TYPES OF NEUROSES AND THEIR TREATMENT

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I INTRODUCTION

We have many theories on neurosis. Neurosis is a disturbance due to a problem in interpersonal relationships. In principle, interpersonal relationships are mixtures of culture-bound parts and intercultural parts; therefore, there are various theories of neuroses. There are not only varieties of theory but also differences in the manifestations of neurotic symptoms under arculturation. WHO has been adopting an integrative conceptual typology of neurosis in the International Classification of Diseases as seen in Table I. However, in my opinion ICD is a classification for statistics and is not necessarily suitable for the treatment of a neurotic patient.

Table I

Psychoneurotic Disorders (310–318) ICD

- 310. Anxiety reaction without mention of somatic symptoms.
- 311. Hysterical reaction without mention of anxiety reaction
- 312. Phobic reaction
- 313. Obsessive-compulsive reaction
- 314. Neurotic-depressive reaction
- 315. Psychoneurosis with somatic symptoms (Somatization reaction) affecting circulatory system
- 316. Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system.
- 317. Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems
- 318. Psychoneurotic disorders, other, mixed, and unspecified types
  - 318. 0 Hypochondriacal reaction
  - 318. 1 Depersonalization
  - 318. 2 Occupational neurosis
  - 318. 3 Asthenic reaction
  - 318. 4 Mixed
  - 318. 5 Of other and unspecified types.

Most of the many theories of neurosis were proposed and systematized through the experiences of the excellent founder who had the deepest insight about his few cases. For instance, today, we cannot understand neurosis without the theory of psychoanalysis of S. Freud. But, nevertheless he had published a great deal of his books and as is well known, had presented only five case reports in all his work as seen in Table 2. His psychoanalytic theories such as the mechanism of symptom-formation of neurosis, process of unconsciousness, infantile sexuality, resistance and transference were based on his case reports. Nevertheless, many people believe that his theories can deeply elucidate the mind of human beings but do not accept all his theories. He divided neuroses into the two types of actual neurosis and psychoneurosis as seen in Table 3. The former has no relationship to psychic conflict and is due to a waste or intoxication of sexual substance. By contrast, the latter has conflict in the processes of the unconsciousness. Many researchers rejected this theory. Also, Freud gradually stopped using the concept of actual neurosis after the presentation of his famous article "inhibition, symptom and anxiety."

Table II

Case Reports by S. Freud

1. Case of Dora (1905) (1901)
   Fragment of an Analysis of a Case of Hysteria
   (Comparison between mechanism of dream and hysteria)
2. Case of Little Hans (1909)
   Analysis of a Phobia in a Five-Year Old Boy
   (oedipus complex infantale sexuality)
3. Case of Rat man (1909)
   Notes upon a Case of Obsessional Neurosis
   (structure of obessive-compulsive neurosis infantile sexuality)
4. Case of Schreber (1911)
   Psychoanalytic Notes Upon Autobiographical Account of a Case of Paranoia (Dementia Paranoides)
   (paranoid mechanism)
5. Case of Wolf man (1918) (1914)
   From the History of an Infantile Neurosis.
   (psychosexuality)

Table III

Neurosis

1. Actual Neurosis
   Neurasthenia, Anxiety Neurosis
2. Psychoneurosis
   Hysteria, Obsessive-Compulsive Neurosis

(S. Freud)

2. *Typification of Neuroses by Factor-analysis*

On one hand, there are easily curable neurotic patients who respond to a minor tranquillizer with simple psychotherapy. On the other hand, some cases require a regular long term psychoanalysis. It is very difficult to apply theories based on a small number of cases to a large number of neurotic patients. Consequently, I have tried factor-analytic studies of the neurotic symptoms.

I have picked up one hundred items from symptom, attitude, and behaviour meaning neuroses in many older and newer textbooks and/or articles. And I have made up a rating scale for neuroses.

In the first step of our factor-analytic studies on neurotic symptoms in fifty cases using our rating scale, four clusters were found as seen in Table 4. These were

(1) anxious and hypochondriacal group,
(2) nervous and depressive group,
(3) phobic and obsessive-compulsive group and
(4) behaviour disorder and hysterical group.

