Preface

- Do you or did you have a mother and a father?
- Do you have any siblings?
- Do you feel guilty for something you did or did not do?
- Are you quick to anger, or do you become overly angry or remain angry for an extended period?
- Are you anxiety ridden or depressed for no justifiable reason?
- Are you fearful at times without warranted cause?
- Do you suffer from obsessions (persistent feelings) and compulsions (irresistible actions)?
- Must you always be in control?

If your answer is yes to any one of these questionsé **you are neurotic**. Welcome to the human race. There is a cure, or at least help, but only if you recognize that you are suffering from neurosis and seek help. Read on.

Neurosis is an illness, and, like any illness, mental or physical, it is a cause of pain and suffering. The psychic pain and suffering of neurosis is different from the physical pain and suffering of physical illness, but it is nevertheless pain and suffering. Neurosis is the most omnipresent of human illnesses, yet it remains obscure or poorly understood. It is the result of psychic trauma inflicted either early in life (in childhood) or later (in adulthood). The most

likely, but not the only cause of psychic trauma inflicted early in life is suboptimal parenting. The label *suboptimal parenting* is preferred to *faulty parenting,* as the latter suggests parental blame for intentional misdeed, which it is not. Optimal parenting is not taught in the home or at school. Most parents want only the very best for their children but make mistakes because of lack of experience or formal training in proper parenting. One cannot lay blame upon parents who were thrust, intentionally or otherwise, into a difficult but important long-term commitment without adequate preparation. Consequently, the influence of a mother and a father, present or past, ensures the affliction called neurosis, resulting in a less than ideal upbringing. The presence of siblings may only add to the torment through sibling rivalry or the perception of parental favoritism. In effect then, everyone is neurotic to a greater or lesser extent. The person you think is mentally normal is the person you really don't know everything about.

Neurosis is a spectrum disorder ranging from mild through moderate to severe. Its intensity is directly proportional to the severity of the psychic trauma that caused it. This relationship between severity of psychic trauma and the extent of its effect is not scientifically documented, but it appears self-evident. In my opinion (IMO), it is comparable to the extent of physical injury sustained relating directly to the severity of the physical trauma that caused it.

It appears inconceivable that an illness as ubiquitous and debilitating as neurosis would be as obscure as it is. Its incidence, signs and symptoms, causes, treatment, and prevention are well-guarded secrets that are not revealed at home, on the street, or in school. Nor are they revealed by the psychiatry, psychology, and social worker guardians of these facts. The relevant literature, textbooks and journals, are written by these mental health care professionals to and for themselves, primarily in language that is unintelligible to the lay public. There is nothing (to my knowledge) written about the subject of neurosis for the lay public, which is precisely the intent

of this book. It is not lengthy, all-inclusive, or written in stone as the absolute final word, but is offered as an information guide to arouse public awareness. It can be likened to pamphlets in a dermatologistôs office providing information about the various skin diseases. These small publications reveal the incidence, appearance, treatment, and prevention of all skin lesions, including cancer. I would like to present this book as one that puts a spotlight on a subject that has been in the dark for too long.

Early reviewers of the manuscript were critical in that they felt it to be too text-like and therefore unappealing. Did they think they would be reading a novel laced with humor? In response, the book has been interspersed with personal narratives to lighten the impact. The primary intent of any text is to inform the reader about an unfamiliar subject, which I feel is accomplished here. Not unlike a text describing the structure and function of DNA, this book cannot be skim-read, but rather should be read deliberately, as if an examination is to follow or it is to be taught to a class.

This is not a self-help book, but is intended to alert the reader about all aspects of neurosis, including what to expect from talk therapy. I do not believe it is possible to achieve true mental health, free of unwarranted neurotic symptoms, without good one-on-one psychotherapy.

Nor is the book intended as a literary masterpiece, but rather as a text with a narrative that delivers a short but important message, much like a stop sign. Each of the many pearls of wisdom in this book could be easily expanded, thereby doubling or even tripling its size. This is counterproductive and contrary to the desire of the author. KISS is an acronym for ñkeep it short

and simpleò and had its origin as a design principle of the US Navy in 1960.[i] I subscribe to this principle.

This book is to be regarded as a work in progress, open to additions, deletions, and modificationsé the first step of a long journey.

Introduction

One afternoon when I was a practicing pediatric urologist, a mother brought her three- or four-year-old daughter for an exam. I lifted the girl onto the examining table, and when I placed my hand onto her lower abdomen, the child became hysterical (inappropriate over-reaction). The mother intervened and told me that her daughter had recently been sexually abused by a babysitter. The babysitter was the mother's father, the child's grandfather. He had not considered that the child would be able to relate what had transpired that evening when she was alone with her grandfather.

The mother rushed off to her parents' home to confront them regarding her child's revelation.

The parents vehemently denied the accusations and banished the mother from their home.

Sexual abuse of a child is psychic trauma, the cause of neurosis, with consequent significant and long-term pain and suffering.

