



Research Article

THE PSYCHONEUROTIC CONDITION RECONSIDERED: AN INTEGRATIVE BIOPSYCHOSOCIAL ANALYSIS WITH IMPLICATIONS FOR SOCIAL WORK ASSESSMENT, INTERVENTION, AND MULTIDISCIPLINARY MENTAL HEALTH PRACTICE

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Abstract

The concept of psychoneurosis, though largely absent from contemporary diagnostic nosology following its exclusion from the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in 1980, retains considerable heuristic and clinical value for understanding the complex interplay of biological vulnerability, psychological conflict, and social context in the genesis and maintenance of common mental health conditions. This paper traces the historical evolution of the psychoneurosis concept from its origins in nineteenth-century railway spine and traumatic neurosis debates through its psychoanalytic elaboration by Freud and Breuer and its subsequent integration into social work practice, arguing that its core insights, particularly the recognition that psychological symptoms arise from unconscious conflicts rooted in developmental experience and mediated by social environment, remain essential for holistic mental health practice. Through the lens of Engel's biopsychosocial model and contemporary psychoneuroimmunology research, the researcher demonstrates how modern neuroscience validates rather than invalidates the psychoneurosis framework, revealing the neurobiological mechanisms through which psychological and social factors produce enduring alterations in brain function and immune system regulation. The paper further examines the distinctive contribution of social work to the assessment and treatment of psychoneurotic conditions, emphasizing the profession's historical engagement with the person-in-environment perspective and its practical application of psychodynamic concepts in social context. Drawing on archival clinical data from institutions such as the Austen Riggs Foundation, contemporary neurobiological research, and social work practice literature, the researcher proposes an integrated model for understanding and addressing psychoneurotic presentations that bridges the gap between biomedical and psychosocial approaches. The implications for clinical practice, social work education, and mental health policy are discussed, with particular attention to the need for a renewed emphasis on developmental, individual, and contextual perspectives in an era of symptom-focused, manualized treatment paradigms.

Keywords: Psychoneurosis, Biopsychosocial model, Person-in-environment, Psychodynamic theory, Psychoneuroimmunology, Social work, Mental health, Unconscious conflict, Neurobiological mechanisms, Integrated assessment.

INTRODUCTION

The Problem of Definition and the Persistence of the Concept

Few terms in the history of psychiatry have generated as much conceptual confusion and clinical utility as "psychoneurosis." Emerging in the late nineteenth century as physicians sought to distinguish psychological from organic causes of nervous suffering, the concept designated a category of mental disorders understood to arise from unconscious psychological conflicts rather than from demonstrable brain pathology (Caplan, 1998). The Scottish physician William Cullen (1710-1790) first used the term "neurosis" in the eighteenth century to describe a whole range of symptoms and diseases thought to be organically based, with specific localized points (Lettieri, 2026). However, it was the Austrian psychiatrist Sigmund Freud (1856-1939) who coined the term "psychoneurosis" to denote his discovery that neurotic disorders do not have localized organic origins but are psychological in nature and caused by early emotional trauma, the results of which are psychological and emotional conflict (Lettieri, 2026). Based on his research into neurotic disorders with colleague and physician Josef Breuer, Freud created the theory and mental health discipline of psychoanalysis (Lettieri, 2026). The diagnostic trajectory of psychoneurosis represents a remarkable and instructive case study in the sociology of psychiatric knowledge.

As Hirshbein (2019) has documented, American child and adolescent psychiatry was dominated in most of its first century by a psychoanalytic framework. Child psychiatrists, as well as their treatment team partners in social work and psychology, assumed that children developed mood and behavior problems based on unconscious conflicts, which were driven by difficulties in early childhood experiences within their families (Hirshbein, 2019). Treatment depended on a painstaking untangling of the strands of the conflict in each individual child. Diagnosis per se was not initially a goal for child mental health providers. Instead, a broad concept of psychoneurosis was central to emphasize the depth and complexity of childhood psychiatric problems (Hirshbein, 2019). Psychoneurosis did not translate into the 1980 nosology of the American Psychiatric Association (DSM-III), however, and mostly disappeared from child psychiatry by the 1990s (Hirshbein, 2019). The loss of the developmental, individual, and contextual perspective embedded in psychoneurosis has been a loss because the widespread use of the DSM symptom criteria has unintended consequences when applied to children (Hirshbein, 2019). This critique extends beyond child psychiatry to encompass the broader mental health field, where the eclipse of psychodynamic concepts has been accompanied by a corresponding diminution of attention to the biographical, relational, and social dimensions of psychological distress (Bolton, 2025; Johnson, 2014).

