Every GP is familiar with the words: ‘It’s my nerves, doctor.’ His problem then is to discover what his patient means. With all the woolly ideas about nerves ‘fraying’, ‘snapping’ and ‘breaking down’, the complaint is often used as a vague short-hand for: ‘Something’s wrong!’

The trouble with psychiatry is that it is still a rather inexact art – or science. So many psychiatric terms used by doctors or patients have both colloquial and technical meanings. When a patient says to a doctor, ‘I’m feeling depressed’, on the one hand he may mean that he has feelings of deep despair and distress, loss of hope, and thinks that life is not worth living – features which are commonly recognised as part of a depressive illness. But on the other hand, he may simply mean that he is feeling a bit under the weather or anxious or frustrated or whatever.

In much the same way, when a patient comes to a doctor and says, ‘I’m suffering from my nerves’, it is difficult to establish what is meant. Dr. Parr* has set out to discover what is really meant by ‘nerves’ and ‘nervous breakdown’.

This word ‘nerves’ can be used as a kind of imprecise shorthand. Often people will say to one another ‘Oh, I am just suffering from my “nerves”,’ and use this to excuse, or even justify certain types of behaviour. Similarly, doctors will turn to patients and say ‘Stop worrying about that pain, it’s just your nerves’. So it is very important for us to be clear in our own minds just exactly what is meant by this kind of statement.

Does it have any specific meaning at all or is it, like many phrases which we use, merely a ‘noise’, a way of communicating while not communicating? It is useful to have some kind of socially acceptable phraseology to ‘tell’ people that we do not want to communicate something, or that we are unable to communicate

* Understanding your nerves by Dr. J. A. Parr, published by David & Charles at £2.50
something specific. Very often in the complex human situation, when we do not understand what is happening or find it difficult or embarrassing to put into words our basic fears and anxieties, it is very useful to have some phrase like ‘it’s my nerves’ to fall back on.

Dr. Parr has written his book largely for the general public – for those people who will come as ‘customers’ complaining about their nerves, but it is also relevant to family doctors, social workers and all of us who, from time to time, are confronted by people in distress.* Dr. Parr himself has spent more than 40 years in medical practice and for 6 years he was the BBC ‘radio doctor’.

Starting with a consideration of the way in which our attitudes to psychiatric and psychological disturbance have developed, Dr. Parr examines the concept of ‘nerves’. He discusses ways in which we inherit certain tendencies and weaknesses. He considers the emotional development of the child and goes on, in a general chapter, to look at the basic signs and symptoms of mental disorder. This is followed by a more detailed discussion of anxiety and depression – the two commonest forms of nervous disorder in family practice.

He considers neurosis, has a chapter on agents that poison the brain and the nervous system (concentrating largely on the problems of drug dependence and alcoholism), a chapter on sexual problems and perversions and a general chapter on treating mental disorders. He finishes by considering child psychiatry as a special sub-division of psychiatry. There are two appendices: the first one a very useful dictionary of terms used in psychiatry, and the second a long complicated list of subjects of fears and phobias. There is a small but reasonable index.

Selection of topics

The book is easy to read, but there are a number of reservations to be made. First of all there is throughout an annoyingly subjective selection of topics – perhaps unavoidable in a book which is not meant to be a textbook for professionals. An author has to select topics which, he feels, are of interest and importance to a general audience, but nevertheless, throughout the book, Dr. Parr reveals his own particular biases and orientation – which are somewhat different from my own!

He tends to miss out things which are quite important. For example, in Chapter 11 on ‘The Treatment of Mental Disorders’, he makes no significant mention of drug treatment and yet in modern psychiatry, particularly in family practice, drug treatment is perhaps the major and most important form of treatment available at the present time.

Dr. Parr also tends to get over-involved in rather obscure aspects of his subjects. For example, in Chapter 8 on neurosis, he devotes six and a half pages to a discussion of compulsive stealing (kleptomania) but only one page to discussing phobias (although they are listed at the end of the book). In clinical practice kleptomania is extremely rare, whereas phobias are taking up more and more of the doctor’s time. People are beginning to realise that irrational fears are not something to be ashamed of but something which can be discussed with a doctor, and which very often do respond to treatment.

Again, in the chapter on sexual perversions and sexual problems, Dr. Parr outlines the story of Leopold von Sacher-Masoch in considerable detail – an interesting story, but illustrative of the author’s over-involvement in too specific aspects of his subject.

His arguments are also somewhat weakened by his emphasis on the rather old-fashioned theory of the ‘instincts’, which has largely been replaced by more modern ideas on innate patterns of behaviour set in motion in response to ‘signals’ (words, gestures, actions, etc.) from people with whom we interact.

For example, we no longer believe that there is a mothering instinct as such, but that the needs of the child evoke biological responses from the mother. In much the same way a lot of Freud’s early theory of the sexual instinct is now replaced by more modern psychoanalytic concepts of sexual development.

