

Part II

**Descriptions  
of Mental  
Disorders**

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## 5 »Neurotic Disorders« - An Overview

Mr. Morton takes things quite seriously. Everything has to be in order. His day is rigidly timetabled, without a free moment. He knows how many minutes it takes him to get from home to work, and he has counted the number of traffic lights which might hold him up on the way. There are exactly 39 divided among five intersections. Mr. Morton is a librarian, and in his profession, a conscientious attitude is vitally important.

However, not everyone is completely happy about him. His wife, for instance. She often suffers as a result of his excessive demands. By the time he comes home, the children are already in bed. He can't come home earlier, because he has to tidy up the library. »All he's doing is standing looks on end again!« says his wife, bitterly. »He can't abide books leaning at an angle. But he never thinks about me and the children.« Even his boss has expressed concern, because in his craze for orderliness he neglects more important duties in the library. He has threatened to cut his wages.

Mr. Morton is finally visiting the psychiatrist, under pressure from his wife. Has Mr. Morton just got a kink, or is he neurotic? Is he eccentric, or is he a sick man? Is his behaviour merely peculiar, or is it sinful? Can he change, and should he ... and if so, how?

## Are We All Neurotic?

Minor anxieties, compulsions and depressions are part of everyday life. Nearly everyone has «illogical» fears and inhibitions in certain situations. Do you know that uncomfortable feeling of fear when you cross a bridge? You know perfectly well it will bear your weight and the balustrade will prevent you falling off, but even so, you are glad when you reach the other side.

Fear can also influence relationships between people. How often do we hold back from doing something because we are afraid of being rejected, or of failing. We all know the strange feeling of butterflies in the stomach before an exam – in other words, in a situation where we are not completely in control. In these situations fear leads to psychosomatic reactions, even among healthy people.

Other people discover compulsions within themselves. A tune refuses to go out of your head. You try to read every car registration number, or you adjust your steps to fit the pattern of the pavement slabs. Some have difficulty in leaving a room, unless it is cleaned and tidied up. And what housewife has not checked and double checked that she has turned off the oven?

Normally we can suppress these fears and compulsions. We can stop the thoughts, divert our attention, think about something else and forget the disturbing impulses. Added to this, the fear on the bridge never becomes as strong as in a person with an anxiety neurosis who will make a gigantic diversion to avoid the bridge. The housewife only checks the oven once or twice. She doesn't fall into the hour long rituals of the obsessive compulsive person. During a difficult meeting you may experience a rise in your pulse rate, but it is nothing like the physical collapse which takes place in psychosomatically over sensitive neurotic. You can put up with critical remarks without turning them over and over in your mind like a person with a depressive personality (formerly called »neurotic depression«).

The frequently stated opinion that everyone is fundamentally a little neurotic constitutes an unjustified extension of the concept of mental illness. »Not every conflict situation which is difficult to resolve and is accompanied for a while by mood changes and autonomic nervous reactions, is to be labelled as a neurosis,« writes German professor R. Toelle. »The more unique a person is, the more complicated and susceptible to disruption her life will be. We do not need to talk about a pathological

disturbance. As long as the criteria for neurotic reactions and symptoms cannot be established, it is better to speak of a »crisis situation«.

## Psychological Reactions in a Crisis

The psychologically healthy person is in a position to control his thoughts, enjoy life, cultivate relationships and fulfil the duties with which life presents him. He can order and direct his thoughts and feelings in such a way that they contribute to his achieving a conscious adjustment to the circumstances of his life.

In a crisis, things change. Tense relationships or excessive demands at work, severe illness, or the sudden death of someone you love can lead to mental exhaustion. Then more and more energy is needed to deal with the burdensome circumstances and thoughts. This energy is then unavailable for coping with everyday life. You become sensitive, physically and mentally. The autonomic nervous system goes into uproar and presents the whole spectrum of psychosomatic reactions from heartburn and racing pulse to trembling hands. Sleep is disturbed, and this leads in turn to further exhaustion.

