

## SOME SOCIAL FACTORS IN NEUROSIS

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There is a deal of churning, bustle, and perturbation in the field of clinical psychology these days. We are told that vast numbers of the population are psychoneurotic, are in need of psychoanalysis, non-directive counseling, or what have you. There is an urgent call for more and more clinicians to take care of these people. Estimates of the number of neurotics range from thirty to sixty percent of the population. We may disregard those morose mortals who are doubtful of the soundness of the clinicians themselves. After allowing generous discount for the heavy promotional interest in the agitation, it is clear that we are faced with a formidable problem.

On a former occasion I ventured the thesis that one cannot hope to understand social problems without considering the postulates governing social relations together with the institutional framework through which they must be exemplified. At that time it was pointed out that we are conducting our social relations in terms of incompatible postulates which yield many devastating consequences in all phases of human relationships, such as corruption of integrity, betrayal of trust, and the prostitution of friendship. In his recent book, *The Abnormal Personality*, Robt. L. White, after spending 590 pages on the official approach, allocates barely two pages at the end to say that the standards of socially desirable behavior and the values they generate are flatly contradictory, that parents, themselves victims of this pervasive confusion with respect to standards and values, cannot present consistent goals to their children, and that such flat contradictions make the adjustive task of the child hopelessly difficult. Karen Horney spends the last paragraph of her volume, *The Neurotic Personality of Our Time*, on similar reflections. I propose to consider these ideas not as peripheral to the problem but as basic to it.

In spite of the assurance and fluency with which neurotics are talked about, counted, and classified, there has

been no general agreement upon the criteria by which neuroticism is to be recognized. In earlier days a distinction was made between organic and functional disorders, the latter term being applied to a sort of illness which cannot be accounted for by demonstrable organic factors. Neuroses have been considered a sub-class of functional disorders. But within this sub-class there is a wide range and variety of disability. At one end of the range are those cases severely disabled by their disorder, but the other end of the range is indefinite. Some writers would include only those cases noticeably disabled while others would include many of those called normal. In view of such differences of opinion one is not surprised at the great differences in estimates of the number of neurotics. The distinction is further complicated by the fact that neurotic disorders may accompany or be engrafted upon organic disorders from which they are difficult to distinguish except on the ground that the organic factors are held insufficient to account for the disabling effects associated with them. The great difficulty in distinguishing neurotic from malingering activity adds further perplexity.

There have been many theories of neuroses. Those most familiar today to the general student comprise a group of which Freud was the leader, together with many variants and deviations from his views, more especially those concerning his use of instincts and his sexual theories. But I do not propose to analyze the Freudian views. I am interested at this time in that developing trend which treats neurosis as a behavior problem within the general field of behavior, with emphasis upon the social factors involved—a trend to which some psychoanalysts have contributed along with others.

Perhaps two ideas will be sufficient to indicate that trend, the idea of adjustment and the idea of social maturity. There is an extensive literature which treats of behavior problems as problems of adjustment. One may read about all sorts of mal-adjusted people, particularly school children, parents, and teachers, many of whom are said to be mal-adjusted with respect to the standards or demands of society. But these standards, as we have seen, are not

clear and unequivocal but are rather a hash of incompatibles to which no one could conform consistently. Although adjustment has commonly meant conformity and conformity has been erected into a standard of health, the one persistent problem consists in finding out what to conform to without incurring the wrath of those who insist that one conform to something else. But the idea of adjustment has, at least, directed scrutiny into the different sorts of social demands and standards. The idea of social maturity likewise recognizes the involvement of social factors and it, too, suffers from ambiguity. It is often used in the sense of conformity, the socially mature person being one who is a good fellow, adroit in turning honest pennies, gets on in his job, makes friends and influences people, and keeps out of jail. But it is also used in the sense of independence and social responsibility. One who strives to integrate himself around the principle of mutual respect and social responsibility in human relations is said to be socially mature. According to this usage it is the task of each person to make the passage from the dependence and irresponsibility of infancy to the independence and social responsibility of maturity. Neurosis is envisaged as the consequence of carrying over shirking, selfish, parasitic ways of behaving into the widening arena of adult relationships. The term, infantilism, refers to such ways. This sense of social maturity recognizes the incompatible systems of human relations and defines maturity in terms of the humanitarian, mutual respect standard. Both ideas point to the foundation of social relationships. Both imply a standard of appraisal which goes quite beyond conformity.

