

UNDERWRITING: Psychoneurosis

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What is Psychoneurosis?

A minor mental disturbance involving inner struggles and disturbed social relationships; frequently triggered by emotional stress, conflict and frustration. Because psychoneurosis is not caused by a physical disorder, and does not respond to medical care, it is best treated by psychological or psychiatric care.

What are the more frequent symptoms of Psychoneurosis?

- Anxiety.
- Depression.
- Inability to concentrate.
- Irritability.
- Morbid doubts.
- Obsessions.
- Irrational fears.
- Insomnia.
- Compulsions.
- Inability to enjoy normal social relationships.
- Shortness of breath.
- Persistent tension.
- Fatigue.
- Headaches.
- Gastrointestinal disturbances.
- Multiple aches and pains.
- Loss of voluntary control over sensory functions.

How are Psychoneurosis Classified?

Hysteria – Acts as defensive mechanism by the individual to avoid a stressful situation. Any of the following may be experienced:

- Hysterical convulsions.
- Total or partial loss of sensory sensitivity, including loss of sensitivity to pain.
- Unusually enhanced sensitivity such as a feeling of *Tingling*.
- Blurred vision, Double Vision or Night Blindness.
- Headaches and/or Lump in the throat.
- Choking sensation .
- Coughing spells, Sneezing, and difficulty Breathing.
- Women may experience “false pregnancy.” Even though they are not pregnant they will develop morning sickness, absence of period, fullness of breast, and bulging belly.

Neurasthenia – Today commonly known as Chronic Fatigue Syndrome, it is brought on by stress factors including emotional upset, bad experiences and over-work.

Symptoms of Neurasthenia may include:

- Weakness or fatigue, frequently accompanied by chest pain.

- Rapid, possibly irregular heartbeat.
- Cold, clammy hands and feet.
- Hyperventilating (abnormal rapid breathing).
- Dizziness or faintness.
- Periodic sighing .
- Sweating for no apparent reason.
- Restless fidgeting.

Anxiety Neurosis – The most common form of Psychoneurosis. Arises from faulty adaptation to the normal stresses of life and is caused by over-reacting to these difficulties.

Symptoms of Anxiety Neurosis may include:

- Distressed feeling of being fenced in or confined.
- Feeling of being helpless.
- Feeling of unknown threats.
- Mental unrest, tension, and anxiety.
- Dilation of the pupils.
- Sweating and Diarrhea.
- Tachardia (rapid heart beat).
- Dryness of the mouth, Loss of Appetite, and Insomnia.
- Elevated Blood Pressure and/or Blood Sugar.

Psychastenia – Obsessive Phobias and Compulsive Behavior.

- Symptoms of Psychastenia may include:
 - Irritable and obsessive urges to do, say, and think about certain things.
 - Inability to stop touching things, repeat words, count objects, engage in repetitive motion.
 - Phobias are defined as abnormal fears that are unreasonable or groundless.

It is important to bear in mind that Psychoneurosis covers a broad spectrum of illnesses including Hysteria, Chronic Fatigue, Panic Disorders, and Obsessive-Compulsive Disorders.

The symptoms and disabilities associated with Psychoneurosis are usually much less severe than those encountered in Psychosis and most importantly, there is no loss of touch with reality or disturbed thought processes. Anxiety is however common to both conditions.

UNDERWRITING CONSIDERATIONS

Mental (Psychiatric) Disorders present a very real challenge to the underwriter who must have detailed medical information, hospital records, psychiatrist or psychotherapist treatment records, and detailed information on all medications prescribed before even beginning to evaluate your case for a possible offer.

Insurance offers will be impacted by



the severity of the disorder, treatment, degree of control, and duration of recovery.

Additional factors to bear in mind include family history of mental disorders, history of alcohol and/or substance abuse, as well as any evidence of stress being caused by any family, marital, financial, or occupational difficulties.

In most cases, reasonable offers can be obtained after a reasonable recovery period. Key is establishing to the underwriter's satisfaction that the problem is under control.

Even in cases involving attempted suicide offers are usually available in as little as two years following a single attempt, with no ongoing mental problems or psychiatric treatment.

If ever a case called for a good cover letter explaining clearly to the underwriter the what, when, where, and how come this is a good risk to the underwriter, cases involving mental disorders come to mind. Help your underwriter to decide in your client's favor by coherently explaining what you know to be true that he may not be able to learn from just reading the medical records alone.

UNDERWRITER:

Defined as someone sitting in an ivory tower 900 miles from here, trained to say, “NO.”

YOUR JOB:

To convince that underwriter, with truthful information, presented in as favorable a light as possible that it is desirable, even possible to say “YES.”