

Reflections on the neurosis of the self (or self-esteem)

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Introduction

In Existential Analysis (EA), self-neurosis is also called “hysteria” and is described in terms more similar to histrionic personality disorder (of course, to a lower degree) than to other self-personality disorders.¹ ²The question in this work is whether we can talk about other neuroses of the self in analogy to other personality disorders (border neurosis, narcissistic neurosis, etc.) and not limit ourselves only to the hysterical neurosis.

We will approach the topic from two different angles. First of all, we will try to understand the neurosis of the self based on the rigidity of the predominant personality traits and the little access to the most repressed traits. Secondly, we will try to understand the neurotic from a hermeneutical perspective.

Personality traits

To speak of neurosis (or neurotic disorder) is to refer to one of the nosological levels that classify the degree or intensity of a psychological disorder. Between “perfect” mental health (if there is such a thing) and the most extreme psychosis, we could say that there is a continuum, and the border between health and neurosis, or between neurosis and personality disorder, or between this and psychosis is not precise; contains a degree of imprecision.



Fig. 1.- Scheme that emphasizes the continuity from the healthiest to the most pathological in the psychic dimension.

¹ Längle A. (2002a). Das Bild der Hysterie in der Existenzanalyse – Psychopathologie, Psychopathogenese und existentielle Dynamik. En A. Längle (Ed.), *Hysterie* (pp 35–57). Viena: Facultas.

² Längle A. (2002b). Die hysterische Persönlichkeitsstörung. En A. Längle (Ed.), *Hysterie* (pp 85–101). Viena: Facultas.

This is particularly relevant in the characterological or personality area. If we think of personality traits as structured psychic resources that the individual has to function as a person in his or her existence, a healthy personality should have an adequate balance between all the traits, in order to be able to manage all these resources to adequately resolve the different problems. existential situations that must be faced. Frequently, however, one feature stands out more than another; So, we usually define personality according to the predominant trait. Thus, we speak of an anxious, obsessive-compulsive, schizoid, depressive, hysterical, borderline, narcissistic, paraexistential, paranoid or dependent personality.

Even if one of the traits predominates, all the others must be present in good measure to be able to speak of a healthy personality. It is not the predominance of one trait that limits us, but the absence of the others or some of them. For example, someone with an obsessive-compulsive personality can perform very well in a detailed and meticulous job, and when he arrives home where his family and friends are waiting for him, he can enjoy himself with great joy by resorting to his hysterical trait, but if he is left with The predominant trait is to be with a critical eye watching the disorders and imperfections of the situation, without being able to enjoy it.

When personality traits are well integrated with each other, they give us a structure that helps us flow in the fundamental conditions of existence and thus feel protected and sustained by our environment, enjoy our shared world, differentiate ourselves and recognize ourselves in our own world. and thus be able to act freely in our spaces of action.

The traits most linked to one's own world (hysterical, borderline, narcissistic, paraexistential and paranoid, mainly) are those on which we will focus in this work. What resources do these traits mainly offer us? The hysterical trait allows us to attract attention when we require others. The borderline trait helps us enter into relationships of great closeness and intimacy. The narcissistic trait helps us prioritize and satisfy our own needs. The paraexistential trait focuses us on the objective of our action. The paranoid trait alerts us and makes us cautious in the relational spaces in which we move daily.

When the preponderant trait is too strong and becomes rigid, largely supplanting the remaining traits, the subject loses freedom and fluidity in his behavior. Psychodynamic reactivity must replace, to a lesser or greater extent, the lack of access to the resources offered by the other traits. He is aware of his loss of freedom but is unable to change his behavior. Access to one's own person³ is reduced. Here we are already facing a neurosis.

³ We use Frankl's anthropology that distinguishes three dimensions in the human being, which he calls soma (body), psyche (soul) and nous (spirit). We refer to the latter here as person, from personare (lat.): what speaks in me.

Depending on the dominant trait, we may be dealing with a hysterical, borderline, narcissistic, paraexistential, dissocial or paranoid neurosis.

Neurosis of the self from a hermeneutical perspective

From the hermeneutical view of the AE⁴, the SELF is the interpreter of itself and the world in which it acts. He interprets everything that he perceives as a speaker, whether internal or external. He internally speaks to him about his body, speaks to him about his psyche, speaks to him about his person. Outwardly the surrounding world speaks to him about him. What he speaks to him, challenges him, so once he interprets, he responds.

