

History of Neuroticism among Hypertensive Patients of 40 To 60 Years Age Group

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ABSTRACT

The term 'neurosis' was coined by the Scottish doctor, William Cullen in 1769 to refer to "disorders of sense and motion" caused by a "general affection of the nervous system." The term in modern psychology refers to any mental disorder that, although may cause distress, does not interfere with rational thought or the persons' ability to function. This is in contrast to psychosis which refers to more severe disorders. The word derives from two Greek words: neuron (nerve) and osis (diseased or abnormal condition). A neurosis, in psychoanalytic theory, is an ineffectual coping strategy that 'Sigmund Freud' suggested was caused by emotions from past experience overwhelming or interfering with present experience. For example, someone attacked by a dog as a toddler may have a phobia or overwhelming fear of dogs. However, he recognized the some phobias are symbolic and express a repressed fear. In Carl Jung's theory of analytical psychology a neurosis results from the conflict of two psychic contents, one of which must be unconscious. There are many different specific forms of neuroses: pyromania, obsessive-compulsive' disorder, anxiety neurosis, hysteria and an endless variety of phobias.

Key words: neurosis, obsessive-compulsive, anxiety

INTRODUCTION

Despite its long history, the term "neurosis" is no longer in common use. Current classification systems have abandoned the category of neurosis; the DSM-IV has eliminated the category altogether. Disorders formerly termed as neuroses are now described under the headings of anxiety and depressive disorders. The usage of the term neurosis remains controversial, and it has been argued that a more appropriate term is needed to replace it. Cullen considered neuroses diseases of Sensation and motion (nerves impulse) it was a general not a local disease of the nervous system and was without fever. Cullen's belief that life is a function of nervous system energy and disease, mainly a disorder of the nerves. He postulated that the brain produced a fluid. The amount of fluid correlated with the amount of available energy which reflected health or disease of the entire body. Neuroses were caused either by an increase or decrease in the tonus of the nervous system. Cullen further thought that a direct relationship existed between the brain and the other bodily organs. Stimulation of the peripheral nervous system or strong emotions could, for example, increase the total nervous energy and lead to mania. This was a Mechanistic physiological theory that typified the thinking of his day. Cullen's definition, classification, and treatment were rested in the belief that neuroses were disturbances in animal life and that the organ of animal life was the nervous system. The idea that sensation and motion are the basic properties of life dates back to the ancient Greeks and continued to enjoy popularity until relatively recent times. The definition, classification, and treatment as well as the underlying meaning of neuroses has changed since the term was introduced in the eighteenth century. To trace the history of what today are called neuroses, therefore, requires an overview of psychiatric history. Otherwise, it is impossible to understand neuroses or other mental illnesses in their proper perspective. Although the names or labels for the various entities in psychiatry have changed, the phenomena as manifested in the individual have remained more or less consistent-cultural and social

conditions to change the form and content of the phenomena. A knowledge of psychiatric history could be extremely valuable in clarifying and interpreting the meaning of the terms in the context in which they are used today and also may have further relevance since a new psychiatric classification system will be introduced in 1979.

NATURE OF NEUROTICISM

In the neurosis, we find fault learning often in early development leading to persistent feeling of threat and anxiety in facing the everyday problems of living. Since the individuals ordinary Methods of coping including the “normal” use of ego defense Mechanisms-prove inadequate, the person tends to rely increasingly on one or more neurotic patterns. The individual is said to exhibit neurotic behavior if he frequently mis-evaluates adaptive demands, becomes anxious in situations the most people would not regard as threatening and tends to develop behaviour patterns aimed at avoiding rather than coping with his problems. Curiously he may realize his behaviour is irrational and Maladaptive as in the case of a severe phobia for germ but feel unable to alter it. Although, neurotic behavior is Maladaptive, it does not involve gross distortion of reality or marked personality disorganization, nor is it likely to result in violence to the individual or to the others. Rather neurotics are typically anxious, ineffective unhappy and often guilt-ridden individuals who do not ordinarily require hospitalization but nevertheless are in need of therapy. The incidence of neurosis is difficult to determine but it has been estimated that there are at least 20 million individuals in the United States who might be classified as neurotic.