The Historical Context: From Railway Spine to the Unconscious

The emergence of the psychoneurosis concept cannot be understood apart from the broader intellectual and social

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history of the nineteenth century. As Caplan (1998) has demonstrated, the discovery of traumatic neuroses figured prominently in inspiring psychotherapy long before Freud's contributions. The relationship among trains, brains, and the unconscious is by no means readily apparent, yet the experience with train accidents unwittingly drove a host of prominent physicians to discover the human unconscious (Caplan, 1998). Modern travel, not modern warfare, engendered a novel and hitherto unfathomable ailment, the railway spine. Born in 1866 as an exclusively somatic disease, railway spine entered its adolescence in the 1880s as a confusing psychical ailment, began its adulthood in the 1890s in a state of somatic-psychic flux, and suffered an early death in the first decade of the twentieth century (Caplan, 1998). In its short life, railway spine contributed both to a fundamental restructuring of the somatic paradigm and to the relegitimation of psychogenic notions of causality (Caplan, 1998).

This debate was consequential far beyond the immediate question of railway accident compensation. By the 1890s, a consensus among physicians regarding railway spine was nowhere to be found. Morton Prince charged that there were "two different and almost radically opposed views" (Caplan, 1998). Proponents of the first insisted that railway spine was an organic disease that would in time reveal itself by way of microscopic inquiry. Advocates of the second maintained that the symptoms associated with railway spine were psychologically induced and bore a stark resemblance to those commonly associated with such functional diseases as neurasthenia and hysteria (Caplan, 1998). This conflict was more than merely an academic matter; it was a much smaller part of a fierce medicolegal debate that had its origins in a now-forgotten 1866 series of lectures delivered by distinguished English surgeon John Eric Erichsen (Caplan, 1998).

It was in this intellectual context that Freud and Breuer made their signal contribution. Building on Charcot's demonstration that hysterical symptoms could be induced and removed through hypnosis, they proposed that many nervous conditions had psychological causes unavailable to the consciousness of the patient (Grünbaum, 1983). This insight represented a decisive break with the prevailing organic paradigm and laid the foundation for the concept of the psychoneurosis. Breuer's "cathartic method" of therapy and clinical investigation was the immediate precursor of psychoanalysis; and, in spite of every extension of experience and of every modification of theory, it is still contained within it as its nucleus (Grünbaum, 1983). Josef Breuer used hypnosis to revive and articulate the patient's memory of a repressed traumatic experience which had presumably occasioned the first appearance of a particular hysterical symptom. Thereby Freud's mentor induced a purgative release of the pent-up emotional distress that had been originally bound to the trauma. Since such cathartic reliving of a repressed trauma seemed to yield relief from the particular hysterical symptom, Breuer and Freud hypothesized that repression is the sine qua non for the pathogenesis of the patient's psychoneurosis (Grünbaum, 1983).

The Biopsychosocial Synthesis and Its Relevance to Psychoneurosis

The decline of the psychoneurosis concept in formal diagnostic systems has been paralleled by the rise of the biopsychosocial model, first proposed by George Engel in the 1970s. As Bolton

(2025) has argued compellingly, neuroscience as currently conceived includes not only neurophysics and neurochemistry, but also psychological (cognitive affective) functioning, and this effectively ends the prejudice that psychological causes, if such there are, must ultimately be reducible to physics and chemistry. The biopsychosocial model provides a framework for understanding how biological vulnerabilities, psychological conflicts, and social contexts interact in the genesis and maintenance of psychoneurotic conditions (Bolton, 2025). Research in psychosomatic medicine has established the scientific foundations for this integrative perspective, demonstrating the mechanisms through which psychosocial factors influence neuroendocrine and immune function (Novack *et al.*, 2007). The biopsychosocial model describes interactions between psychosocial and biological factors in the etiology and progression of disease (Novack *et al.*, 2007). This perspective is critical for understanding the continued relevance of the psychoneurosis concept, which always maintained that psychological processes were causally efficacious in their own right, even as they were implemented in neurobiological substrates (Bolton, 2025).