The following figure schematizes this double function of the self, as an interpreter and as a responder. From this view, as interpreter and responder, the self is the properly active entity, the one that decides. Frankl defines the person as 'what is free in the human being'. From the hermeneutical perspective proposed here, what is free is in the self, as the center of the will. The person is just another speaker, although the most significant in the life of the subject, if the self decides so.

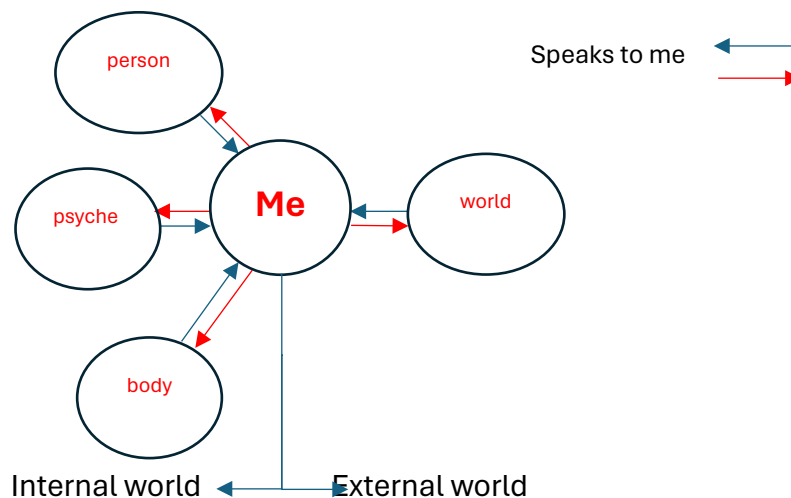


Fig. 2.- The Self in its function of interpreting and responding to feeling challenged by the speech of the internal and external world.

Although all interpretations are subjective, they are not all equally adequate or adaptive to the daily reality of the subject. An adequate interpretation is one that allows me to understand, respond or act appropriately in the face of a situation or problem, in such a way

⁴ Traverso G. (2021). The hermeneutical space in the therapeutic approach of A. Längle. Existenzanalyse

that, for me, or eventually also for others, it is resolved in a safe, pleasant, ethical (and in accordance with my conscience) manner. moral) or that adapts well to the context and with future projection.

If I correctly interpret something that can cause me harm as threatening, my response of protecting myself can save my life or, at least, a bad time. If I regularly interpret totally harmless things or situations as threatening, I begin to live permanently on the defensive, taking care of myself and generating protective reactions that, when fixed, can lead me to some anxiety neurosis (phobias, compulsions, panic, etc.).

If I appropriately interpret something as valuable in my life and that I have lost it, I grieve and reconnect with the value of life. If I regularly interpret most of the events in my life as worthless, I can fall into a depressive neurosis (reactive, if I have not worked through my losses, or some other type, depending on the origin).

If I properly interpret the voice of my moral conscience and my person, acting accordingly, I live authentically and strengthen my self-esteem. On the contrary, if I regularly interpret some instinctual impulses or psychodynamic reactions as something specific to me, I may be developing a neurosis of self or self-esteem.

The neurosis of the self is basically not having oneself, not being able to access one's own, the person, one's own essence.

At AE we understand character as the personality factor consisting of a constellation of attitudes that have been fixed to a greater or lesser degree. An attitude is a predisposition to interpret in a certain way. In a flexible character, attitudes are less fixed or rigid, allowing us to be more adaptive to circumstances and giving the person more freedom. A character-centered neurosis leads to primarily reactive behavior, leaving little access to the person, to our free part. The neuroses of the self-belong to this type of neurosis. There are also character neuroses in the remaining fundamental motivations of existence (MF)⁵, differing from the properly symptomatic neuroses.

In the extreme case, in which access to the person is closed and reactive psychodynamics takes control of behavior, we speak of personality disorders.

⁵ Längle speaks of four motivations or conditions that give structure to existence. The 1st refers to being able to be in the world, the 2nd has to do with our relationship with life, the 3rd with being oneself and differentiating ourselves from the other and the 4th with our actions in the world. The neuroses of the self are centered in the 3rd MF. Anxious neuroses (phobias, OCD, panic, etc.) arise from deficiencies in the 1st MF. Mood neuroses (various depressions) are related to the 2nd MF. Längle A. Die Grundmotivationen menschlicher Existenz als Wirkstruktur existenzanalytischer Psychotherapie. Fundamenta Psychiatrica 1, 2002.

