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EDITORIAL

Where are the Neurosis of Yester Years?

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For centuries, two major psychiatric disorders have been psychosis and neurosis which were considered as the bread and butter of psychiatric practice, and the two most common, popular and broad diagnostic categories. They were also considered almost opposite of each other. Over the past few decades diagnostic systems have become more nuanced and sub-classification of many disorders has become sophisticated. As a result, term neurosis has almost disappeared. In the era when psychoanalysis was predominant and popular, neurosis was a common diagnosis requiring clinical intervention and therapy?

There was a time when it was considered that neurosis leads to psychosis or that psychosis is the severe form of neurosis and psychiatrists used the label psychoneuroses when they were unsure of the diagnosis. Over the years, however, the concept of neurosis lost its boundaries and was often a waste paper basket category.

Neurosis, as a disorder, is/was considered a maladaptive pattern of behavior (or reaction), following a stressful situation, which tends to avoid responsibility (instead of facing up to the stress) and the stressful situation itself. There has been a significant alteration in the concept of neurosis in most cultures, with the relative abandonment of the term 'neurosis' and replacing the concept with that of common mental disorders [CMD]. The state of research on the etiopathogenesis of neurosis has moved from psychodynamic to neurobiological, neurophysiological and genetic factors. Neuroticism as a personality trait has retained its role in the development of neurotic disorders. (Chaturvedi & Bhugra 2007).

There is a general acceptance of the term 'common mental disorders' across cultures replacing neurotic disorders. The reasons for this shift can be hypothesized as CMD being less stigmatizing but more importantly recognition of psychiatric disorders and their presentation in general practice or primary care. Other conceptual equivalents of neurosis are seen in somatoform disorders, somatization and abnormal illness behaviours. Some traditional culture bound neurotic syndromes and idioms of distress persist.

Is Neurosis on the Wane?

Although the term neurosis has started disappearing, its incidence and prevalence in general population remains of interest. The recent reports on the occurrence of somatoform disorders in psychiatry out patients over a decade indicate no change in their prevalence (Desai & Chaturvedi, 2013). Similarly, there is hardly any variation in the presentation of dissociative disorders over a decade (Chaturvedi et al., 2010).

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Common presentations of neurosis are in the form of chronic pain, fatigue, weakness of body, mind and sexual functions, neurasthenia, sensory and autonomic disturbances, dhat related syndromes in men (related to semen loss or nocturnal emissions) and women (related to leukorrhoea), multiple aches and pains and musculo skeletal symptoms, headaches, low back ache, skin related, genitourinary, gastro intestinal (gas, constipation, digestion, bowel movements) and neurological symptoms like pulling of nerves, sensory symptoms, giddiness and so on.

Why Decline in Use of Term Neuroses?

The rise and fall and fall of psychodynamic explanations have been the main reason for little interest in biology of neurosis. The neuroscience and neurobiology of neurosis has to be understood. Newer theories and explanations are required to explain the concept of neurosis. Newer interventions with rapid effect are needed.

Neuroticism has been associated with severe childhood sexual abuse and depressive symptom severity. Self-consciousness, a facet of neuroticism conceptually related to shame, also partially accounted for that relationship. Socio cultural and traditional explanations have been proposed, as neurosis is often seen mainly as a coping mechanism, a maladaptive one, which is dependent on the traditional and cultural environment of the individual. Personality factors like neuroticism and anxiety proneness are the two main factors which underlie neurotic disorders.

Beyond Semantics: Is There a Real Alternative to the Term 'Neurosis'?

Conditions where the patient experiences or worries about physical symptoms and attributes them to somatic disease, but no adequate organic, medical or pathophysiological basis for the symptoms can be found. In practice, we often talk about and *understand these* medically unexplained symptoms, but it is difficult to put these in words, criteria, description, and classification. In the seventies and eighties and in ICD 9, these were diagnosed as a neurotic disorder. In ICD 10 these were classified as a form of somatoform disorder and in ICD 11, they are called Bodily distress disorder.