In this weakened physical state, depressions, fears, compulsions, hysterical reactions and aggressive outbursts can surface, which you would not otherwise have recognised in yourself. Somehow you don't quite have yourself under control any longer. Impulses suddenly find expression, which in good days you were able to keep shut up in the »junk room« of your mind.

A middle-aged man undergoes considerable suffering when his wife seeks a divorce from him. His zest for life is extinguished. Sometimes he wakes during the night bathed in perspiration after a nightmare. Long forgotten experiences from his childhood come to the surface of his memory. At the office, he continually has the feeling people are talking about him behind his back. He feels inadequate, and avoids his colleagues.

A young mother is plagued during her quiet time by the horrible thought that she might do something to harm her baby. »I would never do it, but the thought just won't leave me alone. It is like a compulsion«, she complains.

It seems that every person has certain weak points in their make up, typical patterns of emotions, thoughts and behaviour, which only break out under pressure. That explains why, in the examples above, one person reacted in a resigned, depressive manner, while the other reacted to

difficulty in an excited, dramatic way. But crises pass, and these typical symptoms slip into the background once more as they go. The help of a doctor or medication is not needed in every case to overcome a crisis. God has created us with many ways of conquering mental crises and their disturbing »neurotic« symptoms. Often the simple old proverb holds true: »time will heal«.

It's a different matter for people whose whole life is controlled and overshadowed by neurotic symptoms, often without an obvious external trigger. For them good advice, as helpful as it may be in times of crisis, doesn't lead to the desired improvement. The source of their suffering is in themselves and their own restrictions and weaknesses. Friends and relatives don't understand them, in fact their behaviour can be a burden for their relatives and those around them. In these cases the psychiatrist talks about »neuroses« and »personality disorders« in the strict sense.

### Exactly What is a Neurosis?

Neuroses are the most common psychiatric disorders and can be found in about 10% of the population. Women are affected twice as often as men. The boundaries between slight and severe cases are fluid. Milder versions are labelled as »Personality disorders« and if these are included in the total, you arrive at a figure of something like 30% of the population suffering from »psychogenic disorders«.

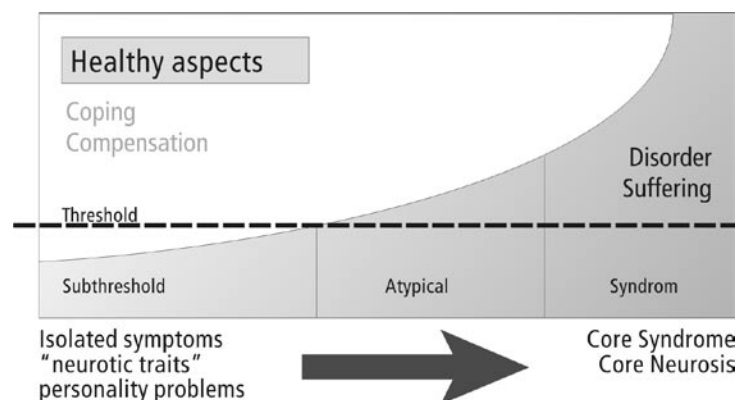
Under this heading a confusing diversity of human behavioural weaknesses are lumped together, ranging from relationship difficulties to sexual problems, from overwhelming anxieties to psychosomatic troubles. The existence of the »neuroses« has been disputed in psychiatry to this day. New text books go so far as to completely delete the term from their diagnostic vocabulary and to talk about »personality disorders« along with anxiety, obsessive-compulsive syndromes or major depression.

When I still use the term neurosis, I do so according to the traditional understanding of the term which is still to be found in many textbooks of psychotherapy. However it has to be clearly stated:

Severe neuroses, such as those I am about to describe in the following pages, are genuine illnesses with circumscribed symptoms and consequences which, like other similar mental illnesses, can lead to considerable disability.

As Figure 5.1 indicates, most people who suffer from their own self and their behaviour, also have healthy aspects. With the exception of the most

Figure 5.1: The spectrum of »neurotic« disorders



severe states (to the extreme right of the diagram) their situation allows them to live self sufficient lives. So one seldom sees neuroses in hospital, chiefly because they do not run such a dramatic course as, for instance, psychoses. But the ordinary G.P. and the pastoral counsellor will meet these disorders with a greater frequency.

