THE INTERRELATEDNESS OF THE NEUROSES THROUGH CENTRAL THEMES

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It is a frequent observation that many neuroses have elements in common. Some clinicians indicate that these common elements are symptoms, without making any attempt to explain why the identical symptoms occur in several neuroses. If we could ascertain how the neuroses were interrelated, we might perhaps also disentangle the knotty problem of symptom shifting in the neuroses, namely, that if we as therapists or life itself intervene in some fashion in a person's neurosis, he will switch symptoms in an almost predictable manner.

The Freudian hypothesizes that several neuroses are interrelated with respect to fixation at, or regression to, certain levels of psychosexual development (1). If two neurotic syndromes are related in this particular fashion, they will have symptoms in common. Thus, the depressive and the alcoholic will have masochistic behavior in common, since they are both related to the oral stage of psychosexual development.

A second explanation defines all neurosis as either anxiety or a defense against anxiety (8). This as well as the first hypothesis assumes that man is essentially a reactor to either internal or external stimuli.

Adlerian psychology conceptualizes neurosis essentially as a creative and active event rather than a reactive one. The observation that two neuroses exhibit common symptoms, in such a system, would be explained by the assumption that the individuals involved chose, albeit unconsciously, identical symptoms—in accordance with their respective life styles.

One of Adler's outstanding abilities, as can be noted in *Problems of Neurosis* (2), was his characterization of people by a central theme. While there are many descriptive elements in any life style, individuals can be described in terms of a central theme. Thus we can say that some people are "getters," some depend upon control, some seek approval, and still others have the need to be superior. Every individual neurosis can be seen in terms of such central themes based upon convictions which, at certain points, hamper the individual in coping with the life tasks (6, 7). These convictions are called by Adlerians "basic mistakes" (3) and by Horney "overdriven strivings" (4).

The determination of the central theme or themes, since more than one may describe the individual, may be made through observation of behavior, through analysis of the content of the subject's communication, through the analysis of speech and gesture, and from many psychological tests. The writer uses early recollections (ERs) as a projective technique extensively (5). For example, the following ERs reveal a "getter":

ER 1a. My fourth birthday party. I got a fire engine that I was delighted with. We were playing with it, riding each other around. I was very happy.

ER 1b. I got an electric train for Christmas. I was in bed and my family thought I was asleep, and Dad was running the train Christmas eve. I came in and saw the train and was considerably delighted.

The person who has the need to be always right gives ERs in which either he does the right thing, or someone or something else is wrong. For example:

ER 2a. One day I was on my way to Sunday School, and I told my friends I would no longer steal candy from the store (which all the kids did) because we were learning the Ten Commandments and one shouldn't steal. They laughed. I said if they did, I'd tell. They went into the store. Someone was watching to see which kids stole, so they didn't take anything.

ER 2b. My mother was feeding my brother pablum. He spit it up, and she refed it to him. I was horrified by it.

The controller's ERs center about being in control or the fear of not being in control, as follows:

ER 3a. My baby sister was in the basinette in the bedroom. Mother was taking a group of ladies in to see her, and I went in with them. They were all ogling her, and one of them reached in to touch her. I said, "Don't touch the baby!" They all said, "OK." I was pleased like I was a policeman or something.

ER 3b. I had my tonsils out. Someone told me to breathe in deeply as they put the cone over my nose. I was frightened and I struggled.

If we examine the life style of the depressive for example, we find generally that the following convictions exist as central themes in varying proportions: I want to get; I want to be good; I want to (be in) control; I am against. While these convictions *exist* in the depressive, they do not *cause* a depression. The individual's patterning of these convictions, the use he makes of them in meeting the life tasks, and the "tests" which life poses for him are the crucial factors. It has often been observed that depressives have obsessive qualities, and that obsessive-compulsives have depressive qualities. If we examine the obsessive-compulsive, we discover that he too will possess four basic convictions, again in varying proportions: I want to be right; I want to (be in) control; I want to avoid feelings;

I want excitement. It will be seen that he shares his first and second convictions with the second and third of the depressive. From this the hypothesis can be advanced: Where symptomatic manifestations are similar, certain underlying convictions will be similar.

When we characterize the neuroses in terms of their major convictions, as in Table 1, we see their interrelatedness through common convictions or central themes.

TABLE 1. INTERRELATIONSHIP OF THE NEUROSES IN TERMS OF CENTRAL THEMES OR BASIC CONVICTIONS

	Central themes[b]							
Diagnostic descriptions[a]	A	B	C	D	E	F	G	H
Paranoid personality	—	x	—	x	x	x	—	—
Emotional instability reaction	—	x	—	—	—	—	—	x
Passive-dependent personality	x	—	—	—	—	—	—	—
Aggressive personality	—	—	—	—	—	x	—	—
Passive-aggressive personality	—	x	—	—	—	x	—	—
Anti-social personality	x	—	—	—	—	x	—	x
Addictions, incl. obesity	x	—	—	—	—	—	—	x
Nymphomania, satyriasis	—	—	x	—	—	—	—	x
Anxiety reaction, esp. panic	—	x	x	x	—	—	—	—
Phobic reaction	—	x	—	—	x	x	—	—
Hysterical reaction	x	—	—	—	—	—	x	—
Obsessive-compulsive reaction	—	x	—	x	—	—	x	x
Hypochondriasis	—	—	—	—	x	—	—	x
Depressive reaction	x	x	—	x	—	x	—	—
Anorexia nervosa	—	—	—	—	—	x	—	—
Diarrhea, constipation	—	x	—	—	—	—	—	—
Ulcer	—	—	x	—	—	—	—	—
Hypertension	—	—	x	—	—	—	—	—
"Weeping" dermatitis	—	—	—	—	x	—	—	—

[a]These follow the classification of Mosak and Shulman who adhere to the categories of nosology of the American Psychiatric Association (7, p. 3).

[b]Code to columns: A = Getters; B = Controllers; C = Drivers; D = To be good, perfect, right; E = Martyrs, victims; F = "Aginners"; G = Feeling avoiders; H = Excitement seekers.

With regard to the shifting of symptoms clinicians have observed, e.g., that if the hysterical process is interfered with, the individual generally will exhibit depressive symptoms. In Table 1 we can locate both the hysteric and the depressive in the "getters" group. Similarly, when one interferes with the depressive's neurosis, we frequently observe him behaving like the "getting" anti-social personality. In a word, the shift is from the "getting nothing" of the depressive

to the "getting everything" of the anti-social personality (6). Symptom shifting thus appears to be another mode of behavior in line with the basic convictions, and we can offer our second hypothesis: Neurotic symptoms will shift in accordance with the basic convictions common to a certain neurotic category.

This formulation would also cast some light on what is sometimes called the "neurotic paradox," the tendency for an extreme pendulum-swing in symptomatology, a common observation during psychotherapy. To illustrate, the "aginners" group provides an often observed example. If the passive-aggressive person is encouraged to assert himself on occasion, he will take (and simultaneously nullify) the therapist's advice by telling *everyone* off, behaving like the theme-related partner, the aggressive personality. While the outward behavior changes, the shared underlying conviction remains.

SUMMARY

The various neuroses have been characterized by one or more basic convictions or central themes which will be in accordance with the individuals' life style. From this understanding two hypotheses have been generated to explain the commonality of symptoms between neuroses and the shift in symptoms which occurs when life or therapy intervenes. These hypotheses are:

1. Where symptomatic manifestations are similar, certain underlying convictions will be similar.
2. Neurotic symptoms will shift in accordance with the basic convictions common to the various neuroses.

A table is presented to illustrate the interrelationships of the neuroses in terms of underlying convictions.

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