In AE, self-neurosis is usually called hysteria and is described in similar terms to histrionic personality disorder. With this we leave out those characteristics similar to other personality disorders of the self. Just as we can distinguish predominant personality traits in a healthy subject, perhaps even more so they should be reflected in the neurotic.

The neurosis of the self, not having oneself, manifests itself in a self-emptiness that must be filled in some way. For this, any of the 4 MFs can be used.

Since he cannot perceive himself by himself, he can try to do so through the perception of others. To do this, he manipulates his environment to be seen and, if possible, to be seen how he wants to be seen. If nobody sees it, it's like being nobody. And that is too unbearable. Here we find hysteria itself.

However, this void of self can also be filled with relationships, so that a 'we' replaces the absent 'I'. They are symbiotic relationships in which there is no space that can articulate a legitimate encounter. The 'we' not only replaces the 'I', but also the 'you'. Here the neurosis acquires a borderline mode. I have had patients with these characteristics, without being borderline personality disorders. They are egodystonic subjects, who consult because they recognize themselves as dysfunctional, showing a certain capacity for self-distancing and access to their person to some degree and at times. They work quite well, but when they fall in love or enter into a relationship, they almost completely lose themselves. These are patients who evolve in much less time than when there is a personality disorder. That's why they fit well within a neurotic profile.

Another way to fill the emptiness of oneself is to construct a pseudo-self, an external substitute for one's own. These external identifications are equivalent to what we usually call the ego or false self. Some degree of ego is considered part of normality. When it is greater than usual, when what is mine is more valuable than what is yours, the narcissistic personality appears. When can that personality already be considered at a neurotic level? When the psychodynamic reactions (coping) are more frequent and have become established, the wounds to the ego are more intense, more frequent and I make the causer (or the causers) feel my pain, seeking to induce blame, public apologies and I condition a lot. I forgive them. However, unlike a personality disorder, the subject has moments when he sees himself and can apologize. He can recognize himself in the feedback he receives from the environment and that shows him his egocentrism, his reactions, and his narcissistic wounds; only he cannot behave otherwise. Because of this egodystonia and not feeling capable of changing on one's own, one can ask for therapeutic help, which does not happen when it is a personality disorder. In the latter case, when he consults, it is because of suffering that he attributes to the environment.

Conclusions

Typifying this or that type or any other type of psychopathology as a neurosis only makes sense if it helps to understand the patient's suffering and its treatment leading to healing. Making more distinctions in the neurosis of the self, with the help of a hermeneutic phenomenology, allows us to further enrich our understanding of the type and degree of self-emptiness from which the client suffers, but also of the means he has used to seek to fill that emptiness. This is important in the process of resignifying your reality and repositioning yourself in it, to bring you closer to meeting your own person and acting accordingly.

If we talk about different neuroses of the self or a single neurosis with various variants, it does not seem so relevant. In fact, these variants can be mixed, such as the hysterical-narcissistic, hysterical-borderline or narcissistic-paraexistential type, for example. Since it is common to not have oneself, to have very limited access to one's own essence, we can speak of a neurosis with different means to protect oneself from the pain of that emptiness.

This work has focused specifically on a discussion of the diagnosis of self-neurosis. I suggest that in the future we do, from an existential analytical perspective, a much broader study on the mental health of today's society. If from this perspective we consider healthier as those who have more freedom to access their essence as a person and respond from there to the challenges of existence, we would probably reach the conclusion that a large part of those who are considered healthy by health systems, Most of those who are well adapted to the current social system are less free to access their essence and act from there than many of those we diagnose as neurotics, and even as personality disorders. Borja⁶ used the term 'normopaths' to refer to such subjects. Previously Fromm delved into these topics⁷.

⁶ Borja G. (1998). *La locura lo cura*. Santiago: Cuatro Vientos.

⁷ Fromm E. (1956). *Psicoanálisis de la sociedad contemporánea*. México: Fondo de Cultura Económica & Fromm E. (1941/2004). *Miedo a la libertad*. Buenos Aires: Paidós.