Husain-Hena Principle of “Rainbow Counseling” – A Study of Deviant Electra Complex

Authors
Dr Munawwar Husain\textsuperscript{1}, Hena Fatma\textsuperscript{2}, Asif Hasan\textsuperscript{3}, Dr Jawed A Usmani\textsuperscript{4}
\textsuperscript{1}MBBS, MD, DNB, MNAMS, PG Dip in Criminology and Criminal Administration, Professor, Former Chairman, Medical Superintendent and Principal, School of Nursing, Department of Forensic Medicine, Aligarh Muslim University, Aligarh, India
Email: husain_uia@yahoo.co.in
\textsuperscript{2}MA (Clinical Psychology), Ph.D (Scholar), Research Scholar, PG Dip in Criminology and Criminal Administration, Department of Psychology, Aligarh Muslim University, Aligarh, India
Email: hena.ali01@gmail.com
\textsuperscript{3}MA (Clinical Psychology), Ph D (Scholar), Research Scholar, Dept of Psychology, Aligarh Muslim University, Aligarh, India
Email: hasan7686@gmail.com
\textsuperscript{4}MBBS, MD (Path), MD (For Med), PG Dip in Criminology and Criminal Administration, Professor & Chairman, Department of Forensic Medicine, Aligarh Muslim University, Aligarh, India
Email: usmanijawed52@gmail.com
Corresponding Author
Professor Munawwar Husain
Email: husain_uia@yahoo.co.in, Mobile No. +91 9997497939

Abstract
Clinical psychology is a branch of applied psychology which primarily focuses on the underlying mechanism and etiologies of psychological health and dysfunction. Recently new tools for counseling have emerged which have rendered deep rooted psychological malaise amenable to positive transformation. Electra complex is one such example in which congenital psycho-anomaly is found. This condition is highly resistant to treatment and suggestion. Incidences have occurred in which serious forensic issues have emerged in chronic Electra complex condition. In this paper a suggestion for formulation of treatment model have been put forth in the shape of “Rainbow Counseling”. The colors of rainbow i.e., VIBGYOR have been used to streamline the process of counseling. Added advantage of VIBGYOR is that the clinical psychologist shall not forget the steps in counseling. The authors hope that this process shall be aero-lifted by practitioner in this field. The authors would undertake this study further to make it more patients friendly. Public health significance and caution is embedded in the personality disorder i.e., Electra complex. Since it is a psycho-anomaly its forensic ramification becomes inevitable. Therefore patients of Electra complex may be viewed through the trinity prism, i.e., disease, destruction and deviancy.

Keywords: Rainbow Counseling, Electra complex, clinical psychology, Proxy Phenomenon, congenital psycho-anomaly.
Introduction
Clinical psychology is that aspect of psychological science and practice concerned with the analysis, treatment and prevention of human psychological disabilities and enhancement of personal adjustment and effectiveness (Rodnic, E. H. 1985). Thus, clinical psychology uses what we know about the principles of human behavior to help people with the numerous troubles and concern they experience during the course of life in their relationships, emotion and physical selves. From this we can justifiably deduce that clinical psychology is a complex field that parallels the complexity of human behavior and emotion. Just as we are defined by more than blood and tissue, emotions and idea in our relationships to others, the field of clinical psychology is by necessity, an integrative effort to understand the interaction of biological, psychological and social factors that make each of us ‘tick’. Furthermore, modern clinical psychology must respond to contemporary issues that impact all of our lives. For example, the importance of ethnicity, culture and gender in today’s society enriches the field of contemporary clinical psychology. As do current issues related to economics, technology, ethics and popular culture.

Determining psychology for clinical evaluation is an integrated approach of psychoanalysis for the treatment, diagnosis of behavioral problems or mental illness. Clinical psychology is a sophisticated integration that pulls together the best of those models for optimal treatment, assessment, consultation and research of behavioral problems (Thomas, G. P. 2015). Euphemistically the clinical psychology is the branch of applied psychology.

