

Animism and Magical Thinking: Clinical Review of Dereism

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Abstract

From a clinical viewpoint, dereism can be an evil warning sign, which may hint at disruption of thought organization, damaged reality testing, impaired insight, compromised judgement and serious mental condition. So, in the realm of descriptive psychopathology and phenomenological diagnosis, dereistic thinking or animism, demands, first of all, exclusion of organic problems, like space occupying lesions of brain, and, then, ruling out psychosis, like schizophrenia. On the other hand, dereism can be found in neuroses or personality syndromes, a finding that may indicate its multidimensional connotation. In the present article, while dereism has been appraised from psychoanalytic and cognitive viewpoints, it has been tried to delineate some of its valuable aspects, as well, which may be ignored clinically during routine psychiatric evaluation, counseling or psychotherapeutic approaches.

Key words: dereism; dereistic thinking; autistic thinking; magical thinking; fantasy thinking; animistic thinking; animism; animatism; animalism; preoperational thought; obsessive-compulsive disorder; obsessive-compulsive personality disorder

Introduction

The process of thinking, which cannot be separated from other mental functions, has been divided into the following three types: 1) undirected fantasy thinking = dereistic thinking = autistic thinking; 2) imaginative thinking; and 3) rational or conceptual thinking. In practice, of course, these three types of thinking are not discrete but constantly intermixed [1]. Animism is the doctrine of souls and spiritual beings. It may be said that the principle governing magic, the technique of the animistic mode of thinking, is the principle of the omnipotence of thoughts. In the course of treatment, most obsessive patients are able to tell how the deceptive appearance arose in most of these cases, and by what contrivances they themselves have helped to strengthen their own superstitious beliefs. All obsessional neurotics are superstitious in this way, usually against their better judgment, which seems to have abandoned such beliefs. Thus, the omnipotence of thoughts, the overvaluation of mental processes as compared with reality, is seen to have unrestricted play in the emotional life of neurotic patients and in everything that derives from it, which resembles the barbarians who believe they can alter the external world by mere thinking [2]. In the present article, dereism and the associated items, as important psychopathologic issues, which are many times, and in line with descriptive phenomenology, ascribed to serious psychiatric disorders, have been looked over, based on the available resources and some innovative inferences, which may indicate advantageous clinical suggestions.

Background:

A) Operational Definition of Dereism and Associated Issues:

Dereism is defined as a mental activity that follows a totally subjective and idiosyncratic system of logic and fails to take the facts of reality or experience into consideration. So, dereistic thinking, which is known as one of the characteristics of schizophrenia, includes mental activity not concordant with logic or experience. Similarly, autistic thinking, in which the thoughts are largely narcissistic and egocentric, with emphasis on subjectivity rather than objectivity, and without regard for reality, is used interchangeably with autism and dereism and is seen in schizophrenia and autistic disorder [3]. Likewise, magical thinking is known as a form of dereistic thought and is defined as an irrational (but not delusional) belief that certain outcomes are connected to certain thoughts, words, or actions, e.g. if I hold my nose, someone will die [4]. Moreover, it is similar to that of the preoperational phase in children, in which thoughts, words, or actions assume power (e.g., to cause or to prevent events) [3], and a tendency to endow physical events and objects with lifelike psychological attributes, such as feelings and intentions, which is termed animistic thinking [5]

B) Cognitive Epistemology:

Epistemologically, during the stage of preoperational thought (2 to 7 years of age), thinking and reasoning are intuitive and children learn without the use of reasoning. So, events are not linked by logic. Preoperational thought is midway between socialized adult thought and the completely autistic Freudian unconscious. Children in the preoperational stage cannot

deal with moral dilemmas, although they have a sense of what is good and bad, and have a sense of immanent justice, the belief that punishment for bad deeds is inevitable. Also, children in this developmental stage are egocentric: they see themselves as the center of the universe; accordingly, they are unable to modify their behavior for someone else [6]. During this stage, children also use a type of magical thinking, called phenomenistic causality, in which events that occur together are thought to cause one another (e.g., thunder causes lightning, and bad thoughts cause accidents). In addition, children use animistic thinking, and they can use a symbol or sign to stand for something else, a process that is termed semiotic function [6].

