

BEING OBJECTIVE ABOUT NEUROSIS

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IN a recent issue of *THE LIFE OF THE SPIRIT* a question of the utmost importance was raised in a letter about neurosis. And among other points that of having an objective view about neurotic illness is worth serious consideration.

In a neurosis there are two factors to be considered: the fundamental disorder of the psychic structure—the unhealthy psychic tensions which are the source of further trouble (the so-called ‘nerves’ of the ‘highly strung’ person)—and the consequent result of this psychic tension in terms of the reaction to life and its problems. The fundamental inner tension is not a single, definite fear of some evil, but rather a general, unspecified fearful attitude. And although this psychic tension is to be found in both introvert and extravert personalities its result in terms of adaptation to the demands of life is different in each type of temperament. The introvert whose psychological constitution is of a generally fearful kind tends to develop an illness which is itself a psychic disorder—depression, anxiety, morbid fear—and so is called a psychological illness. The extravert, on the other hand, usually develops a physical illness—for the long list of which consult the advertisements in the daily press and magazines. Because of their psychic origin (the unhealthy inner tension) these physical (bodily) illnesses are called psychosomatic. The pure introvert and extravert type is of course an abstraction. In reality a person may be predominantly introvert or extravert, but he will nevertheless possess to a greater or less degree the temperamental traits of the other type of personality. Hence where the psychic constitution pre-disposes to a neurosis the introvert will show symptoms of psychosomatic upsets and the extravert will not be free of the psychological disorders.

But although the two factors mentioned above are present in every neurosis, it is the consequent adaptation to the demands of life which determines whether or not a person is suffering from a neurosis. In one type of personality the inadequate adjustment to life takes on an internal—better perhaps, an interior—form, so that the consequent illness is predominantly psychological. It is this kind of illness that is known technically as a neurosis. With the

extravert temperament, however, the consequent adaptation manifests itself in a more outwardly way in a number of bodily disorders. These psychosomatic illnesses are not strictly speaking called neuroses.

Yet it would surely fall short of the truth and give a misleading impression if we were to omit all reference to psychosomatic illnesses for the purely technical reason that they are not in medical language neuroses. Experience shows that the 'neurotic' whose health is his chief preoccupation in life can be more of a trial to other people with his complaints, excuses and demands, than many a true neurotic (in the technical sense) who suffers in silence and does not want to be a bother to anyone.

Thus while observing the recognized distinction and keeping the word 'neurosis' for a predominantly psychological illness, I have nevertheless included the psychosomatic illnesses and taken them as neuroses in a wider, non-technical sense.

It cannot be too strongly emphasized that where treatment for neurosis is to be undertaken it must be left to those who are qualified to deal with such troubles. I use the word 'treatment' in the strict and formal sense, because obviously the layman (one not qualified) can help *in his own way* and to that extent he may be said to be assisting in the treatment. Often the help given by the layman will be the only form of 'treatment' possible, either because the sick man refuses to seek expert guidance or because, as in some cases, psychological treatment is inadvisable.

How can the normal, mentally healthy lay person help this neurotic fellow men? One way is by encouraging the sick person to consult a properly qualified authority if that is at all feasible. In a recent book on this subject the authors—a doctor and a priest—made the bald assertion that a person suffering from a neurosis sins if he refuses to have treatment. That is going too far. It is true that we have an obligation to look after our health as far as we can. But some people feel the obligation is best fulfilled by keeping away from doctors as much as possible. That is perhaps a sentiment over-tinged with cynicism; but even so few would deny that at least in a serious illness it would be imprudent and a failure in our duty to refuse medical attention. No doubt in some cases a neurosis is so slight as to be no more than a nuisance and can be coped with; but in most cases it is a serious illness.

In view of the number of lay persons—in this context, people

who are not doctors—engaged in psychotherapeutic work, there is no reason why a priest, trained in psychological matters and with the necessary ‘psychological touch’—an elusive quality—should not be recognized as qualified to treat the neuroses by the methods of depth analysis. I would add one rider to this, namely, that the patient should first have been seen by a medical psychiatrist who alone is competent to diagnose and decide whether a person is likely to benefit from analytical treatment. At the present day very few lay analysts work independently of the medical profession.