Dealing with children and their parents as a pediatric urologist for almost thirty-five years exposed me to many instances and effects of psychic trauma inflicted upon children.

I was born and grew up in Montreal, which was shared approximately equally by English- and French-speaking citizens in the predominantly Francophone province of Quebec. The two cultures lived in relative harmony, practicing mutual disregard for the other, each in their own city districts. Political power in the province lay in the hands of the French, whereas

economic power was controlled by the English (Canadian and American). English children focused on education, whereas French children focused on religion (Roman Catholicism). French girls were encouraged to marry early and bear many children, and boys were encouraged to enter the priesthood.

Then, in the early 1960s there began a period of political and cultural change labeled ñthe Quiet Revolution.ò The slogan of the revolution was *Maîtres chez nous* (Masters in our own house). The francization of the province in matters of culture and language ensued. The Charter of the French Language (Bill 101) was enacted to make French the language of business in Quebec. Any professional (doctor, nurse, engineer, architect, etc.) intending to move to Quebec would be required to prove proficiency, both oral and written, in French. A ñlanguage policeò was established to assure conformity of all commercial signs. Outdoor signs had to be French only, whereas indoor signs could be in both languages, providing French was above and in larger letters. To add to the English discomfort, there was the threat of separation of Quebec from Canada through provincial referendum, of which there were two that failed. Many English, along with corporations, fled the province, most heading west to Toronto.

The threat was never physical but certainly was economic, political, and psychological. I was more than slightly apprehensive about my future and that of my immediate family (wife and three sons) in Montreal. After Iôd spent years hunting for a job in pediatric urology, an opportunity arose in 1978 in Philadelphia, Pennsylvania, and I accepted it. I quit the job I loved and sold my beautiful home with a spectacular view of the city and within walking distance to work. I prepared to leave family and friends and move to another city in another country where I knew no one. What if the new job didnôt work out? What if the boys were unhappy in their new school and with new friends? What if my wife, an architect, could not find a new job? Most

worrisome of all, like a big black cloud hanging over my head, was the absence of a financial safety net should it not work out. I was on a tightrope, high off the ground and with nothing to save me (and my family) should I fall.

One day my wife unexpectedly suggested I seek psychiatric help. I was completely unaware until then of the effect the stress was having on me. It could be best described as a state of perpetual anxiety with episodes of panic or short temper. It was as if I had a tattoo on my forehead that read ñI am in pain and I need help.ò I could not see it, but everyone else did. This is not uncommon in the manifestation of neurosis.

ñNo way,ò I replied. I was exposed to psychiatry in a rotation in my third year at medical school and felt then that psychotherapy would never be for me.

ñListen,ò she said, ñmy friend is a social worker at the Montreal General Hospital, and she highly recommends a psychiatrist there by the name of Dr. Habib Davanloo. He is not like most psychiatrists. He practices a different and very effective technique that he developed.ò

ñOK,ò I replied. ñI will agree to give him an hour or two of my life, as a trial. If he is a Freudian therapist who barely speaks except to say, óUh huh,ô óWhat do you think?ôand óSee you next week,ôI will not be back.ò

I could not have been more wrong. Within ten minutes of the first hour, I was reeling from a relentless and seemingly merciless attack on just about anything I said. I began by telling Dr. Davanloo that I was being forced to leave my job, home, friends, and family by René Lévesque, the leader of the Quebec separatist party. ñNever mind René Lévesque. Tell me how you really feel about this move.ò He made it quite clear from the start that small talk or any talk that was not related to the therapy was not welcome. I saw him in late 1978 at the time of the Iranian hostage-taking crisis. Knowing he was from Iran, I would comment on the event or

question him about his family back home. My comments or questions were ignored as if they were never uttered.

I saw Dr. Davanloo a total of ten timesé one hour, once a week, for ten weeks. In that short time, he cured me of four of five of my ñhang-upsò. The unresolved conflict revolved around issues regarding my relationship with my father, which I feel he would have resolved with another three or four sessions. Regrettably, my therapy was not completed because I had run out of time and was moving away. In retrospect, I should have arranged return visits to Montreal to complete therapy. These five areas will be presented in detail later.

Book Origin

"You are the fourth doctor I've seen, and I'm here for a second opinion," one mother said when she brought her child to me. She then went on to describe her daughter's urinary symptoms. The symptoms were typical of one of the most common conditions I saw in clinical practice: vesical external sphincter dyssynergia. Normally when the bladder contracts to initiate voiding, the bladder neck opens, and the external urethral sphincter (a muscle under voluntary control) that surrounds the urethra (urinary passage) relaxes to allow the urine to flow. In this condition, the external sphincter contracts with voiding to block the urinary passage. This leads to bladder wall thickening and irritability, causing urinary frequency, urgency, and incontinence.

As I spoke to the mother about the condition and its consequences, she kept reassuring me that I was "exactly right." When I offered advice as to the condition's management, the advice was rejected. "I've looked it up on the Internet, and I disagree," she said.