C) Psychiatric and Clinical Issues:

Psychiatrically, persons with Hoarding Disorder (HD), which is a syndrome in the spectrum of **Obsessive-Compulsive and Related Disorders**, have persistent and profound difficulty discarding or parting with their possessions. As a rule, people with the disorder acquire things of little or no value and cannot throw them away. What drives the behavior appears to be the fear of losing items that the patient believes will be needed later and a distorted belief about or an emotional attachment to possessions. Moreover, though most hoarders accumulate possessions passively rather than intentionally, they perceive their behavior to be reasonable and part of their identity. Patients with HD also overemphasize the importance of recalling information and possessions, and may believe that forgetting the information will lead to severe consequences and prefer to keep their possessions within sight so as not to forget them [7]. The same pattern is observable, as well, in some demented patients, though with less reasoning or understandable impetus in comparison with HD. On the other hand, in Obsessive-Compulsive Personality Disorder (OCPD), which is characterized by orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency, and is frequently coexist with Obsessive-Compulsive Disorder (OCD), Inability to discard worn off or worthless objects with no sentimental value is, also, observable [7]. Sigmund Freud suggested that those with an anal character are stubborn, parsimonious, and highly conscientious because of struggles over toilet training during the anal period [7]. In addition to acknowledged Psychodynamic Factors and secondary gains that are involved in OCD, like keeping the attention of care takers, controlling interpersonal relationships and management of environmental stressors, and recognized defense mechanisms (the unconscious mental processes that the ego uses to resolve conflicts among wish, reality, important persons, and conscience), like Isolation (separation of an idea or memory from its attached emotion), Splitting (dividing persons toward whom the patient is ambivalent, into good and bad) and FANTASY (seeking solace and satisfaction by creating imaginary lives), Freud formulated OCD as a regression from the oedipal phase to the anal psychosexual phase of development.

As stated by him, when patients with OCD feel threatened by anxiety about retaliation for unconscious impulses or by the loss of a significant object's love, they retreat from the oedipal position and regress to an intensely ambivalent emotional stage associated with the anal phase (1 to 3 years of age, somewhat comparable to the stage of preoperational thought). The ambivalence is connected to the unraveling of the smooth fusion between sexual and aggressive drives characteristic of the oedipal phase. The coexistence of hatred and love towards the same person leaves patients paralyzed with doubt and indecision. Accordingly, ambivalence is an important feature of normal children during the anal-sadistic developmental phase; children feel both love and murderous hate toward the same object, sometimes simultaneously. Patients with OCD often consciously experience both love and hate towards an object. This conflict of opposing emotions is evident in a patient's doing and undoing patterns of behavior and in paralyzing doubt in the face of choices. The

above-mentioned magical thinking can be found in OCD, too. In magical thinking, regression uncovers early modes of thought rather than impulses; that is, ego functions as well as id functions are affected by regression. Since inherent in magical thinking is the omnipotence of thought, people believe that merely by thinking about an event in the external world they can cause the event to occur without intermediate physical actions. Thus, the said feeling causes them to fear having an aggressive thought [8].