We cannot, however, usually hope to persuade the next-door neighbour or those with whom we work to go and have psychological treatment for their neurotic condition; even members of the family and close friends may reject our suggestion with some show of indignation. But clearly it is to their advantage if they go voluntarily out of an awareness that they are ill and need help; if they refuse to have treatment then we must not drive them to it. (Where religious are concerned it would be extremely unwise in most cases for a superior to make it a matter of obedience for any of his subjects to take psychological treatment.)

There is then a more obvious and a more important way in which we can help in the problem of neurosis, and that is by helping to bring about the proper atmosphere and the right relationship in our daily contacts with those who are neurotic. And that means having right ideas and the right attitude to this illness.

There is no need here to elaborate the theological doctrine of the Fall and its consequences. In terms of grace and sin we are sufficiently instructed in the basic principles of the Redemption. We know that we are restored to grace but not to that state of original justice enjoyed by our first parents; we know that we have the seeds of sin in us and can freely fall from grace; we know, in a word, that we are far from perfect. But in terms of the damage done to our psychic structure by original and actual sin—a ‘penalty’ (*poenalitas*) not removed by baptism or penance—we are not so well informed. Yet within the general truth that none of us is completely well adjusted and integrated, it is perfectly valid to distinguish between the mentally healthy and the psychologically sick. What perhaps we fail to realize—by ‘we’ I mean those who are not neurotic—is that *the most sane and*

balanced person can become neurotic for a time in certain given circumstances. The prisoner of war, the man who loses everything, the person asked to carry responsibility beyond his powers, the times of serious or trying illness—these are just a few instances in which psychologically normal men can become temporarily neurotic. More interesting even is the fact that *we can react in a neurotic way towards certain persons.* Who among us has not his *bête noire* whom we would gladly do to death at times? In other words every normal, psychologically sound person has a disposition towards neurosis—some more than others—and at times this potentiality becomes actual, so that in certain circumstances he reacts in exactly the same way as the true neurotic. With the psychologically sick, on the other hand, their neurotic condition is actual most of the time and in nearly every circumstance. If only we were as well informed about our mental allergies as about our physical much unnecessary distress would be avoided. Unfortunately, though we are often made painfully aware of the latter, knowledge of the former is a wisdom to be won only by those who are willing and able to make the adventure into the unknown.

But it might help us towards that wisdom if we cleared our minds of the wrong notions we have of what a neurosis is. We tend to think of neurosis as a clear-cut disease, like scarlet fever for instance, which we either have or have not. But neurosis is essentially '*an inadequate or faulty response to the demands of life, resulting inevitably in some degree of maladjustment to its problems and situations*'. Put in those terms—as '*a question of adjustment of varying degrees of adequacy to the demands of life*'—we can better appreciate the more or less permanent condition of the true neurotic and the temporary condition in times of stress of the normally sound individual. A golfing metaphor is not an inapt analogy here of the gradations in psychic integration: '*Few of us are "scratch" performers, and many of us are double-figure handicaps, but most of us struggle round happily enough, enjoying the game and succeeding in keeping out of the "rabbit" class*'. The average, normal man struggles round happily enough enjoying the game of life; the 'rabbit' class are the neurotics; the 'scratch' man is the ideal at which we aim rather than achieve: the well adjusted, deeply rooted, mature personality.

But if few of us are psychologically 'scratch' men it is

nevertheless to him that we must look. For such a man there is no problem about how to deal with neurotics; he instinctively and spontaneously knows how to handle the situation, and he does so in a way that is acceptable to the sick man. He is loving and obliging without being either obsequious or patronizing. He is firm, but never aggressive or offensive. He does not allow undue familiarity or dependence, but neither does he adopt the aloof and disinterested manner of the philosopher. If he is a dynamic, go-ahead, extravert type—and these traits are not in themselves proof of a well balanced, integrated personality—he does not expect everyone else to be the same; and so too if he is a natural introvert type. In short, he is always mindful of the fact, that God made his neighbour not to his image and likeness but to God's own image and likeness. He is not unaware of his weaknesses and faults—no less is he unaware of his good qualities; and he does not blind himself to the fact that in some respects he has a false attitude to life and its problems. On the contrary, he sees himself as he is; and it is not merely an intellectual insight, but a living experience in which he accepts what he sees in a positive spirit far removed from the negative 'putting up with what cannot be avoided'. Thus in consequence his inner, hidden life—what analytical psychologists call his unconscious life with its shadow side—with all its powers of good and evil, comes more under his control, and his ability to adjust himself to the reality and demands of life is enormously increased. His life moves ever forward to its proper end, a continuous process of maturing and perfecting.