Definitions

The individual is said to exhibit neurotic behavior if he frequently that most people would not regard as threatening and tend to develop behavioral patterns aimed at avoiding rather than coping with his problems. Neuroticism is primarily psychological over activity to stressful environment stimuli.

(Eysenk, (1995)

SYMPTOMS OF NEUROTICISM

The essential sequence in the development of the psychoneurotic disorders is typically on faulty personality development immaturity's, distortions-resulting in specific weakness in personality structure, (b) evaluation of certain common life stresses as terribly dangerous and threatening, (c) arousal of severe anxiety, (d), development of neurotic defensive patterns to cope with the threats and anxiety, and finally (e) vicious circles with lowered efficiency and a myriad of secondary symptoms such as chronic fatigue and dissatisfaction. Although their specific symptoms vary widely neurotics have a number of personality characteristics in common, stemming from immaturity, weakness, and faulty evaluations of themselves and their problems.

Inadequacy and low stress tolerance

The neurotic sees himself as basically inadequate. This is commonly indicated by a need to cling to others for support, in a study of a group of 201 clinically judged neurotic, **Cattell and Scheier (1961)** found a much lower than normal ego strength or stress tolerance, which they attributed primarily to “badly organized personalities” and to abnormal emotionality for example, a consistently depressive mood. As a consequence of lower stress tolerance and feelings of inadequacy, the neurotic perceives many situations as threatening which would not be so perceived by normal individuals. In short, he possesses a high degree of “threat vulnerability.”

Anxiety and fearfulness

Sometimes the anxiety is felt acutely, as in anxiety attacks, but more typically the neurotic develops various defenses for reducing his anxiety. These defenses are rarely adequate, however, and a considerable amount of anxiety and fearfulness usually remains.

Tension and Irritability:

On the basis of factor analytic studies of a large number of neurotics, **Guilford (1959)** has pointed to the characteristics, of neurotic emotionality” and “neurotic hostility,” These terms refer to the neurotic emotional over responsiveness to minor irritations and to their tendency to have a morbidly hostile and suspicious attitude toward a world which they view as dangerous and threatening. His continued emotional mobilization also leads to an increase in general body tension, which itself are unpleasant and disturbing.

Ego centrality and disturbed Interpersonal Relationships:

The essential inadequacy, egocentricity, and irritability of the neurotic prevent him from forming satisfying relationships with other people and make him blind to the feelings of others and to his own part in these unsatisfactory relationships.

Often he makes unrealistic demands upon those around him trying to find in their sympathy, affection, and approval the security which he lacks within himself. But because his demands are instable, they place an impossible burden on others and eventually tend to alienate them. This rejection in turn, arguments the neurotic’s insecurity, hostility, and suspiciousness.

FACTORS OF NEUROTICISM

The main perspective to study neurotic behavior is biological, psychosocial, and socio cultural perspectives. The detailed description of these perspectives is given below.

Biological Factors

The role of genetic and constitutional factors in neurotic behavior has its important value. **Barlo (1988)** has received the evidence on the habitability of the anxiety disorders, concluding that genetic factors seem modestly implicated, but only in the sense of contributing to some generalized vulnerability. It is seen that stress tolerance is lowered by loss of sleep, poor appetite and increased irritability associated with prolonged emotional tension-but such conditions are by no means exclusive to the neurotic disorder, even though some individuals are more prone biologically to experience the psychological disruptions underlying the anxiety experiences. In general, it is discover that innate features of physiologic reactivity and temperament have no role in predisposing individuals to the anxiety response or to particular ways of managing it when it occurs. However, a great deal of research is needed to clarify the possible role of constitutional and other biological factors in the development of neurotic disorders.