The course of neuroses is manifold. Basically it is a matter of long lasting disorders which can become stronger or weaker in phases. You can often observe a basic personality disorder onto which a more severe disorder is »grafted« from time to time. Not infrequently this will involve a change of symptoms, that is to say passing across from one symptom to another, so for instance someone who begins with anxiety symptoms can later move into a chronic depression. Research has shown the following pattern in the development of symptoms:

- 20% are eventually cured
- 60% eventually improve, and
- 20% become more established.

The outcome in the case of the last group often involves complete invalidity, where those afflicted are no longer able to fulfil their duties and to follow their vocation in life. Neurotic disorders are most common between the ages of 20 and 40 years. Thereafter symptoms begin to tail off and those afflicted find a better equilibrium. Often a vestigial situation develops – a life within limits which still allows a bearable existence.

Many neurotically ill people are of course capable of work, but most

allow for limitations in the work they do. They are often lacking in energy and enthusiasm for life. They live a retracted life and lose most of their earlier interests. So a neurotic person will find a certain relief in a general withdrawal from life, which has to be paid for by the sacrifice of their earlier desires, dreams and relationships.

## The Causes of the Neuroses

In the course of history whole libraries have been written about the possible causes of the neuroses. Nevertheless even today, we still know little about the conditions which give rise to these disorders. While many schools of psychotherapy rely on hypotheses which only see one cause and one therapy, modern psychiatry tends towards a multidisciplinary approach which allows for the problem of the neuroses to be tackled with impartiality. One fails to do justice to the neuroses by representing their suffering merely as a failure to react properly at a psychological level. Neurotic disorders like other mental illnesses are caused and influenced by many different factors.

For a long time and until today, it has been assumed that neurotic disorders developed during early childhood. Unresolved conflicts, often with sexual colouring, led to fixation at immature levels of childhood development. More recent research has not been able to confirm these theories. In my opinion false conclusions have been drawn from correct observations. Neurotic people do, in fact, manifest strange patterns of behaviour which often appear to be immature and child-like.

The person with an anxiety neurosis won't dare walk along the street alone. The histrionic makes a drama out of the smallest event. Yet this does not mean we can deduce that the disorder developed from damaging experiences in childhood. Once again we need to distinguish between interesting comparisons and demonstrable causes.

## Disposition – Environment – Reaction

The development of the neuroses and personality disorders involves a complicated interplay of disposition, environment and reaction (see figure 4.1 in chapter 4).

*Disposition:* Numerous findings suggest that hereditary factors play a

part even in the development of neuroses. Large scale studies of twins have shown a significant tendency for neurotic symptoms to coincide in them, particularly anxiety and stress syndromes.

Another factor that can foster neurotic development is mild brain disorder (e.g. following meningitis or lack of oxygen at birth).

Those affected are less mature in the way they cope with the conflicts of life than are people with unimpaired brains. They more frequently manifest difficulties in adjusting, and inappropriate behaviour, which provoke others to a counterreaction driving them further into isolation.

*Environment:* Surprisingly, neurotic people do not undergo stressful experiences to any greater degree than other people. However, it seems that the neurotic hypersensitivity leads to altered perceptions of relations and events, making average interactions stressful to the individual. Neuroses seem to occur more frequently among people from sheltered and pampered families. Our prosperous society with its almost unending freedom openly encourages the development of neurotic behaviour. The more possibilities open to a person, the more frequently they will fall into internal conflict. Conversely, neuroses recede into the background in times when there is an external threat (e.g. in war time).

*Reaction:* Emotional wounds can cause a person so much stress that he wraps himself increasingly with a neurotic shield to protect himself from further hurtful experiences. Every attempt to lay aside this »protective shield« is accompanied by enormous feelings of anxiety. These make it difficult for the afflicted person to enter relationships with other people in a relaxed way. Only when the person feels a deep trust can he or she dare to lift the visor a little and show another, more mature pattern of behaviour.