The contemporary relevance of the psychoneurosis concept is further reinforced by the recognition that for many health conditions, the original etiology and/or the maintaining causal processes that represent targets for treatment are some combination of biological, psychological, and social (Bolton, 2025). This is precisely what the psychoneurosis concept, at its most sophisticated, always maintained. The loss of the concept from diagnostic systems has not eliminated the phenomena it described; it has merely obscured the complexity of the causal processes involved and the necessity of addressing them through integrated, multidisciplinary approaches (Hirshbein, 2019; Johnson, 2014).

THE NEUROBIOLOGICAL FOUNDATIONS OF PSYCHONEUROSIS

Neurophysiology and the Dynamic Unconscious

The psychoanalytic understanding of mental disorders is based on the observation that early life experience, in combination with an individual's biological givens, affects later emotional development and that many of the sources of one's psychological symptoms (for example, unhappiness and anxiety) stem from early experiences with parents and other caregivers (Lettieri, 2026). These early interpersonal experiences, coupled with one's early temperament, have emotional consequences that are largely unconscious in nature (Lettieri, 2026). This perspective has been richly confirmed by contemporary research on the neurobiological correlates of unconscious processes (Gaillard, 2000; Jacobson, 1941).

Gaillard (2000) examined the relationships between the "central dynamic sequence" discovered by Davanloo and the activation of specific neuronal systems in the brain, postulating the participation of defined brain areas in the clinical expression of "superego pathology." According to this view, human neurosis results from a functional disorder of the brain which can be corrected by the specific interventions of the system for short-term dynamic psychotherapy (Gaillard, 2000). This perspective provides a neurobiological foundation for understanding how psychotherapeutic interventions can produce lasting changes in brain function. The recognition that psychological processes are implemented in neural networks that are themselves plastic and modifiable provides a

mechanism for understanding how addressing psychological conflicts can produce neurobiological change (Gaillard, 2000; Bolton, 2025).

Harris and Kemple (1954) contributed significantly to this neurobiological understanding through their investigation of chronic brucellosis and psychoneurosis. They found that patients with chronic brucellosis often presented with psychoneurotic symptoms that could not be explained solely by the organic pathology of the infection (Harris & Kemple, 1954). This work demonstrated the complex interaction between physical illness and psychological symptoms, highlighting the need for integrated biopsychosocial assessment in patients presenting with psychoneurotic conditions (Harris & Kemple, 1954). Their research anticipated contemporary understandings of the relationship between chronic inflammatory conditions and psychiatric symptoms, which has been extensively documented in the psychoneuroimmunology literature (Littrell, 2018; Rezaei & Yazdanpanah, 2024).

Neuroplasticity and the Reversibility of Psychoneurotic Conditions

The concept of neuroplasticity, the capacity of the nervous system to reorganize itself in response to experience, provides a neurobiological foundation for understanding both the development and the treatment of psychoneurotic conditions. Jacobson (1941) pioneered investigations on the electrophysiology of mental activities, which opened the way toward understanding and treatment of various common "psychoneuroses." His work suggested that certain more or less vague and figurative terms in current usage should be replaced with physiologically grounded concepts (Jacobson, 1941). This neurophysiological approach anticipated contemporary understanding of the mechanisms through which psychological interventions produce neurobiological change (Johnson, 2014; Littrell, 2018). Contemporary research has shown that inflammation is a causal factor in some cases of major depression and psychotic disorders and predicts whether trauma will result in posttraumatic stress disorder (PTSD) (Littrell, 2018). Studies in psychoneuroimmunology have suggested ways to decrease inflammation, with knowledge of this information being vital for social workers so that the impact of their interventions can be maximized (Littrell, 2018). For macro-practice social workers, the information underscores the importance of access to nutritional food, access to safe places for exercise, and the time for food preparation and exercise, which should be considered as social justice issues (Littrell, 2018). This research provides empirical support for the core insight of the psychoneurosis concept: that psychological processes, shaped by experience and social context, have real, measurable effects on biological functioning (Johnson, 2014; Rezaei & Yazdanpanah, 2024).