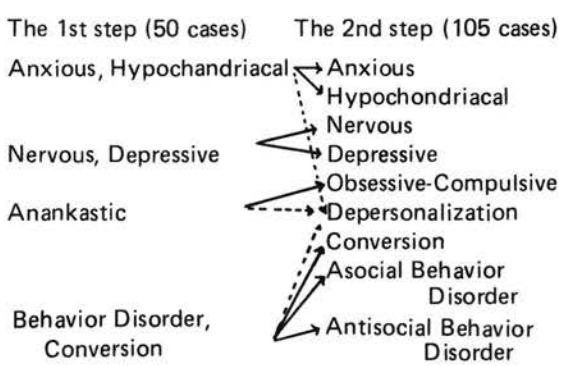
In the second step of our studies, in which the number was increased to one hundred and five cases, the clusters also increased to nine.

Each group of symptoms in the first step was separated as follows in the second step.

The anxious and hypochondriacal group became
(a) anxiety neurosis and (b) hypochondriasis.
The nervous and depressive group became
(a) nervousness (Morita-type) and
(b) neurotic depression
The anankastic type was changed to
(a) obsessive-compulsive neurosis and
(b) depersonalization.
The behaviour disorder and hysterical group became
(a) conversion
(b) withdrawal type of behaviour disorder and
(c) assaultable type of behaviour disorder

Table IV

Clusters of Neuroses were found Factor-Analysis



3. *Neuroses and Life cycles*

Some manifestations of neuroses are related to the life cycle. There is a common mentality in each generation, therefore, the nature and types of neuroses would be determined by this mentality. I have examined the characteristics of each generation, about 1,533 cases in all generations, as noted in Table 5. In this study, I found conversion and obsessive-compulsive neuroses, which S. Freud had studied as the model of neurosis, distributed among all generations. Then, these types of neuroses

Table V

Neurosis be seen in each Generations

Childhood Neurosis
nightmares, nightenuresis, animal-fear, tic, school-phobia.

Pre-Puberty Neurosis
insomnia, headache, social withdrawal and violent behavior

Puberty Neurosis
anxiety, tension, school-refusal

Adolescent Neurosis
self-insufficient feeling, anthopophobia, feeling of loss of his way

Adulthood Neurosis
anxiety, hypochondriasis, depression

Senile Neurosis
hypochondriasis, depression

Neurosis beyond Generations

Conversion
Obsessive-Compulsive Neurosis

should be called infantile neurosis in adulthood. By contrast, anxiety, hypochondriasis, and depression that we often find in adulthood are suitable for treatment with psychotropic medication and do not require a complicated psychotherapy. And, origins of these neuroses are rooted in the realistic life situation. Namely, these neuroses have causal conflicts related to production, care, and love as manifestation of emotional needs of adulthood Therefore, these types of neuroses are adulthood neurosis or actual neurosis in adulthood. S. Freud had presented the unconscious, resistance, transference, and anxiety as important concepts. His many theories are accepted by his successors, but they hesitated to follow his attitude towards the libido theory. In my opinion S. Freud thought that the transformation mode of psychic energy was determined in developmental stages. He eagerly emphasized infantile sexuality, particularly the oedipus desire and did not say so much about postoedipal developmental stages, namely psychoanalytic elucidations of anxiety, hypochondriasis and depression.

4. *Some Therapeutic Results of Neuroses.*

I have experimentally treated neuroses for three years. I used bromazepam medication with a thirty minutes interview in this experiment. Bromazepam is a newer high potential derivate of benzodiazepine. The results of the treatment are shown in Table 6. The efficacy of the treatment was most excellent in anxiety neuroses. In second place, neurotic depression and hypochondriasis showed improvement. These types of neuroses are actual neuroses in adulthood. By contrast, phobia, obsessive-compulsive neurosis, conversion hysteria and nervousness did not show satisfactory results. We could not reach into the deep parts of the mind of a patient in a thirty minutes interview so we used relation therapy. Therefore, infantile neuroses in adulthood is incurable by that treatment.

