixation. Guilt feelings ran over all her actions and hence her confusion between loneliness and friendship. Aloneness, guilt feelings, oedipal wishes were all connected with her infant life.

(D) Diagnosis: A case of psychoneurosis.
Let us see why the process of predisposition, let us call so by now, should be connected with physiological set-up. One is psychological and the other is physiological.

First, all things in the universe are, directly or indirectly, positively or negatively, connected with one another. This statement is connected with philosophy. Some schools of philosophy entertain the idea of "multiverse". But most schools entertain the idea of "universe". Besides, although some systems of philosophy try to stick to "pluralism", they have a major concern with some "ultimates" with which explanations of both the phenomenal and the noumenal world are always made towards "monism". The ideas of "universe" and "monism" are interrelated and the truth of the above statement is as yet apparently established. If this be so, physique must be connected with psyche.

Second, things are affected by the nearest things. It is a commonsense attitude. Either by commonsense or on that many standard systems of thought are set forth. Even the highly abstract philosophy of Henri Bergson, the eminent French philosopher is based on commonsense experience. All theories, including those of psychology, have foundations constituted by presuppositions. This was mentioned in the last chapter. These presuppositions are, again, connected with commonsense. Hence the importance and validity of the above statement. This being so, so is with the relation of physique with psyche.

Third, to this effect under discussion there are age-old speculations like Descartes's theory. Notwithstanding the
matrix of the details of his theory, one thing is quite certain and clear that physique and psyche are necessarily connected.

Fourth, drives in the unconscious (topographical) or in the id (structural) which are fresh, never referred to the conscious or the ego have physiological roots. This was stated and explained in Chapter V. This also leads to the connection between physique and psyche.

Fifth, Freudian theory is biological-oriented. "... the biological foundations of the total psychic life affect every chapter of the story," as stated by J. Jastrow. This again supports the mutual relationship between physique and psyche.

Sixth, there is a possibility of finding out a biochemical basis for the cause of the neurosis. "... some neurological genius of the future may discover a biochemical basis for the neurotic vulnerability. The source of the liability is one problem, its manifestations another; both must be considered."6

Seventh, thorough-going explanations made in his book by Hyre Sim regarding the use of drugs in neurotic patients7 serve as ample evidence for the connection between physique and psyche. These drugs will ensure psychological relief to the patients by causing physiological reaction with the psyche.

5. Freud : His Dream and Sex Theories - J. Jastrow, p. 8 footnote
6. Ibid., p. 202
Last, a premise seems to be imminent. "The endocrinological and biochemical approach have recently shown much promise. These various approaches are not to be considered rival theories to psychoanalysis, but rather as approaches which may supplement psychoanalytic knowledge and refine it." 8

These and other similar esteemed opinions of thinkers of no mean repute will show the intimate and ultimate relationship between physique and psyche.

The time has now come to see as to how physique is possibly related with psyche in so far as the relation is contributory to the causation of neurosis. As had been stated before, the jurisdiction of physique is limited to a certain nature of the neuro-endocrinological system. What is this system? What are its function?

Hormones, which may be defined as chemical substances, are secreted from the endocrine glands. Then they take part in the physical and mental processes of the individual. "... throughout the whole life - from the early stage of foetal development right up to the moment of death - the endocrine glands exert the strongest influence on the physical and mental processes of the individual." 9 It is necessary to see again how endocrines came to be connected with nervous system so as to form a connected whole with a specific task assigned to it.

8. The Psychodynamic of Abnormal Behaviour - J.F. Brown, p. 268
Endocrines alone cannot make the organism fight its environment. Accuracy, quickness, exact localisation, higher co-ordination and such other processes of corporate life cannot be carried out by endocrines. Another system known as the nervous system comes to the help of endocrines. Functions that are slow and sustained but very much essential are still carried out by endocrines. But these two systems co-ordinate at the hypothalamic level, playing a major role in homeostasis and also showing their interdependence and inter-relatedness. "This highest centre of the autonomous nervous system also elaborates several hormones that control major endocrine activities of the body through the pituitary, and thus represent a single neuro-endocrine system." 