Clinical psychology focuses on the assessment, diagnosis and understanding of psychological and behavioral problems and disorders. In fact, clinical psychology deals on the ways in which the human psyche interacts with physical, emotional and social aspects of health and dysfunction. According to the American Psychological Association (APA), clinical psychology attempt to use the principles of psychology to better understand, predict and alleviate “intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning,” APA (2009). Historically, clinical psychology began as an effort to develop reliable method for quantifying the intellectual and cognitive abilities in children. To these activities were gradually added responsibilities for assessment of personality and psychopathology, largely but not entirely by means of psychological test instruments. Coincidental to these developments, more and more clinical psychologists undertook research on the phenomenology, etiology and treatment of mental disorders. More recently, they have provided additional applied responsibilities in the treatment and prevention.

The field is often considered to have begun in 1896 with the opening of the first psychological clinic at the University of Pennsylvania by Lightner Witmer. In the first half of the 20th century, clinical psychology was focused on psychological assessment with little attention given to treatment. This changed after the 1940s when the World War II resulted in the need for a large increase in the number of trained clinicians. By the second half of the 1800s, the scientific study of psychology was becoming well established in university laboratories. Although there were a few scattered voices calling for an applied psychology, the general field looked down upon this idea and insisted on "pure" science as the only respectable practice (Benjamin, L. 2007). This changed when Lightner Witmer (1867–1956), a past student of Wundt and head of the psychology department at the University of Pennsylvania, treated a young boy who had trouble with spelling. His successful diagnosis was soon to lead to Witmer's opening of the first psychological clinic at Penn in 1896, dedicated to helping children with learning disabilities or mental insane persons (Alessandri M, Heiden L, Dunbar-Welter M. 1995). Ten years later in 1907, Witmer was to found the first journal of this new
field, the Psychological Clinic, where he coined the term "clinical psychology", defined as "the study of individuals, by observation or experimentation, with the intention of promoting change" (Compas Bruce, Gotlib, I. 2002). The field was slow to follow Witmer's example, but by 1914, there were 26 similar clinics in the U.S. (Evans, R. 1999). Very little or no change took place in this description of clinical psychology and amply demonstrate the in-depth understanding of the subject by Witmer. Even as clinical psychology was growing, working with issues of serious mental distress remained the domain of psychiatrists and neurologists (Routh, D. 1994). However, clinical psychologists continued to make inroads into this area due to their increasing skill at psychological assessment. Psychologists' reputation as assessment experts became solidified during World War I with the development of two intelligence tests, Army Alpha and Army Beta (testing verbal and nonverbal skills, respectively), which could be used with large groups of recruits (American Psychological Association: APA, 1999).

New clinic centers were established all over the world. The University of Pennsylvania offered formal courses on clinical psychology in 1904-1905, promoted by Witmer. The first specialized journal, The Psychological Clinical, was founded by Witmer in 1907. This fast growing number of clinical psychologists was one of the most important causes to make the American Psychological Association (APA) split and create the American Association of Clinical Psychologists. However this new association went back to APA as a clinical section in 1919.

Scope of clinical psychology
Clinical psychology is a branch of applied psychology which primarily focuses on the underlying mechanisms and etiologies of psychological health and dysfunction both basic and applied work on the diagnosis, assessment, treatment, and prevention of mental illness; service delivery; and promotion of well-being. The specialized discipline mainly deals with the psychoanalytic approaches or child and adolescent treatment modalities. In this field clinical psychologists work for medical organization and they are not doctors. Clinical psychologists provide psychotherapy, psychological testing and diagnosis of mental illness. Psychologists are generally trained within four primary theoretical orientations, namely, psychodynamic, humanistic, cognitive behavioral therapy (CBT) and family therapy. The subject offer wide range of career opportunities. Clinical psychologists usually work in hospitals, academic institutions, and counseling and rehabilitation centers. Their services are needed in war and peace zones.

Objectives
The primary aim and objective is to study counseling aspect of psychosocial anomaly targeting Electra complex as a central theme of study.