D) Thinking and Psychopathological Cataloging:

In fantasy thinking, as is obvious, the psyche, if deprived of any adequate object, prefers to deceive itself or invent some nonsensical object rather than give up all drive or aim. So, fantasy allows the person to escape from, or deny, reality; or alternatively, convert reality into something more tolerable and less requiring corrective action. Accordingly, shy or reserved people, without any mental ailment, may use dereistic thinking to compensate for the disappointments of life. Fantasy may develop from the stage of being deliberate and sporadic into an established mode: the person comes to believe the contents of his fantasy, which becomes subjectively real and accepted as fact. Pathological lying (pseudologia fantastica), hysterical conversion and dissociation (somatic and psychological hysterical symptoms), and the delusion-like ideas occurring in affective psychosis are among the said falsifications. Anyhow, this fantastic rearranging or transformation of reality is shown by neurotic patients habitually, and all people occasionally. In imaginative thinking, there is a joined use of fantasy and memory to generate plans for everyday life, and though it does not go beyond the rational or the possible, it is not necessarily confined to solving immediate problems. On the other hand, rational or conceptual thinking is the use of logic, without intermixing with fantasy, to solve problems [9].

E) Freud's Annotations Re Obsessive-Compulsive Neurosis, In Brief:

An important mental need in obsessive patients is the need for uncertainty in their life, or for doubt. The creation of uncertainty is one of the methods employed by neurosis for drawing the patient away from reality and isolating him from the world – which is among the objects of every psychoneurotic disorder, and so may prepare the person's perspective for dereism. Again, it is only too obvious what efforts are made by the patients themselves in order to be able to avoid certainty and remain in doubt. The predilection felt by obsessional neurotics for uncertainty and doubt leads them to turn their thoughts by preference to those subjects upon which all mankind are uncertain and upon which our knowledge and judgments must necessarily remain open to doubt. The chief subjects of this kind are paternity, length of life, life after death, and memory – in the last of which we are all in the habit of believing, without having the slightest guarantee of its trustworthiness. On the other hand, the relationship between love and hatred is among the most frequent, the most marked, and probably, therefore, the most important characteristics of obsessional neurosis. In every neurosis we come upon the same suppressed instincts behind the symptoms. After all, hatred, kept suppressed in the unconscious by love, plays a great part in the pathogenesis of hysteria and paranoia. So, the neurotic phenomena in OCD arise, on the one hand, from conscious feelings of affection which become exaggerated as a reaction, and on the other hand, from sadism persisting in the unconscious in the form of hatred (reaction formation). If intense love is opposed by an almost equally powerful hatred, and is at the same time inseparably bound up with it, the immediate consequence is certain to be a partial paralysis of the will and an incapacity for coming to a decision upon any of those actions for which love ought to provide the motive power. Also, it is an inherent characteristic in the psychology of an obsessional neurotic to make the fullest possible use of the mechanism of displacement. So the paralysis of his powers of decision gradually extends itself over the entire field of the patient's behavior. The doubt corresponds to the patient's internal perception of his own

indecision, which, in consequence of the inhibition of his love by his hatred, takes possession of him in the face of every intended action. The doubt is in reality a doubt of his own love, and is especially apt to become displaced on to what is most insignificant and small. Accordingly, a man who doubts his own love may, or rather must, doubt every lesser thing and may endeavor to 'isolate' all such protective acts from other things. The compulsion, on the other hand, is an attempt at compensation for the doubt and if the patient, by the help of displacement, succeeds at last in bringing one of his inhibited intentions to a decision, then the intention must be carried out.

Furthermore, by a sort of regression, preparatory acts become substituted for the final decision, thinking replaces acting, and, instead of the substitutive act, some thought preliminary to it asserts itself with all the force of compulsion. True obsessional acts such as these, however, are only made possible because they constitute a kind of reconciliation, in the shape of a compromise, between the two antagonistic impulses. The obsessive thought which has forced its way into consciousness with such excessive violence has next to be secured against the efforts made by conscious thought to resolve it. As we already know, this protection is afforded by the distortion which obsessive thought has undergone before becoming conscious [10].

