

OVEREVALUATION OF ANXIETY IN THE TREATMENT PROCESS

By MARIANNE H. ECKARDT, M.D.

OUR AGE is often called the age of anxiety. There is a fascination with and a centering on anxiety that can be compared to Freud's preoccupation and focussing on sex. Freud reacted to the Victorian and, in fact, Hebrew-Christian tradition of thinking about sex as evil. We may be reacting to the discovery that our society and culture are not as naturally stable as we had supposed, that progress is by no means inevitable, that we cannot assume that the eternal forces will look out for us, that war and pestilence are not evidence of an understandable divine wrath, temporary in nature but always for the future good of mankind.

Freud, reacting to the existing Victorian morality, visualized a world centered around libidinal energy, which he phrased and perceived in overly literal images of sexual drives. We, too, are children of our age and a manifestation of this fact may be our particular fascination with and approach to the phenomenon of anxiety. I do not imply with this statement that we are no longer influenced by the Judean-Christian code of morality. All too often, the word neurosis has simply replaced the word sin and exerts just as much pressure in the name of good mental health as sin did in the name of salvation. But this is not the focus of my essay.

Freud's emphasis depicted man with his libidinal drives caught in an unavoidable and insoluble conflict with family and society; a conflict which he had to cope with to the best of his ability. One never thinks of Freud's man as weak or helpless. He is the battle ground of strong vital urges and energies with a conscience and with the integrating, performing self that has to deliver the goods.

The portrait drawn of man in more recent times is quite different. The accent has been on man's sense of helplessness and weakness in

an overwhelmingly unfriendly world. Several major trends have cooperated in painting this picture. Psychoanalytic investigations have broadened out to include personality difficulties and gradually have become all inclusive of man as we meet him. Normality has become nonexistent and the word has been perverted to mean an ideal norm, mostly rather ill defined as to what it is, although very much defined as to what it is not. Ego defenses, defense mechanisms, neurotic trends have become the characteristics of man. They seemed to have taken over, and the key to these defenses is anxiety.

Fromm-Reichmann¹ describes this trend well in a paper called "Psychoanalytic and General Dynamic Conceptions of Theory and of Therapy. Differences and Similarities," which appeared in 1954 in the *Journal of the American Psychoanalytic Association*. Speaking of the classical and the more dynamic group of psychoanalysts she says: "At present, however, both groups put therapeutic emphasis primarily on the investigation of anxiety aroused by unearthing repressed material and of the anxiety operating in the relationship with the therapist who helps patients to resolve repressive processes. Psychotherapeutic interest is focussed only secondarily on the content of that which has been repressed. In other words, both groups have shifted the center of their therapeutic interest from the investigation of the content of the operation of the id, to the investigation of the dynamics of the operation of the ego." Fromm-Reichmann touches briefly on Sullivan's and Whitehorn's too narrow conception of anxiety as relating chiefly to the anticipated disapproval of others. She then continues: "I have asked myself, therefore, time and again for an additional or a more satisfactory explanation of the most significant emotional content of people's anxieties, which cause the self-disapproval and the fear of punishment and disapproval by others, held responsible for the rise of anxiety in the current analytic and dynamic concepts. In going over the literature on anxiety in children and adults, from M. Klein, Sharpe and Spitz, to Ferenczi and Rank, Freud, Rado and Sullivan, Fromm, Horney and S. Silverberg, it seems that the feeling of powerlessness, of helplessness in the presence of inner dangers, which the individual cannot control, constitutes in the last analysis the common background of all further elaborations on the theory of anxiety." She then develops a hypothesis which, she hopes, might be acceptable to both psychoanalysts and other dynamic psychiatrists. I will not quote it here as it adds little to my discussion.