Psychoneuroimmunology and the Bodily Dimensions of Psychoneurosis

The field of psychoneuroimmunology has provided compelling evidence for the integration of psychological and biological processes that is central to the psychoneurosis concept. As Littrell (2018) has documented, research in this area has demonstrated that psychological factors influence immune function through neuroendocrine pathways, with implications for health outcomes across a range of medical conditions. Rezaei and Yazdanpanah (2024) have edited comprehensive

volumes on interdisciplinary approaches to diseases from a psychoneuroimmunological perspective, demonstrating the breadth and depth of this research field. The biopsychosocial model describes interactions between psychosocial and biological factors in the etiology and progression of disease (Novack *et al.*, 2007), and research has established the mechanisms through which these interactions occur (Littrell, 2018; Rezaei & Yazdanpanah, 2024). This research has significant implications for understanding the psychoneuroses, which were historically understood as conditions in which psychological conflict produced physical symptoms. The identification of specific neurobiological pathways through which stress and emotional distress influence immune function, cardiovascular regulation, and endocrine balance provides empirical support for the clinical observations that have long been central to psychodynamic psychiatry (Littrell, 2018; Rezaei & Yazdanpanah, 2024). The psychoneurosis concept, in its most sophisticated formulations, always maintained that biology and psychology essentially interact with the environment, and that social environmental causes are another option alongside biological and psychological factors (Bolton, 2025; Johnson, 2014).

THE SOCIAL WORK CONTRIBUTION TO PSYCHONEUROSIS ASSESSMENT AND TREATMENT

Historical Engagement: Social Casework and Psychoanalytic Concepts

Social work has a distinctive historical relationship to the concept of psychoneurosis and to the treatment of individuals presenting with psychoneurotic conditions. As Towle (1937) observed in her review of Karen Horney's *The Neurotic Personality of Our Time*, social caseworkers who had attained some integration of psychoanalytic concepts found confirmation of their own thinking throughout her work, for they in contrast to some psychiatrists and psychoanalysts had not been able to depart from the social factors to a more exclusive concentration on the individual (Towle, 1937). In spite of certain trends in that direction throughout the field, for the most part they had to apply psychoanalytic concepts in work with the individual as an integral part of a social setting (Towle, 1937). This has involved a practical utilization of basic concepts rather than a more academic concern with theories that have not proved useful (Towle, 1937).

The historical record reveals that social caseworkers were grappling with the implications of the psychoneurosis concept from its earliest formulation. As Towle (1937) noted, one of the problems confronting social workers today is that of determining their areas of professional responsibility in the treatment of individuals who present certain personality deviations. Horney's differentiation of neuroses into situation neuroses, in which environmental changes and understanding discussion could be therapeutic, and character neuroses, in which treatment required prolonged effort and was often refractory, was recognized as helpful in solving this problem (Towle, 1937). Social workers, by virtue of their attention to the social context of individual distress, were well-positioned to address situation neuroses through environmental intervention and practical support (Cranefield, 1941; Towle, 1937). The social work profession's engagement with the psychoneurosis concept extended to the institutional level. The Austen Riggs Foundation, a pioneering center for the treatment of psychoneurotic conditions, included social workers as

integral members of the treatment team. A study reviewing the clinical work of a twenty-five-year period (1900–1934) at the Foundation analyzed the method of therapy employed and the results obtained in the treatment of a sample group of psychoneurotic patients (Crane field, 1941). Of the 5,300 patients treated during this period, 1,066 cases were included in this study, and these were selected on the basis that the records were relatively rich in detail with follow-up information available in more than half the cases (Crane field, 1941). Both the method of individual case study and the statistical approach were used (Crane field, 1941). This attention to empirical evaluation of treatment outcomes reflected the social work profession's commitment to evidence-based practice and accountability (Crane field, 1941; Johnson, 2014).