F) Freud's Comments Re Animism, Magic and the Omnipotence of Thoughts, In Short:

The terms 'animatism', 'animalism' and 'manism' denote the theory of the living character of inanimate objects. What led to the introduction of these terms was a realization of the highly remarkable view of nature and the universe adopted by the primitive races, which peopled the world with innumerable spiritual beings both munificent and malicious. As said by them, these spirits and demons were the causes of natural phenomena, and accordingly, not only animals and plants but all the inanimate objects in the world are animated by them. Similarly, they believe that human individuals are inhabited by similar spirits, and the souls, which live in human beings, can leave their residences and transfer into other human beings; so, they are the vehicle of mental activities and are to a certain extent independent of their bodies. How did primitive men arrive at the unusual dualistic views on which the animistic system is based? It is supposed that they did so by noting the phenomena of sleep (including dreams) and of death, which so much look like that, and by attempting to elucidate those phenomena which are of such close concern to everyone. The main starting-point of this hypothesizing must have been the problem of death. While what primitive man regarded as the natural thing was the indefinite prolongation of life (immortality), the idea of death was only accepted late, and with doubtfulness. So, by forming the idea of the soul and its extension to objects in the external world, he kept the earlier dogmas. As stated by Hume, there is a general inclination among mankind to imagine all creatures like themselves, and to transfer to every object those abilities with which they are intimately familiar, and of which they are very well aware. Animism is a system of thought that allows us to grasp the whole universe as a single unity from a single point of view, and myths, as well, are based on animistic premises. On the other hand, it is not to be supposed that men were motivated to create their first system of the world by pure theoretical curiosity, because the practical need for controlling their surroundings must have played its part. So, hand in hand with the animistic scheme, there came a body of guidelines for how to achieve mastery over men, monsters, animals and things - or rather, over their spirits. These instructions go by the names of 'sorcery' and 'magic' as the 'strategy of animism'. Sorcery, the art of manipulating spirits by treating them in the same way as one would treat men in similar conditions and by the same techniques that have proved operative with living men. Magic, on the other hand, disregards spirits and has to serve different purposes - it must protect the individual from his enemies and from dangers, it must give him power to injure his enemies, and it must

subject natural phenomena to the will of man, like a series of rituals for producing rain and fertility. Furthermore, in magic, the element of distance is ignored; in other words, telepathy is taken for granted. Also, there is a similarity between the act performed and the result expected ('imitative' or 'homoeopathic' magic). For example, if I wish it to rain, I only have to do something that looks like rain or is reminiscent of rain. At a later stage of civilization, instead of this rain-magic, processions will be made to a temple and prayers for rain will be addressed to the deity living in it. Also, if one knows the name of a man or of a spirit, one has obtained a certain amount of power over the owner of the name. The higher motivations for cannibalism among primitive races have a comparable basis. By incorporating parts of a person's body through the act of eating, one at the same time gains the abilities possessed by him, which leads in certain situations to restrictions and precautions with respect to diet. While association of ideas permits misidentifying an ideal connection in place of a real one, men mistook the order of their ideas in place of the order of nature, and therefore imagined that the control which they have, or seem to have, over their thoughts, allowed them to exercise an analogous control over things. It is easy to perceive the motives which lead men to practice magic: they are human wishes, like children that, to begin with, satisfy their wishes in a hallucinatory manner by creating a satisfying situation (kids' play). As a result, as said by Schopenhauer, the problem of death stands at the outset of every philosophy; and we have already seen that the origin of the belief in souls and in demons, which is the essence of animism, goes back to the impression which is made upon men by death. While on the animistic stage, men assign omnipotence to themselves, the scientific view of the universe no longer gives any possibility for human omnipotence; men have accepted their littleness and submitted reluctantly to death and to the other necessities of nature. None the less, some of the primitive belief in omnipotence still continues in men's conviction in the power of the human mind, which struggles with the laws of reality [2].