As mentioned, the image of Western man reflected in more recent psychoanalytic writings, stresses powerlessness, helplessness, anxiety, and a society not conducive to the development of mature individuals. On the whole, the image, as described, is a deplorable one: man is alienated from himself, he is insecure, neurotic, and Fromm castigates Western man as dead and a robot. The picture of our society fares no better. A recent, excellent book by Birnbach² called "Neo-Freudian Social Philosophy" appraises the implications of psychoanalytic theory for contemporary social and political problems as revealed in the writings of Neo-Freudians. Summarizing the chapter "The Individual in Western Society," he states: "Neurosis, or to speak more broadly, mental illness, was shown to be the upshot of insecurity and anxiety (Sullivan); insecurity and anxiety were shown to be generated most frequently—almost infallibly—by competition (Horney); competition was shown to be the necessary consequence of the quest for individual self-validation in an egalitarian society of conflicting values (Alexander); and our egalitarian, competitive society was shown to be the product of a long-term evolution of social institutions (Kardiner). Neo-Freudian social philosophy therefore seems to point to the melancholy conclusion that an extensive incidence of mental illness is inherent in modern Western Society, to say nothing of an unavoidable trend toward social breakdown.

"There is little satisfaction in nominating one's fellow citizens for candidacy for a psychopathic ward. Neither is much pleasure to be had from foretelling the impending doom of one's social order. The Neo-Freudians, on the whole, are averse to enjoying the cruel delight of playing Cassandra. The safest generalization that can reasonably be drawn from this chapter, and from the work of the Neo-Freudians as a school of social critics, is that the conditions of life in American society are notoriously conducive to the contraction of mental illness."

Birnbach takes these gloomy appraisals with a grain of salt and I am glad he does. I do agree with him that this trend towards bewailing our society and the depicting of enmeshing neuroticisms in all members of this society exists, and I feel that a self-appraisal is in order. We do not approve of mothers who denigrate their children by a constant negative appraisal of all their action; we do not approve of their lack of trust in their children's basic ability and power to cope with life. Yet we so easily do the same in our manner of speech and writing.

This denigrating appraisal would concern me relatively little if it were purely a matter of public verbalizations and did not reflect itself in the performance of therapy. But I am afraid it does affect therapy.

Psychoanalytic therapies have become longer and longer without evidence of increased effectiveness. These long therapies show a preoccupation by patient and analyst with what causes the patient to be anxious; a preoccupation with needs that were not met in childhood and are not being met now; and show a peculiar passive nonattention to the patient's capacity to engage in his immediate environment more creatively and to make life more satisfying by his creative effort. I have known a series of individuals in such therapies where I felt that the patient's vitality, ability, and common sense was vastly underrated by the analysts, while the anxiety and the so-called repetition compulsion was much overrated.

Our estimate of the patient influences the patient. Marmor³ made this point well, although in a slightly different context, as follows: "The fact is that in so complex a transaction as the psychoanalytic therapeutic process, the impact of patient and therapist upon each other, and particularly of the latter upon the former, is an unusually profound one. What the analyst shows interest in, the kinds of questions he asks, the kind of data he chooses to react to or ignore, and the interpretations he makes, all have a subtle but significant suggestive impact upon the patient to bring forth certain kinds of data in preference to others."

We all depend to a high degree on the mirror of ourselves reflected by the world we touch. The patient cannot help being deeply affected by what he sees of himself mirrored in the analytic hour and by the image of himself reflected by the comments of the analyst. A one-sided emphasis on the defensive structure often produces a negative image consisting of undue demands, dependence, self-inflation, self-contempt and manipulative maneuvers. A one-sided emphasis on anxiety and trauma produces an image of smallness, helplessness, impotence and a feeling of incapacitation.

If I thought in terms of id, ego, and superego, which I do not, I would ask whether we have not thrown out the id, left the ego-defenses, and then replaced the id with anxiety. Sullivan, in fact, does this in some of his formulations that make anxiety the key of the self-system. He sees anxiety as derived from reflected appraisals of others, or directly caused by the anxiety of the mother, but with no relation to inner impulses.

By the word id I refer to our wishes, our yearnings, our inner wisdom, and to the volitional and intended aspect of our personality. Sullivan describes the superdependence on other people's appraisals.

This we see in our office every day. But it is symptomatology, by which I mean consequences arising out of a certain mode of being.

A dream image told by a patient will illustrate this best. The patient reported: "I was wading in water and had a barometer which fell into the water. I picked it up and realized that it was not working as before. It seemed to register the temperature of my hands, rather than the atmospheric pressure outside, and fluctuated widely." What a helpful image. My patient dealt with life outside by using a barometer that registered atmospheric pressures which he then used as guides for his own behavior. The dream occurred after his first hour with me and registered his apprehension that his inner temperature fluctuations might be revealed. The fluctuation suggests waves of intensity of feeling.

