STUDY OF NEUROSES: III AN EMPIRICAL MODEL*

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SUMMARY

The empirical model presented in this paper is based on observations made on 60 neurotics and 60 normals matched at the individual level. Efforts are made to use the systems approach to present this paradigm synthesising both individual and environmental resources. We are of the opinion that this model is not only useful in understanding the genesis of neuroses rather has utility at the intervention level as well.

Introduction

The study of neuroses has been an area of great interest from the last several decades. In spite of the best efforts to understand its etiology, the concept of neuroses is becoming more and more complex. Presently, there seems to be a feeling whether in today's complex intellectual world the very survival of quasi - medical term "neurosis" is possible. At the same time there is a feeling that today we have a better insight into the somatic pathology of neuroses. Parallel to that, social scientists are also advancing some social-cultural factors in the pathogenesis and symptomatology of neuroses.

There is a growing confidence that the present day scientific methods may enable us to go beyond both the old medical model and relatively new psycho-social model. In fact, there is a constant search for a unitary model. It may be possible through the application of general systems theory. Gossop (1981) says "that the unitary concept of neurosis has quite obvious weakness," and concluded that no single theory has achieved general acceptance, and none can legitimately claim to offer a satisfactory explanation of each of the neurotic disorders.

Almost five decades back, Devereux (1939) had cautioned that neurosis and maladjustment are two independent concepts. Neither they are interchangeable nor are they co-extensive terms. But some of the social scientists have ignored this caution.

In the recent past several authors have related neuroses to an individuals' total social milieu. Henderson (1977) has argued that the phenomenon of social bonding can throw light on the etiology of neurosis, and concluded that, "lack of interaction with members of the primary group is causally related to neurosis". To strengthen this view point the work by Brown et al (1975) is cited. But subsequently, Henderson et al (1981) tested this hypothesis and found that lack of social relationships was not associated with an increased risk of neurotic illness. Cooper (1982) reviewing this book pointed out certain unresolved methodological problems with a strong comment that it would be quite premature to abandon the social bond theory of neurosis and recommended for the "valid techniques for measuring the social micro-environment". Torgersen (1983) in his efforts to understand the genetics of neurosis acknowledges the role of environmental factors in the perpetuation of neuroses and accepts the disagreement about the role of genetic factors.

Reviewing the literature on neuroses

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one finds at present three broad trends:

1. continued development of somaticism and psycho-analytic egopsychology;
2. Sociologism – the sociological point of view;
3. Attempts to integrate somaticism, psychologism and sociologism.

With this background material we are planning to present an empirical model based on the observations reported earlier (Thatti and Channabasavanna; 1985, 1986).

**Main Observations**

Neurotics experience multiple stressful life events in the areas of finance, health, work, education, family and social, and marital life.

Based on the mutual inclusiveness of various stressful life events the following combinations have emerged:

1. Financial and health stress
2. Work and financial stress
3. Financial, health, family and social stress
4. Financial, health and marital stress
5. Financial, family and social, and marital stress
6. Work, financial, health and marital stress
7. Work, financial, health, family and social, and marital stress.

All the above combinations are given in order of hierarchy in a descending order in terms of number of cases.

Bereavement and stress in the area of education have a definite correlation with depression and hysteria. Experience of stressful life events is independent of personality dimension (EPI) but neuroticism have high correlation with neurotic entities.

Neurotics have disturbed interactional patterns in the family at all the four levels, i.e. between the parents, father and patient, mother and patient, and siblings and parents. Further they are unhappy with their occupation, income, and status in the family. Majority of the neurotics come from rich but larger families.

Finally, married neurotics have unhealthy relations with their spouses.

**Discussion**

Probably, we have every reason to treat stressful life events as causes and neuroses as effects because patient group believed that the event was not the outcome of illness rather the illness was the outcome of events and they had no control over the events. Further, they have experienced multiple stressful life events. In order to have a stand to treat stressful life events as cases in addition to other dis-function in the social milieu of neurotics, the two groups are matched at individual level.