The Person-in-Environment Perspective as a Framework for Understanding Psychoneurosis

The social work profession's signature contribution to mental health practice is its "person-in-environment" perspective. This perspective, which emphasizes the deep interconnectedness of genes and the physical and social context in which disorders take shape, provides a natural framework for understanding psychoneurotic conditions (Johnson, 2014). As Johnson (2014) has argued, social, psychological, and biological factors interact to shape a client's unique experience. While the field, and its longstanding texts, has for decades recognized the psychosocial elements that can help or hinder health and well being, it has been slow to integrate biological advances into its knowledge base (Johnson, 2014). However, behavioral neuroscience for the human services demonstrates that the foundations of psychology are based in neurobiological structures and functions, both inborn (temperament) and sometimes modified through interacting with environments (Johnson, 2014). The person-in-environment perspective is particularly well-suited to understanding the developmental origins of psychoneurotic conditions. The psychoneurosis concept, in its psychoanalytic formulation, emphasized the role of early childhood experiences within the family in shaping the unconscious conflicts that produced symptoms in adulthood (Hirshbein, 2019; Lettieri, 2026). Social work's attention to the social determinants of mental health, including poverty, discrimination, family dysfunction, and community violence, provides a framework for understanding how these early experiences are themselves shaped by broader social forces (Johnson, 2014; Littrell, 2018). This perspective has practical implications for assessment and intervention. Social workers, because of their training in both individual and systems-level intervention, are well-positioned to address the multiple determinants of psychoneurotic conditions (Johnson, 2014; Towle, 1937).

Contemporary Social Work Practice with Psychoneurotic Presentations

Contemporary social work practice with individuals presenting with psychoneurotic conditions draws on a range of evidence-based interventions while maintaining the profession's distinctive attention to social context. The integration of biological and psychosocial perspectives in social work education is essential for preparing practitioners to work effectively with psychoneurotic presentations. As Johnson (2014) has argued, emphasizing the deep interconnectedness of genes and the physical and social context in which disorders

take shape is essential for understanding the complex interactions among biological and social forces that can shape the development of, and response to, mental illness and social problems. The specific competencies that social workers bring to the treatment of psychoneurotic conditions include assessment of social, financial, and community needs; coordination of care with treatment teams and outside providers; consultation about services and referrals specific to complex patient populations; and caregiver and family system assessment and support (Brigham and Women's Hospital, 2021). These competencies reflect the social work profession's distinctive attention to the practical dimensions of living with mental illness and its commitment to addressing the social determinants of health (Johnson, 2014; Littrell, 2018). The development of curricula that introduce the fundamentals of neurochemistry and the biological roots of addiction, mental illness, trauma, attachment, and violence is essential for preparing social workers to practice effectively in an era of increasing biological knowledge (Johnson, 2014).

CLINICAL DIMENSIONS OF PSYCHONEUROSIS

Phenomenology and Classification: The Clinical Pictures

The clinical phenomenology of psychoneurotic conditions, as described in the classical psychiatric literature, remains relevant for contemporary practice. The psychoneuroses were understood as conditions in which unconscious conflicts produced symptoms that represented symbolic attempts at resolution. As previously noted, neurosis is a general term used to describe various forms of mental disorders that involve symptoms of anxiety, depression, hysteria, phobia, and obsessive compulsiveness (Lettieri, 2026). Based on his research into neurotic disorders with colleague and physician Josef Breuer, Freud created the theory and mental health discipline of psychoanalysis, which is based on the observation that early life experience, in combination with an individual's biological givens, affects later emotional development (Lettieri, 2026). The classical categories of psychoneurosis, hysteria (both conversion hysteria and anxiety hysteria) and compulsion neurosis, provided a framework for understanding the diverse ways in which psychological conflict could be expressed (Nadelson, 1971). In hysteria, the conflict was resolved through the production of physical symptoms or phobias that symbolized the underlying conflict. In compulsion neurosis, the conflict was expressed through ritualistic behaviors or obsessive thoughts that attempted to control or neutralize unacceptable impulses (Nadelson, 1971). These clinical pictures, though less frequently diagnosed under contemporary nosology, continue to be observed in clinical practice, often under rubrics such as conversion disorder, somatic symptom disorder, or obsessive-compulsive disorder (Hirshbein, 2019; Lettieri, 2026).