Further evidence for these social factors in neurosis may be found in acknowledgments of patients under therapy. It has long been recognized that there is an element in neurosis which distinguishes it from other illness. In one sense the patient wants to be rid of his illness, in another sense he clings to it stubbornly in spite of the inconvenience that goes with it because he is gaining something from it he is loath to renounce. If the patient contemplates therapy he expects a magic cure; he repels the idea that he must pull himself out by strenuous work; he shirks effort and

thrusts responsibility for what happens upon the therapist. He demands special privileges and exemptions. He rejects responsibility for making decisions and carrying them out. He is reluctant to explore new ways of behaving. His idea of love may be summarized this way; if you love me you will let me have my way; if you do not let me have my way I will not love you. He feels entitled to have a soft and easy time. He resents examination of his attitudes and goals. In short, the patient shows a basic social irresponsibility by using his illness to help him have his way. Neurosis is a problem in social relations.

It has been common to explain neurotic ways by showing that they are generated by anxiety, frustration, insecurity, hostility, etc. The conflicts which grow out of incompatible demands and loyalties are surely sufficient to provoke these in abundance. But it is clear that these may arise from conditions of significantly different sorts. A reaction to external factors of a menacing, malignant sort over which one has no control and with which one is unable to cope is to be distinguished from a reaction to frustration based upon fantastic and infantile demands which others refuse to grant, even though both reactions may be classed as anxiety. A patient who has been shattered by overwhelming disaster for which he is not responsible presents a different problem in rehabilitation from a patient who has been defeated by his social irresponsibility. Yet, both are classed as neurotics. Although most cases involve, in some measure, both sorts of conditions, the great majority of cases show a preponderance of the second sort. These create the greatest difficulty in therapy since they have less in the way of mature personal resources upon which therapy may draw. The problem of anxiety becomes, therefore, a problem in the analysis and appraisal of the conditions which give rise to it. The problem of therapy is the problem of the development and mobilization of personal resources toward the achievement of social maturity. It has become fashionable to speak of therapy as re-education. The idea is complacently received. But now and then a somber question intrudes; Is this the culmination of the education of which we have so long been boasting before the world?

Ever since Freud promulgated his doctrines it has been accepted that the roots of neurosis are to be found in childhood experiences, but there has been disagreement upon what are the critical factors of such experiences, as well as upon their significance in the further development of the person. The mental hygiene refrain today is that the child needs love, understanding, security, acceptance and protection, especially from arbitrary and capricious demands. There is the familiar brooding emphasis upon the baneful influence of the rejecting parent, the domineering parent, the over-protective, over-indulgent parent, and the erratic, undependable parent. School teachers, unless inoculated with the teachings of the newer hygiene are considered to be school-room hazards. But why single out parents and teachers for aspersion? Such scapegoating is a pitiful evasion of the problem, which goes to the basis of our social structure. With such a large neurotic population it is not amazing that many of them turn out to be parents, teachers, relatives, or neighbors who participate in creating social demands upon others, including children. Perhaps it is bold to suggest that children deserve as coherent a system of training as a competent dog trainer offers to his dogs, involving a consistent distribution of rewards and punishments. After all, what sort of people do we want to produce? What sort of social order are we prepared to give them to grow up in? Who is prepared to acknowledge that the prime objective of a social order should be the development of integrated, humanized people within a framework that shall encourage and sustain civilized behavior? What human values do we elect to stand for? Some occupation with such questions might lead to a recognition not only of the obstacles to social maturity but also to the disclosure of those sources of integrity, courage, and fortitude which have enabled many in spite of bitter injustice and galling sacrifice, to pursue steadfastly the goal of social maturity. This might point the way to a productive sort of hygiene. These social factors called standards and values cannot be disprized if we mean to grapple resolutely with the plague of neurosis rather than lavish our learning upon its shadow.