Neurotic people are often imprisoned within the tensions of their neurotic conflict. On one hand they suffer as a result of it and struggle to get free. But on the other hand, the inner tensions it produces do not allow them to develop alternative ways of thinking and behaving, even when these can help them to greater freedom.

Under mild levels of stress these inappropriate reactions can be identified, and worked on. But in extremely stressful situations it is simply impossible for the patient to react any other way, however much he would like to do so.

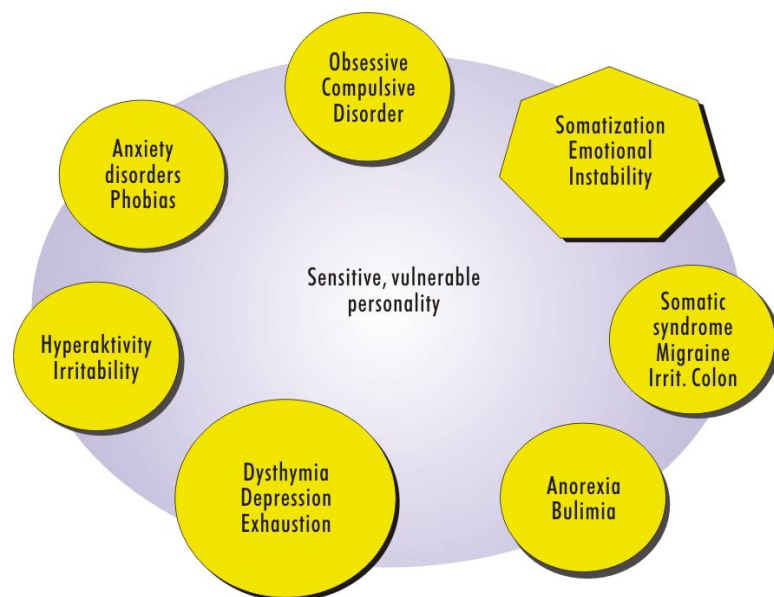
## Diagnostic Features of Neurosis

The diagnosis of neurotic disorders is made from the person's life

history, and the difficulties they describe. Many disorders, for example obsessive-compulsive disorder, are easily recognisable. In other cases it is necessary to spend a long time with the patient and if need be, to rule out other illnesses, before the nature of the illness can be determined.

A neurosis is hardly ever found in an absolutely pure form. Almost always several other »neurotic strands« are in interplay with it. So depressive people usually also suffer from anxieties and compulsions. Compulsive personalities, in spite of their suffering, are hardly depressive, but people with anxiety disorder are often bothered about their bodily functions in a hypochondriacal way. To simplify things, you could imagine the neurotic character traits as a kaleidoscope which continually shows new patterns of light, colour and form as it is turned.

Figure 5.2: The kaleidoscope of »neurotic« disorders



In spite, of their manifold expression, there are common threads which run through and link individual disorders. The following signs of illness occur in most types of neurosis:

- insecurity / ambivalence
- inhibitions
- disturbances in making contact
- mood swings
- reduced efficiency in performance of tasks
- accompanying physical changes related to the autonomic nervous system.

To describe the individual forms of neurotic disorders in detail would exceed the limits of this book. The interested reader will need to refer to psychiatric textbooks for further information. From conversations with pastoral counsellors and people who are suffering from neurotic disorders, I know that those who suffer from physical problems and depression can nowadays count on a great deal of understanding. But there is much more difficulty in getting people to accept anxiety, compulsion and hysterical behaviour as illnesses which can occur even among Christians. In their less severe forms they often cause great difficulties to those who suffer from them, for their relatives, and for their pastoral counsellors. Those affected suffer not only from themselves, but also from lack of understanding and inappropriate attempts to heal them on the part of many fellow Christians.

For this reason, the next chapter will explain these syndromes in a brief and general way and give help for pastoral counsellors in dealing with these individuals.

## References Chapter 5

The following articles and books give some further information on more recent research on »neurotic disorders«. As the term is being replaced by »personality disorders«, »affective disorders« and »anxiety disorders«, the literature in this field continues to provide more recent information on contemporary research.

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