Etiological Determinants: The Multiple Causation of Psychoneurosis

The etiological understanding of psychoneurotic conditions has always emphasized multiple causation. The principal determinants of the neurosis reside in the personality of the patient and include about everything that may have entered into the individual's development, including instinctive endowment, training and education, methods of handling oneself in regard to one's environment, and opportunities for the release of instinct-engendered energy (Casamajor, 1929).

The psychoneurosis thus emerges from the interaction of constitutional factors, developmental experience, and current environmental demands (Casamajor, 1929; Grünbaum, 1983). This formulation has significant implications for understanding the role of social context in the genesis of psychoneurotic conditions. The demands of modern civilization were understood as contributing to the prevalence of psychoneurotic conditions through the restrictions they placed on instinctual expression (Casamajor, 1929; Towle, 1937). This recognition of the social determinants of mental distress has been a consistent theme in the social work profession's engagement with the psychoneurosis concept (Johnson, 2014; Littrell, 2018). In contrasting treatment of the two groups, Horney commented that therapy implies changing the environment in so far as possible and modifying certain attitudes through understanding discussion of the feelings that have been engendered through the situation (Towle, 1937).

The Therapeutic Process: Psychotherapy, Environmental Intervention, and Integrated Care

The treatment of psychoneurotic conditions has always required an integrated approach addressing both psychological and environmental factors. The distinction between situation neuroses, which respond to environmental change and supportive discussion, and character neuroses, which require more intensive and prolonged therapeutic work, has been recognized as clinically significant (Towle, 1937). Social workers, by virtue of their attention to the social context of individual distress, have been particularly well-positioned to address situation neuroses through environmental intervention and practical support (Crane, 1941; Towle, 1937). The therapeutic process in psychoneurosis involves helping the individual understand the unconscious conflicts that underlie symptoms, develop more adaptive ways of managing conflict, and address the environmental stressors that contribute to symptom maintenance (Gaillard, 2000; Grünbaum, 1983). This process may involve individual psychotherapy, family therapy, group therapy, or a combination of modalities, depending on the individual's needs and circumstances (Johnson, 2014; Nadelson, 1971). The integration of psychotherapy with environmental intervention has been a hallmark of social work practice with psychoneurotic conditions. Social workers have recognized that therapy implies changing the environment in so far as possible and modifying certain attitudes through understanding discussion of the feelings that have been engendered through the situation (Towle, 1937).

THE DECLINE OF PSYCHONEUROSIS AND ITS CONSEQUENCES FOR MENTAL HEALTH PRACTICE

The DSM Revolution and the Eclipse of Psychodynamic Concepts

The decline of the psychoneurosis concept in formal diagnostic systems reflects broader shifts in psychiatric nosology and practice that have had significant consequences for mental health care. The publication of DSM-III in 1980 marked a decisive break with the psychodynamic tradition that had dominated American psychiatry for much of the twentieth century. As Hirshbein (2019) has documented, psychoneurosis did not translate into the 1980 nosology of the American Psychiatric Association. The new nosology, based on explicit diagnostic criteria, sought to improve reliability and facilitate communication among clinicians and researchers (Hirshbein,

2019). This shift had significant implications for clinical practice. The move from a dimensional understanding of psychopathology, in which symptoms were understood as expressions of underlying conflicts, to a categorical understanding, in which symptoms were grouped into discrete disorders, represented a fundamental change in the way mental health problems were conceptualized and treated (Hirshbein, 2019; Johnson, 2014). The new approach emphasized symptom reduction rather than conflict resolution, medication management rather than psychotherapy, and behavioral change rather than self-understanding (Hirshbein, 2019). The consequences of this shift have been increasingly recognized, with the loss of the developmental, individual, and contextual perspective embedded in psychoneurosis being seen as particularly problematic for children and adolescents (Hirshbein, 2019).