PSYCHOLOGICAL FACTORS**Anxiety Defense**

Neurotic disorder have traditionally been explained within the framework of anxiety defense, as proposed by Freud and elaborated by later investigations. Threats stemming from internal external sources elicit intense anxiety. This anxiety thus leads to the exaggerated use of various ego defense mechanisms and to maladaptive behavior.

Faulty Learning:

Faulty learning, a major focus of the behavioral perspective, has become the widely used explanation for the development and the maintenance of neurotic behavior. Faulty learning is seen in the acquisition of maladaptive anxiety responses and modes of coping with stressful situations. It is also the failure of neurotic individuals to learn the competencies and attitudes for dealing with normal life problems for individuals feel inadequate and insecure in a competitive and hostile world, rely on defensive and avoidant life style making less threatening and brings short term alleviation of anxiety by repeated reinforcement.

Blocked personal Growth

Emphasis is placed on values, meaning, personal growth and self-fulfillment, lack of meaning and blocked personal growth often stems from a lack of needed competencies and resources or feeling that requires one to remain in a self stifling role. As a result, individual's main efforts are devoted to simply trying to meet basic need rather than to personal growth and development. This results in the feeling of anxiety, hostility and futility that leads to neurotic behavior.

SOCIO-CULTURAL FACTORS

Reliable data on the incident of neurotic disorders in other societies is meager conversion disorder is more common among the people of develop countries, while anxiety and obsessive compulsive disorders are more common in technologically advanced societies significant differences seems to exist in the incidence and types of pattern manifested by sub-groups. In general, neurotics individuals from the lower educational and socio-economic appear to show a higher than average incidence not only in conversion disorder but also of aches, pain and other somatic symptoms. Phobias and other serious dissociation disorders of multiple personality are more common in women than in men, although it is not yet certain that these differences are due to socio-cultural variables. Although, there has been little systematic research on how specific socio-cultural variables effects the development of neurotic disorder, it seems clear that social environment influences both the individuals likelihood of developing a neurotics reactions and the particular form in which that reaction likely to take.

OBSESSIVE-COMPULSIVE NEUROSIS

In obsessive-compulsive reactions as with phobias, the patient recognized the irrationality of his behavior, but seems compelled to think about something that he wishes not to think about or to carryout actions that he does not want to carry out. These irrational obsessive and compulsive reactions are may and varied and appear to constitute some 20 to 30 percent of all psychoneurotic disorders.

Symptoms:

Most of us have experienced thoughts of a somewhat obsession nature, such as persistent about a coming trip or date, or a hunting melody that we can not seem to get out of our mind. In the case of obsessive neurosis, the thoughts are much more persistent, appear irrational to the patient and interfere with his everyday behavior obsessive thoughts may center on a variety to topics, from concern over bodily functions to suicide or to the solutions of some scientific problem. Particularly common are obsessive fears of uncontrollable impulses. Obsessive ideas are not carried out in action; they remain a source of torment to the patient.

HYPERTENSION

The term hypertension is used to indicate high blood pressure (BP). Although hypertension can occur at any age, it is more prevalent in adult over age 40 years. When BP is measured, it is defined as two numbers systolic and diastolic. Systolic BP represents the force at which blood flows when the heart beats. Diastolic BP, on the other hand, is an estimate of the force of blood flow when the heart relaxes (in between heartbeats). Together, these numbers (written as the value of systolic BP divided by the value of diastolic BP, recorded in millimeters of mercury (mm Hg) compose a person's BP and are used to determine whether or not the pressure are in a healthy range. The Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC, 1997) and the American Heart Association have put forth recommendations on the classification of BP levels. The recommendation is as follows. First, optimal BP is systolic less than 120 mm Hg and diastolic less than 80 mm Hg. Second, normal BP is systolic less than 130 mm Hg and diastolic less than 85 mm Hg. Third, high normal BP is systolic 130 to 139 mm Hg or diastolic 85 to 89 mm Hg. Fourth, State 1 (mild) hypertension is systolic 140 to 159 mm Hg or diastolic 90 to 99 mm Hg. Fifth, Stage 2 (moderate) hypertension is systolic

160 to 179 mg Hg or diastolic 100 to 109 mm Hg. Finally, State 3 (higher) hypertension is systolic 180 or higher mm Hg or diastolic 110 mm Hg or higher.

