

A brief note on the terms Neurosis and Psychoneurosis

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Neurosis

The term 'neurosis' was first used by William Cullen in 1769: "I propose to comprehend, under the title of neurosis, all those preternatural affections of sense and motion which are without pyrexia, as part of the primary disease" (Weiner and Simpson, 1991, Vol. 1, p. 1917). Knoff (as cited in Quintner & Cohen, 1994) outlines Cullen's categories of neurosis as:

"comata (conditions like apoplexy and stroke), adynamiae (alterations of the involuntary, or what we would call today the autonomic, nervous system), spasmi (disturbances of voluntary muscle, such as convulsions and tetanus), and vesaniae (by which he meant intellectual impairment). Cullen's aim was to direct medical thought away from the ancient humoral theory of disease towards the tonus theory, an equally ancient concept which meant literally a tightening or loosening of the nerves."

apoplexy [extreme anger, or in a state of violent excitement]

preternatural [more than is usual or natural]

pyrexia [fever]

The early thinking was that all of these disorders were neurological in origin.

Freud introduced the idea that neurosis were caused by anxiety that had a psychological root. His influence was significant and his approach changed how neuroses were viewed. Dabrowski (1972) gives an excellent overview:

[quote] the cause of various unconscious processes is the contradictory action of two opposite desires (or purposes), one of which is apparent and the other hidden and unconscious. The subconscious and the unconscious processes are expressed in dreams often in symbolic form, acceptable to the censor or 'guard' who watches, as it were, on the borderlines of consciousness. This censor, according to Freud, is a function of the 'ego' (Ich), or our personal consciousness, developed by the instinct of self-preservation. Corresponding to the conscious 'ego' is the dark and primitive aspect of our personality, the 'id' (Es). In the subconscious there is also the 'superego' (über-Ich). 'Superego' is the subconscious representative of our relations with our parents, it represents the internalization of parental prohibitions, expressing the need for penance and punishment; it is the source of religious and social sentiments (p. 226-227).

Dabrowski (1972) continues: "neurosis, according to Freud, result from the conflicts between the 'ego' and the 'id'. The 'ego' depends on reality and in trying to adjust to reality, represses part of the 'id': the 'ego' is then transferred from the pleasure principle to the reality principle. The

action of the pleasure principle is thereby thwarted. This results in an improper development” (p. 227).

In other words, the individual unconsciously struggles to repress certain elements of the Id. These thoughts, conflicts, desires, memories, etc. often focus on unacceptable sexual desires, or memories of intense, inappropriate (e.g. murderous) feelings toward a parent or other loved one. If these ideas were to become conscious, they would be very threatening and upsetting to the person, so the ego must (unconsciously) try to repress them and block their expression. Anxiety arises when these types of thoughts are only partially repressed or when they threaten to resurface back into our consciousness. As the anxiety mounts, neurotic symptoms will occur either to directly express the anxiety or to try to defend against it. Freud (1953) states:

[quote] We believe that civilization has been built up, under the struggle for existence, by sacrifices in gratification of the primitive impulsesThe sexual are among the most important of the instinctive forces thus utilizedtheir energy is turned aside from its sexual goal and diverted toward other ends, no longer sexual and socially more valuable. But the structure thus built up is insecure, for the sexual impulses are with difficulty controlled; in each individual who takes up his part in the work of civilization there is a danger that a rebellion of the sexual impulses may occur against this diversion of their energy. Society can conceive of no more powerful menace to its culture than would arise from the liberation of the sexual impulses and a return to their original goal (p. 27).

In another quote, Freud (1953) says:

[quote] I noticed often enough that a man who contented himself with some kind of incomplete sexual satisfaction, e.g. with manual masturbation, would suffer from a definite type of actual neurosis” (which is the result of) “disturbances in the sexual metabolism, due to more of these sexual toxins being produced than the person can dispose of, or else to internal or even mental conditions which interfere with the proper disposal of these substances (p. 395-6).

Freud felt that all energy was derived from the libido and he was afraid of the individual allowing their energy free expression. Rather, he believed that a healthy individual sublimated their libido into many controlled activities and subroutines that gave them some pleasure, while preventing the expression of their ‘true, darker desires.’ These latter desires would involve acts abhorrent to a civilization, (incest, rape, murder, stealing, etc). A ‘civilized libido’ gives its owner the energy to succeed and accomplish great things in society, whereas an unexpressed libido runs amok and ruins one’s life.

Psychoneurosis

The term psychoneurosis was introduced by Thomas Smith Clouston in his *Clinical lectures on mental diseases* (1883). Clouston was a pioneer in the psychiatric study of adolescence. The Oxford English Dictionary defines the term as: “mental disease, especially without organic lesion or recognized mental weakening. (Weiner and Simpson, 1991, Vol. 2, p. 2347).

