NEUROSES AND PSYCHONEUROSES.

[130] Compulsive thinking as a castration equivalent.—E. Graham Howe.

There is a group of cases, varying between particular obsessional ideas and general obsessional thinking, in which the act of thinking has become compulsive in motive, excessive in degree and exaggerated in value. These are here alluded to as "compulsive thinkers." The underlying unconscious motive is escape from the conflict of an unsolved emotional problem, which is due to a greater or less degree of parent fixation. The escape is by way of a "castration" or de-emotionalization process, in which genital values become transferred to thinking processes in general. The symptom-complex of the compulsive thinker is suggestive of the dementia praecox type, viz. an escape from reality into thinking of a compulsive character, emotional regression and sexual maladjustment, isolation, martyrdom; self-punishment, castration symbolism and suicidal tendencies. The "inviolable personality" is a marked feature of the compulsive thinker and is due to the transference of genital value to the thinking process. Psychotherapy is peculiarly difficult for various reasons. The critical faculty is itself involved in the compulsion. The inviolable personality must be violated, and when threatened always tends to revert again to defend itself by compulsive thinking. Fear of emotional reality is so strong as to cause fear of recovery, and sanity to be feared as being itself insane. The subtlety and widespread character of the process make analysis especially difficult. Compulsive thinking is more than a problem in individual psychopathology, for its principle permeates the foundations of society.

C. S. R.

[131] Dominating, over-emphasised, compulsive and delusional ideas (Dominiernende Vorstellung, überwertige Idee, Zwangsvorstellung, Wahnidee).

Dominating ideas come within the experience of everybody, and are quite normal. A train of thought interrupted or a solution delayed by external circumstances, if associated with great emotional interest, dominates the mind and though recognised fully as of subjective origin is felt as annoying or distressing by reason of the tension it produces, until a solution is reached and it becomes disposed of among the ordinary contents of the mind. It is not, even when dominant, felt as a foreign body imposed on the mind from without.

The over-emphasised idea is more objective, though not necessarily pathological, and is not felt as distressing in its dominance. Such exaggerated ideas backed by strong emotions seem to become as it were imposed on the owner and guide his actions; an example given is the case of a man exaggerating a trifling injury and spending all his energies for years in striving to obtain a pension,
or that of individuals harassed by a sense of inferiority. The excessive emotional tone of the dominating idea and its acceptance as the chief interest in life are the main characteristics.

Compulsive or obsessional ideas are recognised by those who have them as being strange and unusual, logically false and unreal, yet possessing a sort of compelling belief in them; the intelligence is unimpaired, and they lack the strong emotional tone of the over-emphasised ideas. Obsessing thoughts, tunes, fears and actions are sub-headings. The sufferer is well aware that the obsession is unreasonable, but feels obliged to act in accordance with it. This distinguishes it from the delusional idea.

Delusions are usually accompanied by strong emotion and represent emotional relationships with the environment. They may be described as falling into two main groups: those representing wishes and hopes of the patient such as grandiose delusions, and those whose content is his fears, as in delusions of jealousy, persecution, hypochondria, and of wickedness or unworthiness. They may arise on a basis of an over-emphasised idea which the patient has failed to conquer or resolve into his general personality, so that he becomes incapable of correcting its falseness.

Conclusions: the dominating idea is subjectively compelling and therefore felt as a painful feeling of lack of freedom of thought.

The over-emphasised idea is objectively compelling, the bearer identifying himself with it, and therefore without influence on feeling. Both of these arise on a basis of exaggerated feeling-tone, and cannot be spontaneously shut off; both may have a normal content.

Obsessional ideas are subjectively compulsive, sometimes without affective basis, not necessarily accompanied by emotion or incapable of being shut off; they are pathological in their content and subjectively recognised as abnormal, and therefore rejected by reason.

Delusions are objectively compulsive, distorted in content, arise from morbid causes and are incapable of correction.

M. R. B.

PSYCHOSSES.


Determinations of the basal metabolic rate in persons with dementia praecox showed that the rate averages more than 10 per cent. below normal.

R. M. S.


The author maintains that in alcoholic psychoses and in the amentia syndromes