Definition

"The top number of your blood pressure reading measures the pressure against the walls of your blood vessels when your heart is pumping blood to your organs. Our healthcare professional may refer to your top number as your systolic pressure." "The bottom number of your blood pressure reading measures the pressure against the walls of your blood vessels when your heart is between beats and resting. This number is known as your diastolic pressure."

Symptoms

Some people think they experience symptoms of high blood pressure like headaches or dizziness. And even though this may be how high blood pressure feels to them, the facts indicate that you may not feel any symptoms at all.

Blood pressure is the force exerted as blood moves away from the heart, pushing against the artery walls. One factor that can raise blood pressure is psychological stress, visiting the dentist, taking examination thinking about how much money you had to borrow to go to college; even drinking a cup of coffee (a stimulant) will increase blood pressure temporarily. When blood pressure goes up and stays above normal levels, this medical condition is called high blood pressure or hypertension.

About one out of every three, American adults has high blood pressure. It is particularly common among blacks, older people and those with a family history of hypertension. Hypertension is called "**The silent Killer**" because, it usually produces neither pain nor any other symptoms or warnings before causing severe damage to the cardiovascular system or other organs, but a killer it is. It is a primary cause of stroke (blood vessel damage in the brain) and, like smoking and high cholesterol levels, increases the risk of heart attack and coronary artery diseases.

Most serious cases of hypertension require drug therapy to return blood pressure to safer levels. However, there is no drug that can permanently, if a patient, stops taking the pills, his or her blood pressure will rise again.

RESULTS RELATED TO NEUROTICISM

As per research plan, the three variables namely age, sex and family structure of hypertensive patients are selected to find out their effects on neuroticism. The first variable age has been varied at two levels i.e. 40 years and 60 years. The second variable sex of the subject is also studied by employing male and female subjects in this study and the third variable-family structure has been used by taking the patients of Nuclear family and joint family. The raw data are obtained from all 120 hypertensive patients by using NMS questionnaire.

The entire data are arranged in table for statistical treatment. Since a 2×2×2 factorial design is employed. The three way analysis of variance has been employed to see the significant effect of three main variables on neuroticism. Also Duncan's new multiple range test has been applied to find out the significant difference among means or inter group's significant differences.

Table-1
INTER GROUP DIFFERENCE IN AGE

A (Age)	N	Total	Mean
A ₁ (40 years)	60	17851	297.52
A ₂ (60 years)	60	18689	311.48

More specifically, the 60 years old patients are having more neurotic tendency than 40 years old. The bar diagram also shows this trend of neuroticism.

SEX

Second independent variable for investigation, sex of the subjects has been studied by using males and females. We shall designate as B and two levels by B_1 , representing to male and B_2 representing to female. A close look at table of analysis of variance clearly indicates that 'F' ratio for sex is found to be highly significant ($F; 1, 112 = 20.01$ $p > 0.01$) as 'F' value for sex is 20.01 that exceeds the critical value given in statistical table. This significant 'F' ratio indicates that this factor significantly affects the neuroticism of male and female hypertensive patients. Thus, the hypothesis, that there is no significant difference in neuroticism of male and female hypertensives is rejected. This also indicates the fact that sex is a significant influential factor for neuroticism. It may also be noted that male and female subjects have different levels of neuroticism.