The contemporary rediscovery of the psychoneurosis concept

Despite its eclipse in formal diagnostic systems, the psychoneurosis concept has been rediscovered in various clinical and research contexts. Contemporary research on trauma, attachment, and early adversity has provided empirical support for the central insights of the psychoneurosis concept, demonstrating the enduring effects of early experience on brain development and psychological functioning (Littrell, 2018; Rezaei & Yazdanpanah, 2024). Studies in psychoneuroimmunology have shown that inflammation is a causal factor in some cases of major depression and psychotic disorders and predicts whether trauma will result in PTSD (Littrell, 2018). This research provides empirical support for the core insight of the psychoneurosis concept: that psychological processes, shaped by experience and social context, have real, measurable effects on biological functioning (Johnson, 2014; Rezaei & Yazdanpanah, 2024). The concept's persistence reflects the clinical reality it describes. Practitioners in a variety of settings continue to encounter individuals whose symptoms cannot be adequately understood or treated without attention to the unconscious conflicts and developmental experiences that have shaped their lives (Gaillard, 2000; Hirshbein, 2019). The psychoneurosis concept provides a framework for understanding these individuals that is more comprehensive and clinically useful than the symptom-focused approach of contemporary diagnostic systems (Hirshbein, 2019; Johnson, 2014). The recognition that for many health conditions, the original etiology and/or the maintaining causal processes that represent targets for treatment are some combination of biological, psychological, and social reinforces the continued relevance of the psychoneurosis framework (Bolton, 2025).

TOWARD AN INTEGRATED MODEL OF PSYCHONEUROSIS: BIOPSYCHOSOCIAL FOUNDATIONS AND MULTIDISCIPLINARY PRACTICE

The Biopsychosocial Model as a Framework for Integration

The biopsychosocial model provides a framework for integrating the diverse perspectives that are essential for understanding and treating psychoneurotic conditions. The recognition that for many health conditions, the original etiology and/or the maintaining causal processes that represent targets for treatment are some combination of biological, psychological, and social is consistent with the clinical reality that psychoneurotic symptoms often emerge in the context of

environmental stressors (Bolton, 2025). The model's emphasis on the multiple determinants of health and the need for interventions that address each level of causation provides a framework for integrated, multidisciplinary practice (Novack *et al.*, 2007). The empirical support for the biopsychosocial model has grown significantly since Engel first proposed it. Research in psychosomatic medicine has established the scientific foundation for practicing medicine within a biopsychosocial model of care (Novack *et al.*, 2007). Research in psychoneuroimmunology has demonstrated the mechanisms through which psychosocial factors influence health outcomes (Littrell, 2018; Rezaei & Yazdanpanah, 2024). And research in neuropsychiatry has shown how psychological processes are implemented in neural networks that are themselves plastic and modifiable (Gaillard, 2000; Johnson, 2014). This research provides a scientific basis for the integration of psychosocial and biological perspectives that has always been central to the psychoneurosis concept (Bolton, 2025; Novack *et al.*, 2007).

The Social Work Contribution to Integrated Care

Social work has a distinctive contribution to make to integrated care for psychoneurotic conditions. The profession's person-in-environment perspective provides a framework for integrating biological, psychological, and social perspectives (Johnson, 2014). Social workers' training in both individual and systems-level intervention equips them to address the multiple determinants of psychoneurotic conditions and to coordinate care across settings and disciplines (Brigham and Women's Hospital, 2021; Johnson, 2014). The specific competencies that social workers bring to integrated care include assessment of social, financial, and community needs; coordination of care with treatment teams and outside providers; consultation about services and referrals specific to complex patient populations; and caregiver and family system assessment and support (Brigham and Women's Hospital, 2021). The social work profession's commitment to social justice is also essential for integrated care for psychoneurotic conditions. Many of the social determinants of mental health, including poverty, discrimination, violence, and social isolation, are rooted in social structures and policies that can be addressed through advocacy and policy change (Johnson, 2014; Littrell, 2018). Social workers, by virtue of their attention to these structural factors, are well-positioned to address the root causes of psychoneurotic distress and to advocate for policies that promote mental health and reduce disparities (Littrell, 2018). The information from psychoneuroimmunology underscores the importance of access to nutritional food, access to safe places for exercise, and the time for food preparation and exercise, which should be considered as social justice issues (Littrell, 2018).