Idioms of distress have considerable conceptual overlap with the concept of neurosis, since the idioms of distress also have a defensive purpose like in the neurosis.

Newer Neurosis or Neurosis in the Future

With changes in life style, the methods of coping with stress have changed, including many maladaptive ones, like in neurotic disorders. Hence, one may speculate that the newer neurosis and neurosis of future will be related to internet, mobile or smart phones, social media, video games, online gaming, fantasy sports, internet and porn addiction and online lotteries, cyberchondriasis and even digital neurosis.

The somatoform and health anxiety will persist and it has been reported that neurotics and somatisers have the lowest avoidable mortality rates as compared to other psychiatric disorders. Recent studies report that more neurotic individuals stay healthier or live longer. Maybe the worrying and distress leads to subsequent beneficial health behaviors, such as adherence to medical care. Thus, persons with neurosis will outlive others—survival of the sickest! (Chaturvedi & Desai, 2016).

In some countries, maladaptive coping has taken the form of use of guns, and shooting sprees. Covid related neurosis was literally an epidemic during the pandemic. The wars around the globe have given rise to emergence of war neurosis.

Current public management of neurosis have evolved since decades. Dissociation is managed by faith healers, and temple healing; anxiety by yoga, meditation, and complementary and alternative medicine; depression by– motivation speakers, spiritual organisations and other bodily distress by general practitioners and traditional healers.

Spiritual neurosis is also noted in clinical practice and attributed to the stress of past karma, nonconforming to guru, God, and *doshas* (faults of the soul). Spiritual neurosis manifests as spiritual pain, distress, tension and inability to connect with supreme power, feeling that God is angry or distanced, conflict between attachment and detachment, where the explanatory models are related to karma and destiny.

The cure for this is expected from spiritual counseling and interventions from a *satsangi* or spiritual doctor!

Thus, neurosis is a complex and common problem, and invariably, it is a 'cry for help'. It needs to be handled with care and caution. It needs proper nomenclature and classification. By recategorizing neurosis in other groups and changing the name, it would not go away. One wonders if it's a 'neurosis' among psychiatrists and there has been a quiet burial of 'neuroses'!

Even when we wonder, where the neuroses have gone, with different nomenclatures and descriptions, rehabilitation of neurotic disorders has not received as much attention as the chronic psychotic mental disorders.

This issue of the journal has interesting articles on Lived Experiences of Mental Health Recovery in Persons of Culturally and Linguistically Diverse (CALD) Backgrounds within the Australian Context. There is another article from Australia on the Understanding the Impact of COVID-19 on People with Severe and Persistent Mental Illness within Rehabilitation Services: A Thematic Analysis. Two articles from the USA are on Providing Team-Based Mental Health and Employment Services to Non-traditional Clients, New York City, USA. And A Wellbeing Course to Improve Aging with Serious Mental Illness: Feasibility and Acceptability Within a Psychosocial Clubhouse from Boston, USA.

The international contributions from other parts of the world are from Japan, on the Process of Cultivating Autonomous Working Motivation in Supported Employment Program Users in Psychiatry; Montreal, Canada on What Mechanisms of the Helping Relationship Promote Personal Recovery? A Critical Realist Qualitative Research, and Germany on Homeless and Mentally Ill: An Analyses from the Perspective of the Residential Care Facilities, and Brazil on Fostering Emotional Plasticity in Acquired Brain Injury Rehabilitation.

Other articles are from India on the Caregivers Journey Through Experiences of People Living with Dementia and History of Wandering Behaviour: An Indian Case Series, and Family Fellowship Society for Psychosocial Rehabilitation Services (1993–2019): A Self-help Movement.

Lastly, there is a meeting report on the popular leadership course conducted by Professor Norman Sartorius entitled Beyond the Couch: Empowering Psychiatrists to be Leaders—A Brief Report from a Leadership and Skills Training Course for Psychiatrists in India.

We welcome the new editor in chief, Professor PSVN Sharma, who has penned an inspiring editorial on What happens to the wandering mentally ill and what can we do to help them? We also thank Professor Jagadisha who served as an Editor in Chief till 2023 and wish him well.

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