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## WHY A NEUROSIS?

By JAMES F. McDONALD, M.D.

THE phenomenal success of Medicine in the last few decades in the prevention and cure of physical disease has misdirected the minds of physicians and laity alike to the extent that they have looked upon physical agents as the sole cause of disease, and physical means as the only valid approach to its prevention, alleviation and cure. This attitude has been consistently maintained despite the fact that more hospital beds are devoted to the care of the insane than to all the physically sick combined; and a substantial percentage of these, as dementia praecox, manic depressive psychosis, and paranoia, have no known physical pathology. Moreover, there is no known physical pathology for the enormous group of the mentally handicapped who constantly seek relief from the physician for apparent physical invalidism and other forms of mental crippling, which take the form of neurosis, or, as it is frequently called, psycho-neurosis.

In spite of the fact that a very substantial proportion of the patients of the average general practitioner are made up of these neurotics, who tend to remain chronically ill under the regime of physical treatment alone, the medical profession still tends to think in matters of diagnosis, treatment and prevention of disease almost exclusively in terms of the physical categories of chemistry, physics, biology, anatomy, physiology, pathology and immunology.

In this attitude the patient is seen as a battlefield of conflicting impersonal forces from which issue, on the one hand disease and death, or on the other, health and vigor, depending upon which set of forces gain the mastery.

Such persistence of an earlier viewpoint, by ignoring entirely man's mentality as the dominant factor which differentiates him from all lower sensuous orders and makes him specifically a human being, quite overlooks the possibility that the physical categories and techniques employed miss the essentially causative factors in neurosis.

It is not too much to say that this attitude is the principal cause of the glaring inadequacy of the medical profession in dealing with neurosis. Yet the physician, with his ingrained bias for the exclusively physical, and blind through training and prejudice to non-physical categories as a cause of disease and suffering, persists in employing exclusively physical means where they are and must remain powerless and futile.

It is interesting that such a partial and one-sided view of disease should have retained its hold so long over medical thinking. Its reduction of a human being exclusively to a congeries of material forces, unaccountably integrated, lays, as far as neurosis is concerned,

an entirely false foundation for diagnosis and treatment. The employment of an essentially animal psychology as a basis of interpretation of the forms of distortion of the human personality represented by the neurosis has been and must remain a tragic failure. Doctrines of materialistic monism have blinded the profession to the dominance in the human personality of the higher faculties, cognitive, volitional, emotional, and spiritual, which underlie all of the material and spiritual progress that man has ever achieved, or can ever achieve.

The existence of the vast array of the mentally ill whose affliction is not caused by physical disease illustrates the fact that the human mind, especially after infancy, is more easily distorted to abnormal function than is the human body. This problem is one of enormous magnitude and constitutes a grave menace. It merits the serious consideration of the taxpayer and the citizen, and constitutes a challenge to the medical profession which can not be safely ignored. It is only fair for us to admit that the medical profession, limited as has been its thinking to the exclusively physical, has been wholly unable to protect the human consciousness against the destructive forces which cause so much maladjustment and personality-distortion in the form of neurosis, and other forms of mental illness.

Of course the difficulty of discovering basic knowledge in psychiatry and psychology is greater than in the biological and physical sciences, since in every mental process there is to be considered the mind and the body and the profound problem of the interaction between them.

Hysteria in Greek times was considered as due to the wandering of the womb; hence the name. Binet saw hysteria as due to double consciousness. Janet ascribed it to a splitting of the personality as a result of "low psychological tension." Babinski held hysteria to be the result of suggestion. Breuer and Freud developed the thesis that hysteria and other forms of neurosis are brought about by inner psychic conflict in which unacceptable ideas, usually sexual in nature, are forcibly buried in "the unconscious," and held by active mental forces from re-entrance to consciousness; where, however, they may appear in forms of disguise which constitute the symptoms of hysteria and other forms of mental aberration.

Ross holds that the neuroses represents faulty responses to difficulties; neurasthenia and anxiety neurosis being caused by over-reaction; hysteria by under-reaction or no reaction at all; and compulsion neurosis and psychasthenia by a pretense that the difficulty does not exist.

The writer's clinical experience in dealing with neurosis inclines him to accept the view that the causative factor most frequently occurring is chronic mental or emotional tension, suffering or strain. Careful investigation of the neurotic generally brings to light a his-

tory, usually chronic, of a career of inner tension of this sort. The pertinent etiological facts of such a history are usually elicited fairly easily by a careful scrutiny of the patient's present and past. This can usually be accomplished without prolonged indirect techniques of mental exploration.