Throughout the book there is a concentration on the individual, and not on the links between the individual and his environment, except in the case of the child’s relationship with the mother. My own feeling is that this still reflects a psychiatry which, like the purely medical model, is based on the individual patient, whereas psychiatry is now moving towards a more ‘social’ concept – a concern with the way in which people interact, in twos and threes or in larger groups.

The first of his two appendices, the ‘Dictionary of terms used in psychiatry’, I found interesting – but once more as a reflection of his own highly personal and rather obscure approach. He includes a number of terms which are not commonly used in psychiatry – for example, ‘abiotrophy’, ‘bradyphrenia’, ‘déjà éprouvé’, etc.

* See also The mending of minds by W. Lawton Tonge, published by Darwen Finlayson at £1.75 – very useful as an introductory book for relatives of the mentally ill and having much to offer family doctors and psychiatrists too.
The second appendix - 'Subjects of fears and phobias' - seems a little unnecessary; almost 100 phobic types are quoted. This is an extreme example of abstruseness and, far from helping people to relax about nervousness, it is liable to confuse, frighten and 'blind them with science'.

Dr. Parr's chapter on child psychiatry is really very good. He has a simple direct approach here which will be very helpful and reassuring to parents as they try to bring up children in the midst of mountains of conflicting and pompous advice. If Dr. Parr had been able to maintain this same standard throughout, it would have been an exceptionally good book.

As it is, Dr. Parr has not fully achieved what he set out to do. He has given inadequate consideration to the whole concept of 'nerves' and 'nervousness' where further discussion of this aspect would have made the book more valuable. These concepts need exploring in more detail.

To outline briefly the concepts that would benefit from further exploration - three words are commonly used, both by the psychiatrist and the layman - 'nerves', 'nervous' and 'neurotic'.

'Nerves' is used in various ways - a patient will come and say 'My nerves are bad, doctor', or 'I feel my nerves are all jangled', or 'I feel my nerves are "on the stretch", I am all keyed up'.

Nerves 'snapping'

In these cases a patient is applying the word to his nervous system. He understands that his nervous system consists of a series of nerves which he likens to wires through which impulses pass, or even to violin strings which can be stretched. A 'nervous breakdown' is thought of as the nerves snapping. In other words, he is thinking in analogies when he says 'I have nerves like violin strings'. The danger of this is that one tends to forget that it is an analogy; thus the nerves are thought of literally as violin strings which are stretched and can break.

The word 'nervous' is also used widely and vaguely - for example, 'being of a nervous disposition', 'having a nervous breakdown' or 'being of a nervous character'. It is used as an adjective to describe a certain type of person who is thought of as sensitive and therefore easily upset but, at the same time, sensitive in the sense of being quickly aware of the feelings of others.

So it is a characteristic with good and bad aspects. It implies that the person is easily frightened and has to be handled gently. Very often, people associate nervousness with artistic sensitivity and creativeness. The word 'nervous' is used as an opposite to a word like 'stolid' which implies a solidity of personality, a lack of sensitivity, and creativeness.

The word 'neurotic' is used both colloquially and technically. When it is used colloquially (You're just neurotic) it is often used in a pejorative way - in other words, as a criticism implying weakness, debility and temperamental behaviour, in the sense of being a prima donna.

When used technically by a doctor, the word implies emotion heightened because of underlying conflict - as in the diagnosis: neurotic anxiety. Ordinary anxiety is seen to be natural and consistent with the circumstances; neurotic anxiety is not natural and is excessive - an inappropriate reaction to the circumstances.

The label 'neurotic', when used by doctors and laymen, also tends to imply that the illness is feigned, and in this sense, 'neurotic' becomes analogous to 'hysterical' and 'malingering'. These three words refer to quite separate situations: neurotic anxiety arises out of conflict and is not under the conscious control of the individual; hysterical anxiety arises out of a conflict situation too, and is equally out of the control of the individual, but serves a secondary purpose; malingered anxiety implies that the anxiety is quite conscious and is deliberately produced or simulated by the individual in order to escape from a difficult situation.

So under the heading 'your nerves', a whole range of attitudes, prejudices and value judgements are included and, while the heading can be useful, on the whole it is dangerous because it masks truths which are better revealed. It is also one way in which people can classify each other so as to make us all appear to conform to certain patterns of behaviour, or to use as a form of blackmail to make other people respond to us in a particular kind of way.

If people are to have a better understanding of what ails them it is worth getting over the message that nerves do not exist in the colloquial sense and to explain the popular misconceptions that are so widely held. For this reason it is a pity that Dr. Parr has enshrined a myth in his title while his whole book is dedicated to the destruction of this myth.

Rather than 'understanding our nerves' we have to realise that we have no nerves to understand, and come to accept instead (as Dr. Parr seeks to do in his book) that human distress, anxiety, conflict, despair and depression arises out of people's relationships and that the answer to these distressing human feelings lies in understanding the relationships better and in learning to be more comfortable within them.