Table VI

Types of Neuroses and Effects of their Treatment
(bromazepam, 30 minutes Interview)

Cases \ Effects		+++	++	+	±	X
Anxiety Neurosis	10	10.0	70.0	10.0	0.0	10.0
Hypochondriasis	22	9.1	40.9	40.9	9.1	0.0
Anankastic Neurosis	21	0.0	19.0	52.3	28.6	0.0
Conversion	9	0.0	11.1	55.6	33.3	
Neurotic Depression	8	25.0	37.5	25.0	12.5	0.0
Nervousness	4	0.0	25.0	50.0	25.0	
Neurotic Behavior Disorder	9	11.1	22.2	33.3	33.3	0.0
Others	5	0.0	0.0	60.0	20.0	20.0
	88	6.8	30.7	40.9	19.3	1.1

5. *Types of Neuroses and their Treatment*

As I summarize my experiences in twenty years of the treatment of neuroses; the results are in Table 7.

Table VII

Types of Neuroses and their Treatment

1. Anxious and Hypochondriacal State
   benzodiazepine
   amitriptyline
   supportive psychotherapy
   relation therapy

2. Nervous and Depressive State
   amitriptyline
   benzodiazepine
   persuasion with emotional acceptance

3. Phobic and Obsessive Compulsive State
   (1) immature personality } benzodiazepine amitriptyline
   (2) immodithymic personality } support and relation therapy
   (3) anal personality — haloperidol psychoanalysis behavior therapy

4. Neurotic Behavior Disorder and Conversion
   psychoanalysis
   family therapy

(A) *Anxious and Hypochondriacal State*

Those neuroses are most responsive towards psychotropic medication. Slight anxiety and tension, particularly somatic anxiety reacts well to benzodiazepine, severe anxiety is more suited to amitriptyline. Of course, psychotherapy is necessary as a principle, but, therapeutic actions within a ten minute interview was limited to persuasion and/or guidance of symptom levels. In such a situation, treatment with psychotropic medication is most efficacious. The patient with psychic anxiety is not helped by such simple psychotherapy. More complicated psychotherapy is required in which the patient should confront his attitude towards the symptom and his family in a session of at least thirty minutes.

(B) *Nervous and Depressive State*

The central problem of these neurotic states is psychic anxiety. Anxielytic drugs including an anti-depressive effect, e.g. bromazepam or diazepam in benzodiazepine derivates, or an anti-depres-

sant including anxielytic effect e.g. amitriptyline are effective. The psychotherapeutic approach to those neuroses centres in support of the dependent patient by emotional acceptance. After these patients get back their spontaneity, they must learn how to live.

(C) *Phobic and Obsessive-compulsive State*

These neurotic states usually are understood as practically incurable. But I have found that some cases of these neurotic states also show a positive reaction to psychotropic medication according to the personality of the patient. Patients with anankastic neurotically bound immature personalities or immodithymic personalities as shown by Dr. Shimoda frequently complain of obsessive drives to achieve confirmation and seek reassurance by strong people around them. For the purpose of treatment of such patients, we have to try to reduce his tension level by using benzodiazepine or amitriptyline, and use relation therapy with emotional support. Most incurable cases of anankastic neurosis are people who have an anal personality with rigid and inhibited emotions. Although those patients usually are incurable, some of them show partial improvement by taking haloperidol. Of course, such cases always require intensive psychotherapy, particularly psychoanalysis. When psychoanalysis is used prescribing drugs often disturbs the progress of treatment. In the psychoanalytic treatment of obsessive-compulsive neurosis, classical technique is not so adequate, and I do not recommend the use of only free association. Rather I recommend an active and flexible attitude in the psychiatrist. Psychotherapy in such cases makes much of "here and now" rather than the elucidation of the infantile experiences of the patient. At first, the patient and psychiatrist look for the origin of insecurity in the patient. Next, they try to make a working-alliance, and finally, the patient has to learn the limitations of the nature of a human being.

(D) *Neurotic Behaviour Disorder and Hysteria*

Psychotropic medication usually has no effect on those conditions. Sometimes we can see a dramatic suggestive effect or secondary effect. When psychotropic medication is used in those cases, the process of treatment is usually disturbed. The basic approach in treatment of such cases should include psychoanalysis or psychoanalytically oriented psychotherapy. In addition, the psychiatrist must maintain neutrality towards his patient. And, neurotic depressions in younger adulthood often require family therapy.

6. SUMMARY

It is not reasonable that neuroses are understood as homogeneous psychogenic disorders. In my opinion, neuroses are a mode of different psychosomatic reactions. If we can elucidate the type of neuroses from the above mentioned view point, the treatment of neuroses may be advanced.

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