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A NEW GUILD IN PORTUGAL

We have on our editorial desk a copy of the first number of the *Accao Medica*, the organ of the *Association of Portuguese Catholic Physicians*. Dr. José de Paivo Boléo, the Secretary of the Guild, writes to the editor of the LINACRE as follows: "For some time back we planned as one of our activities, the publication of a review which would serve both as a stimulation and a bond of connection for Portuguese Catholic Physicians, while it would be a means for the diffusion of Christian morality in its relation to medicine. The opportunity to put our plan in execution has at last arrived. We desire also that our Review should be of assistance in establishing closer relations with our colleagues of other nations. It will be a great joy to receive your own publication THE LINACRE QUARTERLY."

WHY A NEUROSIS?

By JAMES F. McDONALD, M.D.

(Concluded from the June Issue)

THE fundamental psychological mechanism responsible for the so-called conversion of the state of chronic strain to one of neurosis shall not be discussed here. It is looked upon differently by the schools of thought which hold different views of the structure and function of the mind and the body and the relations between them. But a verifiable fact and its explanation are two different things, as the history of common experience, science and philosophy amply illustrate. The point here emphasized as a clinical fact, is easily verified by the physician through careful investigation, viz., that most cases of neurosis are precipitated by a previous prolonged course of unresolved personality strain or suffering.

The question is not considered here as to whether emotion is a separate, basic mental faculty. Indeed the fundamental defect in the neurosis proceeds, the writer believes, primarily from the misuse and misdirection of both intellect and will. This is suggested strongly by the fact that a lasting cure requires a training of the patient in the use of his intellect to make a sensible evaluation of his difficulties and a sensible, right use of his will in dealing with the factors, subjective and objective, causing the sustained inner strain responsible for the neurosis. In this view the chronic emotion and resultant strain both proceed from a wrong use of the intellect and will.

Whether and to what extent the chronic inner tension may cause finer structural changes in the nervous system is a question not easily determinable by our present scientific techniques. The writer feels

that with further scientific advances such changes shall be found to be true. However, should this assumption be proved valid, it would not rule out the idea that the chronic strain is the determining factor of the neurosis. This view is supported by the fact that in practically all cases, particularly in persons possessing at least a moderate degree of intelligence, the patient can be cured by bringing into play his intelligence and his will in modifying the management of his problems and his emotional reactions to them in such a manner as to put an end to his previous prolonged state of inner tension. This is a necessary psychotherapeutic measure in a constructive readjustment of the patient to the difficulties of his life.

There are persons with limited stability as to personality equilibrium who are yet able to carry on without the development of neurotic symptoms when outside affairs and inside physiological and psychological conditions are favorable, but tend to develop symptoms of neurosis when adverse changes occur in outer or inner fields, e.g., the occurrence of grief, disappointment, financial reverses, or toxic conditions, exogenous or endogenous, malnutrition, under-nutrition, exhaustion, concussion, insufficient sleep, and the like. One finds not a few cases in the literature and occasionally in practice where the particular extrinsic factor which operated to precipitate the neurosis is some untoward incident of the past which acted as a sudden psychic trauma, which has since been forgotten by the patient by what seems to be dynamic, but subconscious mental forces. Sometimes the neurosis comes from a strain resulting from unfortunate conditioning during youth to unsocial or wrong habits. Generally, whatever the facts of the particular situation, there may be found the common factor of chronic maladjustment and resultant chronic strain, which has been the determining factor in bringing about the neurosis.

How may we classify the sources of the states of inner tension which if not properly disposed of tends to distort the personality in the form of neurosis? Broadly speaking, such strain can be considered as the result of an improper mode of reaction of the mind to frustration in the realization of any of the innumerable values which men set their hearts upon. A convenient way to group the practically numberless particular sources of strain is to look upon them as the result of unresolved conflicts between antagonistic forces within the personality, or conflicts between the personality and the environment. Intra-psychic conflict in a given case may exist between forces operating from the instinctive level and the rational level of the mind; or it may proceed from forces located mainly within either of these personality levels. The damaging chronic strain frequently results from an unresolved conflict or series of conflicts between the personality and the outside forces of nature or the will of

man. It is most important for the physician to realize the factors which have been at work in producing intra-psychic, psycho-social and psycho-environment strain. He must realize that neurosis is basically psychogenic in origin, before he can clear the ground as a process preliminary to laying bare by careful study in a given case, the particular cause of the damaging prolonged tension that has upset the personality equilibrium. As in the material departments of medicine, a correct diagnosis is a necessary foundation for a lasting cure. The physician must recognize that the neurosis has been caused by the mind and can be cured only by the mind; that all of the medicine of the pharmacopeia, however skillfully compounded and administered, can not of itself cure a neurosis. Such a cure can be achieved only through the removal of chronic strain as a first and necessary condition. Of course contributory physiological and pathological factors must be corrected. But whatever the contributing factors, the physician must, as a necessity, aid the patient in making such changes in his life situation and in himself as shall result in normal psychological equilibrium. Space does not permit here a discussion of the application of psychotherapeutic principles to individual cases in the different forms of neurosis. It must be remembered that the illness is *real*, that the symptoms are *not imaginary*, but that their character and cause are different from what the patient believes.