What drove this mother to disagree with an expert? Why did she come in the first place? We will never know for sure, but again, "if a behavior does not make sense, think psychopathology."

Dr. Davanloo founded and developed a short-term talk therapy that he called intensive short-term dynamic psychotherapy (ISTDP). After my experience with him, I developed an interest in and, through reading and observations, knowledge of ISTDP and its potentially curative powers. As a consequence of my interest and knowledge, Dr. Davanloo invited me to

speak at two international symposia that he sponsored, attended by psychiatrists, psychologists, and social workers practicing ISTDP. My contribution was to offer a laypersonôs perspective of psychiatry in general and ISTDP in particular. The first conference was in Varde, Denmark, in April 2005, and the second in Montreal, Canada, in October 2014. My presentations at both symposia were very well received, as evidenced by multiple compliments, including the wish that I had spoken longer. A psychiatrist scheduled to present at the symposium in Denmark offered me his half-hour speaking slot. In Montreal, a number of attendees requested copies of my slides and talk.

Stimulated by the success of these presentations to professionals, I put together a PowerPoint presentation on neurosis for lay audiences. This was very well received, as evidenced by post presentation comments such as these:

- Presentation very informative.
- There is mental illness in my family and this session helped.
- Excellent presentation.
- Fantastic. Thanks. Referrals?
- I really enjoyed your well-prepared and thoughtful presentation. By the end I realized that I am ñhealthierò than I thought.
- Great organization. Explanations were clear. No babble.
- Helped me make sense of regular life occurrences.

If the aforementioned comments sound self-serving, they are. In view of my lack of formal training and experience in psychotherapy, I do feel the need to justify my position in the presentation of this subject.

The overwhelmingly positive response to my layperson presentations, as well as presentations to mental health professionals, inspired me to expand the PowerPoint slides into a book. I have no doubt that success in this endeavor will undoubtedly meet fierce opposition from the pharmaceutical industry. Their multibillion-dollar business would be threatened by my advocating the elimination of drug use in the treatment of most cases of anxiety and depression (two common symptoms of neurosis). As well, the psychiatric/psychological community will object vehemently to my calling into question the effectiveness of their treatment in many (but not all) cases. No serious threat to financial gain ever goes unanswered. Recall the opposition Ralph Nader experienced after he published *Unsafe at Any Speed*.[ii] In this 1965 book, he revealed the poor safety record of the rear-mounted air-cooled engine in the Chevrolet Corvair automobile. General Motors spared no expense in the effort to discredit him in spite of the fact that he was right. They were unsuccessful.

As a pediatric urologist, I identified with ISTDP as a means of short-term and painful but curative treatment. In my thirty-five years of practice, I operated upon thousands of children. The surgery was usually short, and although pain was inflicted (experienced postoperatively), cure was assured in the vast majority of cases. I treated over twenty thousand patients, both surgically and nonsurgically, and developed no lasting friendships with patients or their parents. I was respected, thanked for my work, and never seen again. This is how it should be with psychotherapy.

Because I worked with children at an impressionable age, I was able to observe faulty parental behavior that I instinctively knew would negatively influence those childrenôs lives in the future. Upon entering my office, which was filled with toys, the children would invariably race to a toy of their preference. On many occasions, a mother would reprimand the child for

being disruptive and force them to sit quietly in the chair next to hers. One can only imagine the authoritarian parenting this child received at home and the lasting effect it would have. Likewise, other human emotions (anxiety, fear, anger, and control) were revealed in abundance for me to gather, distill, and organize. This allowed for an appreciation of the importance of emotions as an influence on a childôs psyche.

Another glaring example of psychopathology in the making was the situation in which a mother came to my office with a child who suffered from a chronic debilitating illness such as spina bifida accompanied by a normal sibling. The melancholy look on the face of the healthy child seemed to say it all. ñWhy is all this attention paid to my sick brother/sisteré not only here but at home as well? Whatôs wrong with me? Iôm a good boy/girl.ò Not obvious here is the sense of guilt (and its consequences) mentally suffered by the normal child because of the physical suffering of a beloved sibling. The normal child is in serious need for one-on-one time with each parent to deliver the message of love, attention, and caring.

It is my hope to awaken and enlighten the public as to the presence, signs and symptoms, consequences, treatment, and prevention of the omnipresent illness of neurosis. It is not intended as the final word on the subject but rather as a framework upon which to add, delete, and modify.

The book cover photo of a sunrise is a metaphor for this awakening, as the dark and ominous clouds await illumination by the big spotlight in the sky. Once awakened, the framework provided on the subject of neurosis should allow for understanding, discussion, and modification.

[i] T. Dalzell, ed., *The Routledge Dictionary of Modern American Slang and Unconventional English* (Abingdon-on-Thames, UK: Routledge, 2009), 595.

[ii] R. Nader, *Unsafe at Any Speed: The Designed-In Dangers of the American Automobile* (New York: Grossman, 1965).