On the other hand, Alan I. Leehner took so much pain in trying to show the nature or relationship between endocrinology and behaviour, especially human behaviour. It took him, however, not so much time in pointing out that hormones do not stimulate behaviour directly. "Rather, hormones seem to affect whether and how intensely the behaviour will occur following exposure to appropriate exciting stimuli." He concludes, "... we know that the endocrine system, along with nervous system, is one of the major signaling systems of the body, and that hormones act as chemical messengers, 

10. Ibid.


12. Ibid.
affecting the rates and directions of ongoing physiological reactions throughout the organism.\textsuperscript{13}

As to the relation of psychology with this system, some more proceedings are called for. On the one side, human emotions are generally considered to be associated with human thoughts and actions. On the other side, the energy of emotion is considered to be regulated chiefly by the autonomic nervous and endocrine systems. By analysing these two things, we may contend that psychology has a necessary relation with the neuro-endocrinology system.

About the contributory aspects of the relation thus established, we are to come again to emotion. This is an established fact that emotion is deeply connected with neurosis, more so in Freudian neurosis. Abreaction is a term which was used by Freud for the release of pent-up emotions. Emotions are pent-up, because drives (it is not wise to put instincts here as they are subject to criticisms explained in Chapter V) associated with the emotions are not managed properly. These drives are to be considered in the broad perspective of constant and relative drives as explained in Chapter IV. The nature of the psycho-neuro-endocrinology vis-a-vis the nature of external objects, events and internal states of the mind is not in such a position as will enable the individual to manage the drives properly. Gradual accumulations of such experiences in the infantile stage induce the individual to

\textsuperscript{13} Ibid.
develop a tendency to adopt a particular style of life
different from the present one. Once the development is
complete, the process of predisposition is complete and it
paves the way for neurosis.

For bringing out the suggested approach to more light,
let us make a comparative and contrastive study diagrammatically
of human psychology as represented by Freudian scheme and the
socio-cultural approach.

1. Reality ← Individuality

2. Reality → Individuality

The first one is representative of Freudian psychology, while
the latter of socio-cultural approach. Each one tries to
incorporate the other, thereby showing one's initiative and
integrity over the other. It may have some certain limitations.
Nevertheless, with some reservations, it is expected to help
the reader with the idea that the suggested approach considerably
comprehends both.

To conclude, suffice it say that neurosis is a mental
disease ever swelling with the complexity of socio-cultural
phenomena. The relation is of direct variation type. It
follows that attempts to trace the causative pattern of neurosis
become more complex and even complicated. However, for the sake
of serendipity for the neurotic patients, I put, with a fervour
of delicacy, my finding supported by elaborate discussions in
the foregoing chapters. This is, of course, based on the
Freudian insights into neurosis. I feel convinced that Freudian
principles deserve still more careful attention in the light of modern trends and tendencies. I would like to nurse and nourish a hope also that Freudian insights will continue to be worth of further studies.

Suggestions for further research:

Researches usually stem from the need or shortcomings of what exists. In his research to fulfill the need or to alleviate the shortcomings the researcher comes across many other problems which can only be solved through planned researches. Any research endeavour, therefore, raises more problems and issues than it proposes to solve and initiate further researches in that field. The investigator while pursuing the present study came across many such problems. Based on the present study a few suggestions are made below:

In understanding neurosis the following points need a thorough study:

(1) The role of neuro-endocrinology in precipitation.

(2) The maximum and minimum power and function of the neurones.

(3) The maximum and minimum power and function of the endocrines.

(4) The role of "chance" as expressed in repetition of a certain phenomenon in an infant's life, only to take a part in predisposition.

(5) The concept of "reaction-formation" - a mechanism or a symptom?