To strengthen the claim that stressful life events are the causes, and the neurotic manifestations as the effect, we would like to discuss our model in the light of socialisation theory. Each individual has his/her unique case history depicting the total social milieu in terms of life experiences, environments, net work of role relations and the contents of socialisation process. It is the life experiences of the individual which help him to build up his notion of life and method of looking at social reality, thus giving rise to subjective interpretation of the objective situation. An event may be perceived differently by different people depending upon their life experiences and resources. For example: the mere separation of the spouses due to kinship commitments is perceived and experienced as disturbing by both neurotic and control groups. The control group feel disturbed because of their love and affection, and con-
cern for the spouse who is away to meet some familial obligations. By neurotics this separation is perceived as stress producing because of their apprehension and doubts of the severance of the relationship. Their life experiences have taught them that when the spouse remains away even for familial obligations it may lead to separation though that particular separation is not due to arguments and quarrels. Such an apprehension in the neurotics is due to increase in argument with the spouse over small matters in the past. Similarly, it is observed in the life events manual that certain items have been experienced in the similar manner in both the groups, and certain events have been experienced exclusively by the experimental group as stress producing. The life experiences help the individual to hold certain events as stress producing. Also it is the life events and environment which help him to make adjustment to the change in environment. Lack of congenial environment would create stress in the individual due to failure to make readjustment. Depending upon the life events the same difficulty may be perceived as more stress producing. The neurotics experience greater impact of these difficulties in their life, producing stress, which have aggravated and resulted into their illness. To believe that only some people are susceptible to life events is difficult to accept because there is always a possibility of interaction between life changes and other factors, such as availability of social support systems to serve as protective buffers for the affected individuals.

General paradigm of the stress response as given by Dohrenwend (1979) demonstrate the sequence of conditions: Stressor, mediating factors, stress, adaptation syndrome which can yield adaptive response or maladaptive response. Mediating factors are those characteristics that influence his perception of or sensitivity to stressor. Some are long term predisposing factors which heighten the individual's risk of becoming ill. Others may render the individual less vulnerable to stress, such as prior experience with the stressor.

Nevertheless the impact of a stressor is possibly negated when an individual has an adequate social support. Caplan (1974) says that social support systems consist of enduring interpersonal ties to a group of people who can be relied upon to provide emotional sustenance, assistance, and resources in times of need, who provide feedback, and who share standards and values. Usually, one belongs to several supporting groups situated at home, at work, and in a series of recreational or a vocational sites. Cassel (1975) has observed that deficiencies in support systems will not in themselves contribute to susceptibility to illness in the absence of social stressors. The converse is also probable: social stressors in the presence of strong social support systems will have only minor effects on health.

In the present investigation we have observed that neurotics have very poor primary as well as secondary social support systems. Family international patterns are disturbed at all levels, relations between the spouses are unhealthy, lack of satisfaction makes us believe that they have very poor social support system and in the occurrence of a stressful event they can hardly muster any support from their primary and secondary social support systems.

For a smooth sailing and to negate the negative influence of an event one has to be well equipped in individual resources as well as environmental resources. As long as there is a positive reciprocal relationship between individual resources and environmental resources the person is in a position to maintain his social status and self-esteem. A failure to maintain a reciprocal relationship between these two resources will lead to a low social
status and low self-esteem. Low social status and low self-esteem bring a feeling of self-depreciation, painful uneasiness or apprehension and a desire to be recognised without having any individual assets. This process is depicted through the above figure.

It is necessary to clarify one point in relation to the above referred figure. The individual resources do not denote the typical personality components in terms of collection of organs, the brain, or id, ego and super ego. It reflects the concept of personality as a system of action because the personalities within the social system behave in action in relation to other personalities which is the net result of socialisation. Individual resources include:

1. Self perception of ones physical and mental boundaries - leading to the knowledge of self and others.
2. Awareness of ones own power and worth in relation to significant others.

Hence, the fallacy of considering individual resources equivalent to personality may be avoided.

Environmental resources include:

1. Primary social system - includes living person with whom the individual has blood relation and frequent social intercourse.
2. Secondary social system - includes persons on whom the individual can depend for supports other than the members from the primary relationship.
3. Tertiary social system - include Government and Voluntary agencies to whom...
individual can turn in the absence of primary and secondary social system or in addition to primary and secondary system.

The above schematic representation depicts only two extreme possibilities of coordination between individual and environmental resources. However, there are two more possibilities:

i) When individual resources are positive but environmental resources are negative, and

ii) When environmental resources are positive but individual resources are negative.

Out of these four possible combinations, three are unhealthy. In our understanding these unhealthy combinations are responsible for neuroses. Nevertheless, they differ in their capacity to generate stress in quantitative fashion. Quantitatively the dysfunction due to negative individual as well as negative environmental resources is of greater magnitude. Such a situation is observed more often in neurotic depression/reactive depression, which lead to self depreciation. When individual resources are negative but environmental resources are positive it leaves an individual in a more perplexed state which lead to a kind of painful uneasiness. Such an individual exhibit more of anxiety features. The third dysfunction is due to positive individual resources but negative environmental resources. The hysterical patients inspite of having a degree of self awareness when they lack in extrinsic assets they exaggerate their self evaluation and demand recognition from others what they do not really possess. Lastly, we would like to comment with regard to the experience of life events independent of personality dimension. As it is observed that neuroticism has greater correlation with neurotic entities. This high correlation could be the result of stressful life events. In other words, neuroticism is the outcome of experience of stressful life events. However, it needs independent exploration.

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