When the medical profession as a whole learns to diagnose and treat neurosis as effectively as it now does in the case of material disease, the schools of the cults and quacks and charlatans shall speedily dwindle and die from lack of material support.

The greatest means for the prevention of neurosis in the adult is the prevention of chronic personality strain. People can avoid such strain by a sensible and right use of the intelligence and will in managing themselves and their affairs in life. The first requisite is a worthy aim embodied in a life plan. Such a plan has a tremendous value in organizing, directing and conserving one's mental and physical energies. Such a plan must be *real* in the sense that the goals set must be within the range of the ability, energy, and opportunities of the subject. The "star" to which one "hitches his wagon" must not be a mere subjective gleam, born of wishful thinking. To be able to utilize to the fullest our capacities we must chart a course of action which give our best abilities ample and actual scope in the concrete affairs of the inner and outer life.

Our ideals can become actual to the degree that clear insight takes the lead in forming goals that are not only desirable but also possible of realization. Unreal and impossible goals, born of wishful thinking only, by preventing us from grappling with the realities of our inner and outer lives, misguide us to futility. Real achievement at every

level of our being requires real, not make-believe, goals. Hard common sense in charting one's voyage is the greatest assurance of reaching a desired harbor. Definite, worthy ideals are indispensable to the secure, satisfactory growth which must underlie stable personality equilibrium.

It is interesting to observe that as we approach our goals through constructive, organized life activities, these goals continue to grow and to clarify. If we were at a given moment to consider our life ideals as fully realized, life would become static and stagnant. Continued growth and clarification of our ideals as we continually approach them make them always a guiding star.

It is important that our minds remain plastic in the management of our guiding ideals. If concrete experience shows that a guiding aim has been wrongly conceived and is impossible of realization, we must without undue emotional tension or personality strain make use of our intelligence and our will to form other aims which are more clearly within the reach of our abilities and opportunities. Fixation upon unrealizable aims with consequent misdirection of our abilities and energies is a prolific source of strain which causes neurosis. In worldly affairs, if men can not have what they want, they should want what they can have. Fixation upon the impossible keeps us from attaining the possible. Courage, patience, persistence, industry applied to the realization of sensible, possible aims bring success and the satisfaction that underlies personality equilibrium.

In the inner life, harmony and peace of the personality can only be achieved by organizing the instinctive forces in subjection to the rational and spiritual. The emotions should be regulated and controlled through the right use of the intellect and will. Peace and happiness can only come from organization of the personality upon a scale of values which places the organic and instinctive in definite subjection to the rational and spiritual. Control of the self is the greatest means to successful management of all the affairs of life.

Thus, mastery in the affairs of the world and of the spirit require clearly defined, definite, realizable aims, and courage and persistence in their prosecution. The average person as well as the genius and the saint require such aims as a creative guiding principle in the organization and direction of the aspirations and energies of life. This is sound psychology and sound common sense.

The only dynamic influence of sufficient reach and power to form a stable basis for the organization of all the diverse and conflicting forces and values of life to outlines of harmony and beauty, which of necessity underlie permanent satisfaction and happiness, is religion. Mental hygiene, a large and growing subject, has for its special aim the increase of human happiness through the application of the prin-

principles of psychology to the problems of human adjustment. The principles of true religion, reaching to the roots of life in all its manifold relations, implicitly include the particular psychological truths formulated as mental hygiene. When these truths are fully utilized as a basis for education, training, habits, and character, they constitute, as an inherent result of their vitally formative and directive influence, the only secure foundation for the mental health and happiness of the individual and the race.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, BROOKLAND, WASHINGTON, D. C.

By SISTER ANNA DENGEL, M.D.

THE Society of Catholic Medical Missionaries was founded in 1925 in Brookland, Washington, D. C., with the approval of His Excellency, the Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

The Society did not spring up over night; it had a long and interesting preparation. Even at the present time the meaning, aims, scope and purpose of Medical Missions are still very little understood by Catholics; thirty years ago much less so. And yet the seed of sending professional medical aid to the missions as a work of charity was already planted three decades ago by Dr. Agnes McLaren, a Scotch convert. To make a long story short, may it only be mentioned that she went to India at the age of seventy to study the need for women doctors and medical relief for the secluded women of the harems and others cut off from access to medical aid by men because of religious laws and customs. While there were at least a hundred Protestant women doctors and Protestant purdah hospitals in India then, there was only one small Catholic hospital beyond the dispensary stage, and that one was in the south of India. Dr. McLaren founded a hospital for women and children in the north of India where the women were so secluded that, after sixteen years of labor there, the Prefect Apostolic could say: "I have never seen the face of a Mohammedan woman."

Dr. McLaren obtained Sisters for her hospital, but the difficulty lay in finding a woman doctor and trained nurses who could attend to all the needs of the patients. She first sought help from England, Ireland and Scotland, hoping to find a Catholic woman doctor. She was not successful. Then it occurred to her that the problem could be solved if young Sisters would be permitted to study medicine. One community actually volunteered but permission had to be obtained from Rome. Dr. McLaren journeyed thither five times between 1910 and 1913 to push the project. Rome remained silent. Dr. McLaren