The patient had many an anxious moment in his daily existence for the simple reason that anyone who lives on the principle of that sort of a barometer does. On the other hand, the patient never impressed me as an anxious, helpless person. Nor was I impressed with the presence of feelings of inadequacy, which another therapist of his had emphasized a great deal. The patient knew he was very able and had a rather low opinion of most of his colleagues. His mode of adjustment was in the nature of a defense, designed to keep his own reactions from entering into the interplay. But it also had the characteristics of a policy. He had had a very chaotic childhood that could have come from John Steinbeck's pen. It was a senseless, tearing, crude and cruel kind of a world. The patient had coped with this world better than any of his siblings by a rather deliberate compartmentalization of private and public. He catered to the public world on its terms, not because he feared or respected it, but to keep it from intruding. I am using words like deliberate, policy and intent. These words can obviously get me into trouble, because a conscious formulation of attitudes is often lacking. But they reflect the view that there is a system to our madness in living, often obscured by a facade; a system which is sick only from our mental health perspective, but which otherwise reflects an appraisal and a philosophic statement of the world as experienced by the child. Many patients will recall formulating certain attitudes at a young age and dream images will tell about a patient's main bearing of life.

The main problem of my patient arose less out of the compartmentalization and his attitude to society, then out of the increasing neglect of the private sphere of his existence. This was very evident during his weekends which were like empty spaces filled with waste and trivia even though the patient had two major resources to draw on: an exquisite enjoyment of nature and considerable artistic talent.

The points I wish to make with this example are the following:

1. While I have to grasp the patient's mode of relating to the world or to himself which are usually called defenses or operations of the ego, exemplified by the barometer, there is no question in my mind that my main task lies in allowing the patient to register his feelings from within which in a very liberally extended sense means concern for the substance of his id.

2. There is a danger in focussing on the defensive system as the patient uses the very focussing on other people as a means of not focussing on himself. Patients are delighted to describe their dependency on other people and will do so forever unless we shift the focus.

3. What we are apt to call neurotic defenses are patterns of behavior evolved by the person out of his experiences with his world. These are by no means only responses to anxiety but involve, rather, complex appraisals, judgments, philosophical statements and policies. These are invariably logically founded in his own experiences and make an immense amount of sense. But it is also true that the patients we see have been caught in dead end streets and in their own imagery. The general course of therapy with the patient I described, is to first aid him to reregister his private life, no matter how intense the fluctuation, and then to encourage him to re-experiment and to dare to integrate some aspects of his personal life with his more public existence. This involves new experiences. It is a process of learning, experimenting, forming new judgments and new philosophies.

The experience of anxiety can be most anything. It can be a temper tantrum to have one's way, or a threat, or a genuine apprehension because one is getting into something one cannot handle, or a facade covering competence, etc. But I would like to comment on the two anxieties most often used in our formulations and discussed by Freud in his "Problems of Anxiety."

While Freud gives castration anxiety a prominent place in his speculations, he emphasizes that the apparent anxiety encountered in patients is mostly an anxiety that belong to the ego. It is a signalling device intended to increase the ego's control over the rambunctious id. I think of this signalling device as a red light, saying stop, equipped with a television screen that quickly rehearses in dramatic form all the dire happenings that would result if one did not heed the signal. While these dramatic warning have a memory source, I do not believe that they give us any information as to whether the person would be afraid or would have reason to be afraid if he followed his inclination and disregarded the warning. This kind of anxiety has a purpose and that is to discourage whatever the person was up to.

These anxieties are dramatic productions with the patient being producer, actor, and audience. Patients with a vivid imagery are very good at this. They start with little discomfort but by the time the show is over, the audience has become fully seduced by the imagery pre-

sented. The intensity of these anxieties often bears more relationship to the dramatic ability of the patient, than to a fear of whatever would happen if . . .