Careful study will usually show that the condition of emotional strain has antedated the onset of the neurosis for months or years. The transition from the usual prolonged state of inner tension to the stage of neurotic illness seems to occur when the accumulated strain becomes greater than the mind of the subject can bear. The shift from the strain phase to the neurotic phase is automatic and is brought about by psychological activity of which the patient is wholly unaware.

In point of time the symptoms replace the strain. The degree and completeness of the replacement differ with the different types of neurosis. The entire course of strain and its psychopathological results, as evidenced by the development of functional illness, may be looked upon as continuous, the symptom phase always following the strain phase, in the relation of effect to cause.

The symptoms of neurosis are bewildering in their number and variety. One convenient method of classification is to group them according to the manner in which they are felt by the patient.

1. They may be felt in the patient's body in a more or less exact mimicry of local or general organic illness. Listed together as they occur in different patients, they may be equal in number to all of the organic symptoms encountered in medicine, surgery and all of the specialties. To rule out these pseudo-organic symptoms, or to differentiate between them and real organic symptoms when both types occur in the same patient requires no little skill and judgment on the part of the physician.

2. The symptoms of neurosis may be felt as located in the patient's mind in the form of doubts, compulsions, vague apprehension, vague fear and anxiety.

3. The symptoms may be located by the patient outwardly in relation to places, persons and things in the environment. Such a patient frequently exhibits fear of crowds, as in elevators, subways, theatres and churches. Or he may fear wide spaces as parks or fields; or narrow spaces, as hallways. His fears may be of other things as disease germs, and sharp instruments. Indeed, there is practically no limit to the number of objects, places or situations to which these fears may be attached. The patient usually realizes that his fears are groundless, but he is unable by immediate voluntary effort to shake them off.

In a well developed case of neurosis, symptoms of these different types may be found variously combined in the same patient. He may

locate some symptoms in his body, some in his mind, and project others outwardly in relation to persons, places or things. Psychiatrists classify the neurosis according to the presence and grouping of these symptoms, into four main divisions: hysteria, neurasthenia, psychaesthesia and anxiety states. Space does not permit a consideration here of these separate clinical types.

Etiologically, various theories, as above noted, have been advanced to account for the neuroses. Many of these theories are merely descriptive. Most cases of neurosis as above indicated can be accounted for from facts that can be elicited usually without great difficulty by any tactful physician on careful history taking. A detailed history will usually reveal three things of importance: *firstly*, the neurotic patient usually remembers well, or can recall without difficulty, a prolonged period of suffering or inner strain resulting from unsolved difficulties, and furthermore he can recall the manner in which he has dealt with such problems. *Secondly*, these patients generally remember very well the history of their symptoms as to appearance, order, duration and severity. *Thirdly*, and very striking, is the fact that the patient is usually *wholly unaware*, but not "unconscious" in the Freudian sense, that it was his prolonged past history of inner strain that caused his symptoms. Indeed, he tends to resist, sometimes with much energy, the acceptance of such a view. In fact, the skill of the physician may be taxed in removing the resistance, which is generally necessary, however, for a lasting cure. It is important for the patient to realize that the symptoms are linked causatively to his past inner condition of mental strain.

(To be continued)

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## GUILD NOTES

BOSTON GUILD—The Guild of Saint Luke in Boston has held two very interesting and well attended meetings this spring. The first, held in February, in the Hotel Kenmore, was very enthusiastic and a fine attendance was present. We had at this meeting as our guest speaker the Reverend Michael J. Ahearn, of Weston College and Director of the Catholic Radio Period from Boston. He gave a very interesting and instructive address on "Science and Religion." Following his prepared talk, he gave in answer to a request, a very enlightening explanation on the erection, management, functioning and scientific value of the new seismograph now being erected at Weston College. The seismograph was the gift of the very grateful people of the city of Boston on the occasion of Father Ahearn's recent silver anniversary of his ordination in the Jesuit Order.

Also at this time it was voted by the Guild that it go on record in favor of the bill before the state legislature to raise the standard of medical education in the state of Massachusetts, and that the vote on this measure be presented to the Committee on Public Health, at that time hearing the bill. We further offered our services to the Diocesan Director of Parochial Schools in an advisory capacity in