Freud differentiated neurosis and psychoneurosis as follows:

1). "Actual neurosis" include neurasthenia, anxiety neurosis and hypochondria. These disorders are based on physical factors. In these cases, the cause and the symptom appear at the same time and no psychic trauma is apparent. Actual neuroses are organically (physically) generated by blocked libido. This blockage causes a buildup of physiologically based sexual frustrations that in turn leads to neurotic anxiety (Eidelberg, 1968). In summary, in the actual neuroses, intrapsychic conflict (between ego and id forces) results in dammed up libido which then seeks indirect discharge through neurotic symptoms.

2). Psychoneuroses include conversion hysteria, anxiety hysteria and obsessive neurosis. These conditions result from psychic factors, thought to be primarily caused by conflicts occurring in childhood and often the result of psychological trauma. Unlike the neuroses where symptoms and causes appear at the same time, the conflicts causing psychoneuroses occur prior to the appearance of symptoms, usually by many years. Also called transference neuroses (Übertragungsneurosen): "and said to result from a transfer of inimical or pleasant feelings and drives of the patient, from the people closest to the patient in childhood (mother, father, sister, etc), to the people (doctor, teacher, spouse, friend) in the actual situation in the present" (Dabrowski, 1972, p. 227).

Dabrowski (1972) also differentiated neurosis and psychoneurosis: "we shall apply the term 'neurosis' or 'somatic neurosis' only in those cases where physiological components (organs or systems of organs) are involved" (p. 40). He went on to note that the defects in the neuroses are psychosomatic and there is no structural abnormality in the underlying organs.

Dabrowski's glossary entry for neurosis was: "psychophysiological or psychosomatic disorders characterized by a dominance of somatic processes. There are no detectable organic defects, although the functions may be severely affected (Dabrowski, 1972, p. 299). Dabrowski (1972) said "psychoneurosis is a disorder of function, which like the neurosis, is reversible, i.e. it can be 'cured' or even transformed into a developmentally higher form of psychological functioning. This higher form is no longer a psychoneurosis but a new personality structure in which the psychoneurotic history remains recorded" (p. 40). In psychoneurosis there is a hierarchy of higher functions not observed in the neuroses. Dabrowski (1972) noted that "psychoneurosis is a psychical or more mental form of functional disorder, while neurosis is a more nervous or somatic form" (p. 41). Dabrowski (1972) further associated psychoneurosis with "highly conscious internal struggles whose tensions and frustrations are not anymore translated into somatic [neurotic] disorders" (p. 303).

Dabrowski rejected Freud's approach for several reasons. For one thing, Dabrowski did not see a multilevel approach in Freud. Second, Freud's approach was "permeated with pansexualism, having a dominance of the 'libido' principle without properly appreciating psychoneurotic processes in personality development and without noticing the role of [the] 'developmental

drive” (Dabrowski, 1972, p. 229). Third, there was no positive role for symptoms, this aspect is either omitted or symptoms are seen as pathological. Another important omission in Freud was a role for a conscious, autonomous aspect of development: the third factor. In psychoanalysis, the focus is on innate or environmental factors and mostly on the unconscious relationship between the person and the environment. There is little or no role for the person to volitionally affect their own development: this is a fundamental aspect in Dabrowski’s approach.

Current Definitions and Usage of Neurosis

Chaturvedi (2000) says that over the last two centuries, the term neurosis has evolved to be used in at least four different but related ways:

- i) as a global term to indicate all non-psychotic conditions,
- ii) as a term to indicate specific neurotic disorders like anxiety, depression, etc,
- iii) as a term to describe assumed underlying defence mechanisms,
- iv) as a maladaptive pattern of behavior (with some evidence of anxiety) following a stressful life situation, which tends to avoid responsibility and the stressful situation itself (Freeman, 1993, Chaturvedi, 1992).

Today, psychiatric classificatory systems have abandoned the category of neurosis as an organizing principle. Neurosis was used in DSM-II but was replaced in DSM-III by anxiety disorders, somatoform disorders and dissociation disorders.

The Encyclopaedia Britannica (2000) entry for neuroses:

Neuroses are characterized 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, relationships, or external affairs, but they are not severe enough to incapacitate the person. Neurotic patients generally do not suffer from the loss of the sense of reality seen in persons with psychoses.

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 and emotional factors were important in the etiology of these disorders. The terms neurosis and psychoneurosis are now used interchangeably, although the shorter word is more common.”

The Role of Neuroses

Invariably, early views of neurosis and psychoneurosis were negative. They represented blockages, pathological frustrations, anxieties and depressions. Dabrowski was perhaps the first to present the alternative viewpoint that neurosis and psychoneurosis could represent positive

and even necessary features in human development. Dabrowski saw that the basic organization of the brain needs to be fluid and open to change if it is to develop. He saw psychoneuroses (and positive disintegration) as the process by which this disorganization occurs. Dabrowski's ideas reflect John Hughlings Jackson's model of brain organization. Lower levels (earlier in evolution) are more automatic (reflexive) but better organized and less open to modification. Higher levels (recent in our evolution - and literally higher - structures at the top of the brain like the neocortex) are more voluntary, but less well organized and thus are more open to disruption and reorganization. Jackson saw this lack of organization as a vulnerability: for maximum health, these structures need to solidify as fast as possible. If their disorganization becomes too great, the inhibitory effects of the higher levels could fail and allow the lower levels to emerge. For Jackson, initial neurotic symptoms are a signal of this process and the first step in a cascade towards major mental illness and total mental 'involution.' Dabrowski took an opposite approach and said this initial disorganization gives the person a volitional, conscious chance to partake in the organization and reorganization of their higher brain structures. For Dabrowski, development literally was a conscious reorganization of the brain.