Future Directions: Research, Policy, and Practice

The future of the psychoneurosis concept, and its integration into social work practice, depends on several developments. First, research is needed on the effectiveness of integrated, biopsychosocial approaches to the treatment of psychoneurotic conditions. This research should evaluate both clinical outcomes and cost-effectiveness, comparing integrated approaches to more narrowly focused interventions (Bolton, 2025; Novack *et al.*, 2007). It should also attend to the mechanisms through which interventions work, examining the biological, psychological, and social processes that mediate treatment response (Gaillard, 2000; Littrell, 2018).

Second, educational and training programs must be developed that prepare practitioners to work effectively within an integrated, biopsychosocial framework. This requires curricula that provide foundational knowledge in biological psychology, psychodynamics, and social work theory, as well as supervised clinical experience in integrated care settings (Johnson, 2014). The development of curricula that introduce the fundamentals of neurochemistry and the biological roots of addiction, mental illness, trauma, attachment, and violence is essential for preparing social workers to practice effectively in an era of increasing biological knowledge (Johnson, 2014).

Third, policies must be developed that support integrated care for psychoneurotic conditions. This includes policies that reimburse for the comprehensive assessments and coordinated care that are essential for effective treatment, as well as policies that address the social determinants of mental health (Johnson, 2014; Littrell, 2018). The recognition that many health conditions have some combination of biological, psychological, and social causes must be translated into policy that supports interdisciplinary practice and addresses the structural factors that contribute to psychoneurotic distress (Bolton, 2025).

CONCLUSION

The Enduring Relevance of the Psychoneurosis Concept

The psychoneurosis concept, though largely absent from contemporary diagnostic systems, retains considerable relevance for understanding and treating mental health problems. Its core insights, that psychological symptoms arise from unconscious conflicts rooted in developmental experience, that these conflicts are mediated by neurobiological processes, and that social context shapes both the development and expression of symptoms, have been validated by contemporary research in neuroscience, developmental psychology, and social epidemiology (Bolton, 2025; Johnson, 2014; Littrell, 2018). The concept's emphasis on the multiplicity of causation and the need for integrated, multimodal intervention remains essential for effective clinical practice (Hirshbein, 2019; Novack *et al.*, 2007).

The Social Work Contribution: An Essential Perspective

Social work has a distinctive and essential contribution to make to the understanding and treatment of psychoneurotic conditions. The profession's person-in-environment perspective provides a framework for integrating biological, psychological, and social perspectives that is consistent with the biopsychosocial model and addresses the multiple determinants of mental health (Johnson, 2014). Social workers' training in both individual and systems-level intervention equips them to address the practical dimensions of living with mental illness and to coordinate care across settings and disciplines (Brigham and Women's Hospital, 2021). The historical engagement of social work with the psychoneurosis concept, from the early recognition of the importance of social factors in the genesis and maintenance of symptoms to the contemporary integration of biological and psychosocial perspectives, reflects the profession's commitment to holistic, person-centered practice (Cranefield, 1941; Towle, 1937).

A Call for Renewed Attention

The time has come for a renewed attention to the psychoneurosis concept and its integration into social work practice, education, and research. The contemporary mental health system, with its emphasis on symptom reduction, manualized treatment, and biological interventions, has lost sight of the complexity of human experience and the multiple determinants of psychological distress (Hirshbein, 2019; Johnson, 2014). A renewed engagement with the psychoneurosis concept would help to restore attention to the developmental, individual, and contextual dimensions of mental health and to the integrated, multimodal interventions that are necessary for effective treatment (Bolton, 2025; Hirshbein, 2019). This renewed attention must be grounded in the best available scientific evidence, including contemporary research in neuroscience, developmental psychology, and social epidemiology (Littrell, 2018; Rezaei & Yazdanpanah, 2024). It must also be informed by the clinical wisdom that has been accumulated over decades of practice with individuals presenting with psychoneurotic conditions (Crane-field, 1941; Gaillard, 2000). The psychoneurosis concept, properly understood and integrated within a contemporary biopsychosocial framework, offers a powerful tool for understanding and addressing the complex mental health problems that are among the most pressing challenges of our time.

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