In the Christian context the 'scratch' man is best exemplified by the saint who is the sanest, best balanced and most deeply rooted of creatures, for 'holiness is wholeness'. (It is interesting to notice how many of the saints went through a period of neurosis—the word 'neurosis' is of course modern, but the disorder is as old as history.) We cannot, for instance, imagine St Benedict or St Francis at a loss to bring to the troubled souls of the neurotically sick with whom they came into contact the comfort, encouragement and correction that each in his own way needed; and always with the patience and compassion of the Master himself. Charity then has its place in the cure of neurosis; *its part is in fact indispensable*. We must above all be charitable to those who are suffering from neurosis. How can there be any doubt

about this? And yet *we do seem to doubt the wisdom of being charitable*, and wonder if our charity is not perhaps encouraging the neurotic pride and selfishness of those we want to help. We may be quite certain of this: if our actions encourage pride and selfishness in others then our attitude towards them is not that of true charity. It seems paradoxical to suggest that too many of us *try* to be charitable, too few are truly charitable. This is not a difference which springs from our being 'in' or 'out' of grace—in the present context a state of grace is presumed. It is more a matter of lacking the 'feel'¹ for true charity; almost as if we had never allowed grace to penetrate to the depths of our being and touch our emotional life, with the result that the passion we call 'love' is never quite incorporated into the sphere of the supernatural virtue of charity which operates in our will. If it is not straining a distinction we might say that most of us have the *science* of love, few, the *art*.

Trying to be charitable is the way to disaster with most people and certainly with those who are neurotic. For there is none of that naturalness and spontaneity of approach which comes only from a genuine simplicity and sincerity. Moreover the sick neurotic is to a high degree sensitive to our unspoken and even unconscious thought processes; he unerringly picks up the unconscious attitude that we project on to him, an attitude very different perhaps from our conscious frame of mind: 'I give thee thanks, O God, that I am not as this man here; he is proud, I am humble; he is selfish, I am generous; he is weak and unstable, I am strong-willed and decisive'—in a word, 'he is neurotic, I am not'.

The degree to which the maladjusted, neurotically sick man projects his unconscious attitudes is well nigh incredible. All his unconscious fears, anxieties, suspicions, jealousies, hates, frustrations, prejudices, and the rest are unconsciously transferred to other people. His good qualities are projected in the same way, but with the evil result that he expects other people to act and think as he does and gets annoyed when he finds that they do not. One obvious result of this process of projection is that it creates an atmosphere of tension which heightens in proportion to our own degree of maladjustment. If it is true that it takes two to make a fight, it also takes two to bring about an uneasy, nerve-

1. As Florida Scott-Maxwell has said, true feeling is not a hot, blind 'emotion', fed from unknown sources, but is as trustworthy as clear thought, assesses value justly, and so keeps a living relationship to experience.

racking and exhausting tension. Whenever we find ourselves saying of someone that he 'makes my blood boil', 'makes me sick', 'gets on my nerves', 'sucks me dry' and such like—and in these cases there is nearly always present the appropriate somatic symptom—then we may be sure that we ourselves are contributing in some measure to the unhappy situation by the projection of our own unconscious character traits. The inevitable emotional entanglement in the given set-up is the fruitful source of misunderstandings and bad feelings.

That the neurotic person—and the normal man when on occasion he reacts in a neurotic way—unwittingly (because unconsciously) helps to create the unbearable situation in which he finds himself should be clear when we consider what in fact happens in this process of projection of the unconscious. Very briefly, he is confronted on the conscious level in certain people and in given circumstances with his own shadow side, that part of himself which for a number of reasons (the basic one is fear) has slipped below the threshold of his conscious, waking existence into the unconscious, hidden regions of his being, or which perhaps he has never allowed to surface and use in the conscious stream of life. But he keeps his shadow side away from the light of day only at great cost to himself and others. There must be a constant surveillance, a relentless, tyrannical repression, and a wasteful mustering of most of his psychic energies to the duty of warder in his inner concentration camp. Yet with all his watchfulness and iron-willed mastery of himself he is constantly being surprised, caught out, and overwhelmed by the power he thought he had safely repressed—'I don't know what came over me this morning'; 'that wasn't like me at all'; 'I don't know what possessed me to do such a thing'; not to mention the moods, depressions, fits of temper, petty acts of vindictiveness and much else. And things are not made any easier by the fact that he manages with uncanny ease to find what he considers a perfectly legitimate reason—usually of a high moral tone—for his behaviour.