Method
1. Electra complex in the eyes of psychologist
“The first true love any daughter has is her father. No one will ever replace him as the love of her life”. (Unknown quote).
In Neo-Freudian psychology, the Electra complex, as proposed by Carl Gustav Jung, is a girl's psychosexual competition with her mother for possession of her father. In the course of her psychosexual development, the complex is the girl's phallic stage. The Electra complex occurs in the third—phallic stage (ages 3–6)—of five psychosexual development stages: i- the Oral, ii- the Anal, iii-the Phallic, iv- the Latent, and v- the Genital—in which the source libido pleasure is in a different erogenous zone of the infant’s body (En.wikipedia.org/wiki/Electra_complex). The psychodynamic nature of the daughter–mother relationship in the Electra complex derives from penis envy, caused by mother, who also caused the girl's castration; however, upon re-
aligning her sexual attraction to father (heterosexuality), the girl represses the hostile female competition, for fear of losing the love of her mother. This internalization of "Mother" develops the super-ego as the girl establishes a discrete sexual identity (ego). Without a penis, the girl cannot sexually possess mother, as the infantile Id demands. Resultantly, the girl redirects her desire for sexual union upon father, and thus progresses to heterosexual femininity, which culminates in bearing a child who replaces the absent penis. Moreover, after the phallic stage, the girl’s psychosexual development includes transferring her primary erogenous zone from the infantile clitoris to the adult vagina. Freud thus considered the feminine Oedipus attitude ("Electra complex") to be more emotionally intense than the oedipal conflict of a boy, resulting, potentially, in a woman of submissive, less confident personality (Bullock, A., Trombley, S. (1999). In both sexes, defense mechanisms provide transitory resolutions of the conflicts between the drives of the Id and the drives of the ego. The first defense mechanism is repression, the blocking of memories, emotional impulses, and ideas from the conscious mind; yet it does not resolve the Id–Ego conflict. The second defense mechanism is identification, by which the child incorporates, to his or her ego, the personality characteristics of the same-sex parent; in so adapting, the girl facilitates identifying with mother, because she understands that, in being females, neither of them possesses a penis, thus are not antagonists. (Bullock, A., Trombley, S. (1999). If sexual competition for the opposite-sex parent is unresolved, a phallic-stage fixation might arise, leading a girl to become a woman who continually strives to dominate men (viz. penis envy), either as an unusually seductive woman (high self-esteem) or as an unusually submissive woman (low self-esteem). In a boy, a phallic-stage fixation might lead him to become a vain, over-ambitious man. Therefore, the satisfactory parental handling and resolution of the Electra complex are most important in developing the infantile super-ego, because, by identifying with a parent, the girl internalizes morality; thereby, she chooses to comply with societal rules, rather than being reflexively compelled to comply, for fear of punishment. For example, fiction affords people the opportunity to identify with the protagonists of fantastic stories depicting what might be if they could act upon their desires. Often, in aid to promoting social conformity, the myth, story, stage play, or film presents a story meant to frighten people from acting upon and pursuing their desires. During the course of infantile socialization, fairy tales fulfill said function; boys and girls identify with the hero and heroine in the course of their adventures. Often, the travails of hero and heroine are caused by a stepmother who is envious of him, her, or both, and will obstruct their fulfilling of desire. Girls, especially in the three-to-six year age range, can especially identify with a heroine for whom the love of a prince charming will hate her penis envy. Moreover, stories such as Cinderella have two maternal figures, the stepmother (society) and the fairy godmother; stepmother represents the girl’s feelings towards mother; the fairy godmother teaches the girl that her (step) mother loves her, thus, to have mother’s love, the girl must emulate the good Cinderella, not the wicked step-sisters (Berger, A. A. (2005).

2. Rainbow counseling
Rainbow counseling is a treatment and psychological maneuvering modality targeting the patient of Electra complex. The colors of rainbow are taken in the same order and psychological examination, assessment and molding is attempted in VIBGYOR fashion. Here, details are as follows:

V=View through wide angled lens
Electra complex in psychoanalysis is a daughter, rivalry towards her mother and unconscious physical desire for her father. But we can say that Electra complex is not resolved, a woman might either have high self-esteem or low self-esteem. Women with high self-esteem try to dominate...
man and women with low self-esteem are submissive. It means that Electra complex developed in girls when they are between 3 to 6 years. According to Greek mythology, Oedipus complex killed his father and married his mother, and Electra complex committed matricide. Wide angled clinic-psycho-behavioral lens until be used by the examining psychologists so as to determine into strength and weakness of the Electra complex patients. This would enhance the competence of psychologists to create a profile of patient, base out strength from weakness are create an interface of treatment options.