The primitive idea of a soul, which accepts that both persons and things

Discussion:

Are of a dual nature and that their known qualities and variations are scattered between their two component slices, is identical with the dualism that is declared by our current distinction between soul and body. There is an intellectual function in us which demands unison, linking and unambiguously from any material, whether of perception or thought, that comes within its comprehension; and if, as a result of special conditions, it is unable to establish a true connection, it does not hesitate to fabricate a false one. Systems constructed in this way are known to us not only from dreams, but also from phobias, obsessive thinking and delusions, as well [2].

Magical thinking, which, according to recognized manuals, is apparently more observable in OCD and OCPD in comparison with other neuroses or characters, respectively, and, accordingly, has been pronounced in addition to other psychodynamic factors, may have some characteristics which differentiate it from an unconscious defense mechanism, an explicit delusion with manifest content, or an overvalued idea with boundless process. First of all, it may not have any latent meaning that demands intensive interpretation, because it is not an unconscious desire. In addition, it may be a symbolic idea that brings to mind a series of wishes. Thirdly, it may have a provisional quality, not an enduring feature. Last of all, there is some kind of relationship or overlapping between magical thinking and animistic thinking in the said psychiatric complications or traits, which, though has been described en masse by Freud, has not been cited clearly in most known textbooks, except for reporting animistic thinking as a characteristic feature of preoperational thinking during early and middle childhood. Anyway, while magical thinking is around power, surroundings and actions, animistic thinking is around life and existence. On the other hand, though magical thinking

may derive from conscious anxiety, unconscious fear, constructive or destructive yearnings, and influential desires, animistic thinking may be driven from inner wishes, internalized objects, and personified losses. Emblematically, like phobia, which involves an exaggerated fear that is apparently regarding an obvious thing, but in reality it is regarding the harm which may result from the said item, animistic thinking, as well, is similar to a firm belief in living of a lifeless entity, while in fact it may be just some symbolic repercussions of a number of ruminations or nostalgias that are attached to some objects. So, the stuff may be assumed as overestimated objects, which are associated with some reminiscence of adored persons, important events, esteemed settings, treasured surroundings, etc. Such an implication with respect to healthy or neurotic individuals, which is in addition to the common psychodynamic, anthropological, or sociological formulations, can be correct as well with respect to psychotic patients, because dereistic thinking is not limited to any specific category of age, personality or morbidity. It is part of normal development of mentality during childhood, which may elongate limitlessly into later phases of development in the shape of trait, ethos or symptom, and can be classified, accordingly, based on the personal, social and occupational functionality of the creature. While spiritualism is basically constructed through dereism or intermixed with it, no illness is mechanically attributable to dereistic or autistic thinking. For example, it has been stated that what drives the behavior of a patient with hoarding disorder appears to be the fear of losing items that the patient believes will be needed later and a distorted belief about or an emotional attachment to possessions, or overemphasizing the importance of recalling information and possessions, and patients may believe that forgetting the information will lead to severe consequences and prefer to keep their possessions within sight so as not to forget them. But, maybe the inability of a person with Obsessive-Compulsive Personality Disorder, hoarding disorder or even some cases of Alzheimer's disorder, who is unable to discard worn-off or worthless objects with no, apparently, sentimental value, may drive essentially from emotional reminiscences, as well, which may not express visibly due to unconscious defense mechanisms like isolation. Therefore, while many times, the resistance of an obsessive person against abandoning of antique objects, old homes, aged cars and similar vintage objects are being ascribed to vicariousness, stinginess or financial conspiracy, no unfriendly or criminal reason can be found except a number of unnoticed memories regarding absent persons, vanished happiness, or missing chances; a system of valuing that is specific to such kind of apparently emotionless persons. So, discarding such memorial stuff may act as a stressor for every individual who values his or her objects of interest mystically, not fiscally. So, it is not surprising that the end result of such a process, if it comes across with constant negligence of families, can be desperateness, vulnerability, anxiety or depression. On the other hand, while subjective characterization of objects may not be robotically equal to acceptance of living of lifeless objects, personification of stuff is not limited to children, obsessive persons, schizotypal individuals or psychotic patients. Having faith in the creation of human beings from soil and the rising from the dead on resurrection day makes magical or animistic thinking allowable for countless believers and turns it into a cultural principle. So, what obsessives or schizotypal persons display more than others or psychotics believe more absolutely is nothing more than a deeply-rooted old-fashioned idea, which, though is unscientific, has no clinical significance per se without other defined criteria for diagnosis of primary or secondary psychiatric complications. In addition to internal wishes or fears in primitive people that may have facilitated the primary creation of dereistic thinking, along with its secondary gains, psychiatric symptoms, like hallucination, pseudo-hallucination or illusion, as well, along with imagination, over-valued ideation, delusions and emotional dynamics, may have assisted elaboration of dereism through olden times. It is interesting that all the aforementioned processes are still operative. Therefore, it is the task of every psychotherapist or counselor to ask patients with apparently