Although we are conditioned by our antecedent history we are not fatalistically determined by it. Hence there is no call to a morbid reflection on the past or a despairing denial of free will and responsibility. It is a mistake to advise anyone to 'forget it' and pick up the threads again 'as if nothing had happened'. The business of growing up psychologically means accepting our

background and past history in a positive spirit, recognizing that we are moulded in a certain way, and adjusting ourselves accordingly.

We must try to be more aware of any degree of maladjustment in our own normal and healthy psychic structure, and do our first missionary work there. This does not mean that we are blind ourselves to what is objectively true any more than charity obliges us to call black white. If a certain person with whom we live is neurotic, a particular act unjust, a suggestion quite impracticable, then we accept the facts. But the more grown-up we are psychologically the less likely we are to become emotionally involved in the given situation. And any neurotic person with whom we have dealings will at once sense our inner calm and impartiality and recognize the simplicity and sincerity of one who having begun to master himself in the right way can help him do the same.

Without then in any sense wishing to set at nought the very real hardships involved in having to live with a neurotic person—especially within a small circle—it is nevertheless true that we ourselves not infrequently help to worsen matters. We have already seen how: because of our blindness to the potentialities inherent in every normal psychic structure to react in a truly neurotic way in given circumstances, we are not always sufficiently objective to avoid being drawn into the whirlpool of emotions inevitably released whenever a 'scene' takes place. But there is a further stage in this process of taking an objective view of neurosis, and that is concerned with our attitude to neurotic people and their needs. Here, too, we often fail badly. There are two points worth consideration: the weak will of the neurotic person, and the psychosomatic illnesses these people often develop.

How often do we not get annoyed when some neurotic friend refuses to take our advice? We complain that he is lazy and weak-willed, and does not really want to get better. Now apart from the fact that our 'advice' is usually nothing more than a stern injunction to him—'pull yourself together and stop behaving like a child'—it is clear from our hurt attitude that we are ignorant of a supremely important factor in neurosis. *Though neurotic people may recognize the validity of the advice we give them they cannot easily follow it. And the reason for this is that their distorted*

attitude towards life and its problems is not so much a matter of intellectual ignorance or bad will; it is rather an emotional blindness which springs from inner, unconscious drives.

This is not the place to discuss the relationship between what are known simply as the 'higher' and the 'lower' parts of our human nature. But briefly we can say that the emotional powers in man are partly autonomous and partly under the control of his intellectual powers. Yet because of sin it is seldom easy to act with good will and in accordance with right reason. 'I am delighted with the law of God according to the inward man; but I see another law in my members fighting against the law of my mind and captivating me in the law of sin that is in my members'. But as St Paul goes on to tell us: 'Unhappy man that I am, who shall deliver me from the body of this death? The grace of God, by Jesus Christ our Lord.' By the help of grace the normal, psychologically healthy man can control and use his emotional and unconscious drives. On the psychological plane—abstracting from the moral issues—the control exercised by the will, if it is to be healthy, must be benign. This does not mean that it need not be firm; but it must not be dictatorial. The lower part of us brooks no tyranny from the will, and will never lie quiet under that dictatorship; still less will our hidden unconscious psychic forces.

In the neurotic personality the disharmony in the psychic structure is much greater than in a normal personality. (Whether the psychic system of the neurotic differs in degree only or in kind from that of the psychologically healthy is a matter for the experts to settle, if indeed they ever will, since both opinions claim their authorities.) Neurosis is in most cases more than a matter of a slightly inadequate articulation of the unconscious, emotional drives, and the conscious, rational drives. On the contrary, it is almost as if these two parts of the one psychic system operated as more or less independent systems. And the result, paradoxically enough, is that the neurotic, although seldom natural and spontaneous in his reactions, is controlled more by his unconscious drives than by his intellect and will which are too often swamped in the sea of the irrational. It is true that in isolated instances—usually in times of great urgency—a neurotic can bestir himself and control his irrational drives; but he cannot maintain this as the order of the day.