The main effect of B represents a comparison between the means for male B_1 female B_2 . These two means can be seen in following table no. (2)

Table –2
INTER GROUP DIFFERENCE IN SEX

B (Sex)	N	Total	Mean
B_1 (Male)	60	17486	291.43
B_2 (Female)	60	19054	317.57

The lowest and highest mean values are 291.43 and 317.57 for B_1 and B_2 respectively. It means that females have more neurotic tendency than male patients. On the basis of these mean values, it is noted that the male patients are having low neurotic tendency, while the high neurotic tendency are shown by female patients. This trend of showing different neuroticism scores for different groups can also be seen in bar diagram.

FAMILY STRUCTURE

An inspection of summary of ANOVA reveals that the third variable family structure of patients has been found non significant on neuroticism as this 'F' value (0.11) for neuroticism decreased the value given the statistical table. It can be noted that this variable is not affecting the neurotic tendency of hypertensive patients in a significant way. Therefore, the hypothesis that there is no significant difference in score of neuroticism of the subjects of nuclear and joint family is accepted. The mean score for two levels of family structure are given below:

Table –3
INTER GROUP DIFFERENCE IN FAMILY STRUCTURE

C (Family structure)	N	Total	Mean
C_1 (Nuclear Family)	60	18329	305.48
C_2 (Joint Family)	60	18211	303.52

The table No-3 of mean value also shows that both groups of subjects having different living structure of family show different neuroticism scores of the patients. On the basis of mean table, it is noted that the subject living in nuclear family (305.48) have shown high neurotic tendency than to the subjects living in joint family (303.52). Bar Diagram also indicates this fact related to high and low neurotic tendency of patients.

INTERACTION EFFECTS

In addition to the main effects of the three independent variables, interaction effects between and among various combinations are also computed which are also revealed in the summary table of analysis of variance.

FIRST ORDER INTERACTION

AGE AND SEX

Table of summary of analysis of variance apparently shows that the mean scores for age and sex interaction is highly statistically significant ($F; 1,112 = 8.63$ $P > 0.1$) as the F value 8.63 exceeds the value given in the statistical table on the basis of lowest mean value 275.87 for A_1B_1 , and the highest value 319.12 for A_1B_2 . It can be noted that 40 years old female subjects, are having high neurotic tendency than the 40 years male. Patients, as it is displayed in bar diagram. This significant interaction between age and sex shows that these two variables are dependent on each other. It can also be noted that these both variables are interacting with each other in a significant way or they interact significantly. Thus, the hypothesis, that there is no significant interaction between age and sex, is rejected.

Table-4

MEANS FOR INTER GROUP BETWEEN AGE AND SEX ($A \times B$)

B						
B₁				B₂		
A	N	T	M	N	T	M
A₁ (40 years)	30	8276	275.87	30	9575	319.12
A₂ (60 years)	30	9210	307	30	9479	315.97

We observe that these two differences are not all comparable, because the $A \times B$ men score is significant. We know that the A factor effect is not independent of B factors. In another words, it may be noted that the difference between means of A_1 and A_2 for the first level B is significantly different from the difference between two means of A_1 and A_2 for the second level of B . Duncan's new multiple range test has been applied to find out significant inter group differences. The three mean groups comparison only $A_2 B_2$ out of six comparisons are found statistically significant in the study.

CONCLUDING REMARK

The investigator has presented significantly new and authentic knowledge about the role of some important factors in neuroticism and loneliness among hypertensive patients. The selection of hypertensive subjects or high B.P. patients in the present study has importance in the sense, that very few psychological studies have been conducted so far on this sample. These patients are neurotic patients or persons due to some psychological reasons such as, problem of self actualization, inability to maintain good relationship with others, lack of realistic perceptions and blocked personal growth in life.

These patients need counseling and advice from clinical psychologist and mental health specialist. The mental health specialist and clinical psychologist help and advise the patient by suggestions, to create understanding and awareness about their problems and shortcomings for making normal or healthy persons. As a whole the investigator has presented a great contribution to the field to clinically useful psychological researches, as the knowledge of this study, will remain a source of inspiration for teachers, mental health specialists, counselors and for all persons working in the field of health psychology and clinical psychology.

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