I=Insight
Insight is the degree of awareness and understanding that the patient has regarding his or her illness. Ask the patient about his present state especially if he realizes her neurotic predicament. It can be said that insight is the ability of the individual sufferer to realize that she is suffering from mental illness or psychological constraint. In pathological psychosis the patient do not have perception about her illness where as in neurosis she has positive perception and family also realizes that she is laboring under a disease of the mind.

For clinical psychology this is a boom, in the sense that self-realization would allow the psychologist to focus patients upon while the psychologist may draft the time of treatment.

B=Baseline formation
The maximum psychological and medical information is required of all patients to formulate the basic information over which a plan or scheme of treatment may be built up. Unless and until this information pertaining to past medical history and behavioral manifestation is available, no credible treatment counseling edifice can be built. This forms a starting entity in the VIBGYOR chain.

G=Go for the jugular
This is an aphorism for “going for the kill”, in short targeting the bull’s eye without wasting time. This is the fourth line of marching troops and automatically follows the earlier three.

Y=Yellow sheet
When the Electra complex is driven into such neglected state, treatment of its symptoms will not be easy. Moreover, a patient may even need to consult a psychologist in order to receive professional help. On the contrary, when the Electra complex is diagnosed with the appearance of its first symptoms, the doctor will be able to prescribe proper treatment in time. To initiate any form of treatment and counseling the psychologist needs to be acquainted with such symptoms of the Electra complex like,

  a) You don’t have a dad anymore, but you constantly recall him when you’re blue or happy. Besides, you still accuse him of leaving you.
  b) You often feel the unexplainable hostility towards your mother, as if she is guilty in all your mistakes and problems.
  c) Sometimes you wish your mom disappear and imagine how great it would be living with your dad without her.
  d) When your parents quarrel, you always take your father’s side without even figuring the reason of the conflict.
  e) While making an important decision, you always think what your father would say about it.
  f) Despite being not very young, you haven’t regulated your personal life. Usually this symptom occur because of the woman’s inability to find a person who resemble her perfect father.
  g) Usually your partners are much older than you, and you try to hold them by your side with all possible methods, even if they treat you badly.
  h) You rarely feel happy.
  i) You lack self-confidence, love and attention.

O=Overhaul
Overhaul refers to rinsing the diseased personality as a result of examination, assessment and treatment using appropriate clinical psychological counseling tools.
**R= Redeem or Redemption**

It would be the jewel in the crown of the psychologist if one is able to redeem the personality of Electra complex. It would be a tremendous success. Hold the patient on to that state and prevent her fall back to the original mess.

**Result**

It is an ongoing process and the exact picture shall emerge only after several subjects of Electra complex are studied and validated. However focus is imparted on two inalienable additional aspects elucidated below namely, situational determinants of unusual behavior demonstrated by Electra complex, and situational context of legal questions arisen thereof.

**Situational determinants of behavior**

Is there a possible assessment tool by which the future personality may be prescribed by observing the present state of behavior in a girl? For example, a girl of tender age is highly emotive, reckless and overpoweringly attached to someone. If she is hurt or someone gets hurt to whom she is attached the girl retaliates by breaking household articles or indulges in self-damage – the Proxy Phenomenon. This volatile and destructive behavior would help in forming an opinion about the personality of the girl. This feedback is essential for immediate psychological treatment of the girl labeled under situational determinant.

**Situational context of legal questions**

Legal issues need to be addressed in the eventuality of Electra complex committing a crime. The profile of the individual whether she had been suffering from the morbid personality or not must be recorded. The clinico-psychological profile would vastly help in determining the psychological status of the patient. The court of law could be provided input about the level of competence of the patient thus inferring about the level of dangerousness of the individual. Our proposed model of Rainbow Counseling, namely VIBGYOR would be able to translate the personality into mathematical units which could be fitted together in a way which would assist the court in framing its judgment.

**Conclusion**

Having dwelt on the most contentious issue in clinical psychology, Electra complex defies all logical formulation. Succor is expected from the abstract device known as VIBGYOR discussed above – acronym “Rainbow Counseling”. It is hoped that when it is adopted by clinical psychologists, brought in to routine practice and tested again and again, it may get refinement and back-to-back support. Other psychiatric illnesses needing clinical counseling shall also adopt the same approach, may be with minor variation. The patient community shall be benefitted.

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