Asthenias: Neurasthenia, Psychasthenia

Asthenia means a loss or lack of bodily strength; weakness; debility.

Dabrowski (1972) defined neurasthenia as a "type of psychoneurosis characterized by cycles of excitation followed by excessive fatigue, even exhaustion. Lower level of psychasthenia, frequently associated with obsessions and phobias" (p. 299).

The Columbia Encyclopedia (2000) entry for neurasthenia is:

"a condition characterized by general lassitude, irritability, lack of concentration, worry, and hypochondria. The term was introduced into psychiatry in 1869 by G. M. Beard, an American neurologist. Used by Freud to describe a fundamental disorder in mental functioning, the term was incorrectly applied to almost any psychoneurosis and has been largely abandoned."

The American Heritage Dictionary (2000) defines neurasthenia as "a psychological disorder characterized by chronic fatigue and weakness, loss of memory, and generalized aches and pains, formerly thought to result from exhaustion of the nervous system. No longer in scientific use."

Psychasthenia was introduced as a term by Pierre Janet in 1903. The American Heritage Dictionary (2000) defined psychasthenia as "a psychological disorder characterized by phobias, obsessions, compulsions, or excessive anxiety. No longer in scientific use." Although this source indicates the term is no longer in use, psychasthenia has retained one application in current psychology. Psychasthenia was the basis of one of the scales for the MMPI, a very common and popular personality test. Karp and Karp (2000) noted that:

[quote] scale 7: Psychasthenia (Pt) . . . was originally developed to measure the general symptomatic pattern labelled psychasthenia. This diagnostic label is not commonly used today. Among currently popular diagnostic categories, the obsessive-compulsive disorder probably is closest to the original psychasthenia label. Psychasthenia was originally characterized by excessive doubts, compulsions, obsessions, and unreasonable fears. The person suffering from psychasthenia had an inability to resist specific actions or thoughts regardless of their maladaptive nature. In addition to obsessive-compulsive features, this scale taps abnormal fears, self-criticism, difficulties in concentration, and guilt feelings. The anxiety assessed by this scale is of a long-term nature or trait anxiety, although the scale is somewhat responsive to situational stress as well. All 48 items from the original scale have been maintained in the MMPI-2.

Psychasthenia was defined by Dabrowski (1972) as: “a type of psychoneurosis characterized by lowered bio-psychic tonus, especially in regard to primitive functions and adjustment to actual reality. Psychasthenia is characterized by feelings of inadequacy, obsessions, anxieties (especially existential), depressions. (p. 303).

Summary:

Cullen, 1796 Introduced the term neurosis. Neuroses reflect a state of abnormal tonus of nerves - not structural defects.

1800s Neuroses becomes associated with functional disorders - mental disorders that cannot be linked to actual structural (organic) defects of the brain.

Beard, 1869 Neurasthenia: general lassitude, irritability, lack of concentration, worry, and hypochondria.

Clouston, 1883 Introduced the term psychoneurosis.

Janet, 1903 Psychasthenia: a neurotic state characterized especially by phobias, obsessions, or compulsions that one knows are irrational.

Freud: Neuroses reflect a current unconscious nervous tension /anxiety caused by blocked up sexual energy: blocked by current intrapsychic conflicts, primarily between Ego and Id.

Freud: Psychoneuroses reflect past problems, blocks and conflicts: the current symptoms are interpreted as manifestations of old conflicts, primarily between Ego and Id.

Dabrowski Neurosis: Lower, nervous and somatic defects in the function of various organs or

systems of organs. No physical disorder of the organs is present. Anxieties, depressions and conflicts are unilevel and usually center on the needs of the individual.

Dabrowski Psychoneurosis: higher, more mental (“psychical”) form of the functional disorder. Characterized by a hierarchy of higher functions resulting in existential conflicts and value crises, resolved by volitional action of the individual: the person takes control of their conflicts and development. The psychoneurosis is transformed into a new personality structure marked by autonomy.

Current lay usage: (Example) Encyclopaedia Britannica. Neuroses are characterized 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, but they are not incapacitating. Psychoneurosis, neurasthenia, psychasthenia are not commonly heard terms.

Current professional usage: None. The terms neurosis and psychoneurosis are not “officially” recognized in current psychiatric usage. Neurasthenia is not generally used anymore. Psychasthenia has a very narrow application on the MMPI, otherwise, it is no longer used.

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