A cure of neurosis is then not a matter of a few weeks treatment. The task of the psychotherapist, usually through a long, analytical process, is to achieve closer articulation of the rational and the irrational forces in the human psyche; to bring about in fact such an approximation that the unconscious and emotional life of the patient comes more under the sway of his intellect and will. In this way the patient is enabled to use the riches of the emotional side of his nature for the living of a fuller and happier life. When he tried to repress and deny the forces of his lower and unconscious life he was in fact dominated by them, with the result that his reaction to life was always inconstant and highly emotional; when he learns to incorporate these powers into his conscious life under the rightful control of the will, he becomes more stable and much less emotional. But the process of transformation and reorientation is long—even when the actual analytical treatment is not prolonged—because it demands a living experience of the realities involved; it is no mere intellectual grasp of high-sounding words like ‘unconscious’, ‘shadow’, ‘anima’ and ‘animus’ which any *Pelican* reader can achieve at small cost. It is then a mistaken and pernicious, though common, opinion that psychological treatment is not concerned to strengthen the weak and vacillating will of the neurotic. A disciplining of the will is an integral part of the cure, but to insist on the exercise of will power independently of tackling the inner, unconscious drives is to court disaster. A similar and equally false conviction is that the psychologist denies the reality of sin and wants to substitute for it the notion of illness. But one might just as well argue that the judge wishes to replace the notion of sin by the concept of legality. In the sphere of human action ‘sin’ says something more than ‘lack of rectitude’ and the psychologist *as such* is rightly not concerned with the wider concept of sin.

We come now to the question of psychosomatic illnesses. To repeat what was said in the beginning, these may be either the attendant physical disorders of a neurosis (although strictly speaking neurosis being a psychological illness has no pathology as such), or the symptoms of the ‘neurotic’ extravert personality. The first thing to be clear about is that psychosomatic illnesses are *real*—in some cases they may be organic. A responsible Catholic medical psychologist has said in blunt terms that in no circumstances are we entitled to say or even think that those who

suffer from neurotic disorders (and that includes the psychosomatic illnesses) are frauds and malingerers. If only we could be convinced about this and see the disorders of a neurosis as every bit as real as a fractured leg a great deal of harm and unhappiness would be avoided. We do not usually find it difficult to put up with the tantrums of someone who is seriously ill from a purely organic disorder; we make every allowance for his condition. We make no allowance for and are seldom tolerant of neurotics because too often we think of them even if we do not speak of them as bogus—'There's nothing the matter with him, it's just his imagination.'

But it is not only unjust to dismiss psychosomatic disorders as so much bogus illness, it is also foolish in the extreme. *For they have an objective and valuable role to play in the cure of neurosis.* There are some people whose unconscious and emotional life is so powerful that they must *severely* repress it through the exercise of a strongly disciplined will; and thus although there is a certain loss to them of fulness of personality there is a gain in that they are spared the greater loss which would result from the inevitable neurosis which would follow a swamping of their conscious life. It is exactly the same with psychosomatic illnesses: they are in fact a 'cure' for what would be a much worse neurosis.

It is then not advisable to seek a cure for neurosis (or psychosomatic illnesses) *at all costs*. It would be ironical—as has happened—if we were to cure the illness, expose the person to the rigours of a world with which he cannot cope, with no honourable escape, and thereby increase his misery and worsen his neurosis.

To anyone looking for a Psychological Decalogue what has been said here must be a disappointment. There are no rules or norms on how to deal with neurotic people. Life is much more than a matter of applying a series of rules. What we should be seeking for is wisdom in the fullest sense of that word, the Gift of the Holy Ghost. For ultimately the holier we are the more whole we are—to quote Father Goldbrunner—and so the more able to help neurotic people spontaneously and with a 'natural' wisdom.

But we might perhaps allow ourselves one rule of thumb. If a person *enjoys* bad health or *loves* to grumble and complain, then let him be; it is almost certainly a remedy for a neurotic condition that would be otherwise unbearable.