animistic thinking regarding the significance that they may attribute to apparently insignificant objects, if it is part of the problem, and probe the related ins and outs or associations. Hence, similar to misidentification, misinterpretation and misbehavior, which may result from internal aspirations, worries and dogmas, dereism, as well, may have discoverable and accustomed roots, whether conscious or unconscious, which demand patience and enquiry by therapists, before clinical diagnosis and psychopathological labeling. Furthermore, as is obvious, some sort of parallelism is evident between preoperational stage of cognitive progress, anal stage of psychosexual development and dereism, which is facilitated by regression in adult cases of OCD, or individuals who are characterized as OCPD. So, overrepresentation of magical or animistic thinking in the said group of patients or individuals is not an accidental finding. Therefore, at this juncture, disregard for classical psychoanalytic interpretations about unconscious motivations for resorting to dereism in neuroses like OCD, or conscious exaggeration of the importance of recalling information in HD, or semiconscious trait in OCPD, another idea has been stated, which involves a conscious motivation, namely commemorative dynamics, for animistic thinking. On the other hand, while, as said by Freud, primitive men and neurotics attach a high valuation or over-valuation to psychical acts, this attitude may probably be brought into relation with narcissism and regarded as an indispensable component of it. The psychological outcomes must be the same in both cases, whether the libidinal hyper-cathexis of thinking is an original one or has been produced by regression: intellectual narcissism and the omnipotence of thoughts. Then again, in only a single field of our civilization has the omnipotence of thoughts been reserved, and that is in the field of art. Only in art does it still come about that a man who is inspired by desires performs something like the execution of those wishes and that what he does in the play produces emotive effects - due to an arty impression - just as though it were something real. So, folks speak with justice of the 'magic of art' and compare artists to magicians. Consequently, although spirits and demons are only projections of men own emotional instincts, such an inclination will be intensified when projection promises to bring with it the advantage of mental relief [2]. In addition, as said by Freud, the omnipotence of thoughts, which is ascribed by obsessives to thoughts, feelings and wishes, and has been recognized as an essential element in the mental life of primitive people, may be accounted as a frank acknowledgement of a remnant of the old megalomania of infancy [10].

Conclusion:

Though dereism, is scientifically an archaic mode of thinking, and in psychiatry, may be accounted as an important symptom, disregard to its developmental or pathologic basis of genesis, it may harbor additional implications, which have not been outlined serviceably before, except than revealing its soothing effect re inherent subjective weaknesses and endless mental conflicts of human being by expert psychoanalysts, psychologists, mythologists and anthropologists. commemorative role of what seems to be animism, though in the presence of intact reality testing, in obsessive persons, neurotic patients or any other individual, can be considered as an advantageous implication, which demands thorough exploration of beliefs and remembrances by psychotherapist, counselor or psychiatrist, before ascribing dereism to serious mental problems, which demands aggressive interventions. It is somewhat similar to post-grief mummification of recollections of a lost darling by a surviving kin or companion, whether depressed or not, though at this juncture it may involve further subjects or moods.

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