I have seen these anxieties appear in full force one day, and seen the patient proceed the next day with whatever he insisted he could not possibly proceed with, and do a superb job with total ease and not a flicker of apprehension. The change was often accompanied by some sort of a decision to do rather than not to do. In other situations the fears involved are of a much greater complexity.

These anxieties are treacherous therapeutic problems. They tend to shift focus from an inclination or impulse, mostly of a reaching out nature, to the potential dire happenings and thus discourage the initial inclination. The moment we ask why, or the patient asks, "Why am I so anxious?", and we investigate the past sources of anxieties, we fall hook line and sinker for what might be called a neurotic device.

A husband on his way home had a fleeting, affectionate thought of seeing his wife greet him warmly and seeing himself kissing her with affection. A minute later his thoughts drifted to an insult she threw at him a week ago, and before he knew it he had re-enacted that scene and was in a state of fury and anxiety. He entered the house tense and ready to pounce. If we take the insult association literally we will direct the association in a certain way, probably elaborating on features of the wife that remind him unpleasantly of his mother. But if we take the insult association with a grain of salt and point out that he started out with a rather affectionate thought, we might get a completely different kind of material. It would probably stress his difficulties in reaching out affectionately. While this difficulty has its developmental source its discussion, nevertheless, focusses the problem on where it should be, namely, on his difficulties in allowing his warm impulses to show and not on the wife's or mother's insults. I have no way of knowing what are the most frequent mistakes in analysis. But my guess is that one of the most frequent ones is to miss the boat by asking the question why at the wrong time and in the wrong direction.

Most formulations relate the anxiety of the ego in the service of defense to the primary anxiety of castration. The imagery of castration has definitely engaged us into a picture of the young, helpless child as being traumatized by the punitive behavior of the adult world. I will use the word castration in a nonliteral way meaning "to make impotent, small or ineffectual." Just as I feel we have taken anxiety too literally, so do I feel that we have thought of trauma too much in terms of the nasty world and the poor, little child. The word trauma belongs to Freud's vision of the Victorian world that was dead set against any form of libido and did make people feel guilty for their

sexual impulses. Since then we have extended the meaning of trauma to include any behavior of significant adults that tended to be responsible for a neurotic pattern in the child. The word trauma suggests a hurt. I do not believe that an intense hurt is always involved although, of course, it may be. The child reacts to the way things are around him and digests it all into a pattern of his own. It is perfectly true that he makes the experiences that many of his thoughts and ways do not seem to have a place in the world around him and he takes measures accordingly. Whatever the situation, the course of his future development depends less on the experiences made with his environment than how he digests these experiences into ways of his own. In this sense the process of castration is more a process of self-castration than anything done to him by the outside. It is a self-curbing of his vitality or potency because he feels that his vitality is not wanted or misunderstood or disapproved of and, particularly, because he is afraid to be disappointed if he permitted his intense longings, hopes, and enthusiasms to come alive. Better not hope or desire than to have one's hopes crushed.

Again, let me illustrate with a few images from dreams. A patient drives his car with the brake on. A patient sees a huge penis behind the closed bathroom door. A patient holds a San Sebastian statue in his hand and suddenly discovers that a long penis stands out at the base; he immediately covers it with his hand so that no one should see it. A patient in a dream with many sexual overtones felt the roots of a tree heaving and sees the tree swaying with might. All of these images suggest the apprehension of the intensity of their vitality coming to the fore. A college girl said to me, "People resent it, if I am strong and smart." She tended to present herself as the confused help-needing girl.

Let me add to these dream images a sonnet by St. Vincent Millay,⁵ which was quoted to me by a patient who managed the world well enough with his little finger and yet never gave his whole hand. It is entitled "Sonnet to Gath."

"Country of hunch backs!—where the strong, straight spine,
jeered at by crooked children, makes his way
through by-streets at the kindest hour of day,
till he deplore his stature, and incline
to measure manhood with a gibbous line;
till out of loneliness, being flawed with clay,
he stoop into his neighbor's house and say,
'your roof is low for me—the fault is mine.'
Dust in an urn long since, dispersed and dead
is great Apollo; and the happier he;

since who amongst you all would lift a head
 at a God's radiance on the mean door-tree,
 saving to run and hide your dates and bread,
 And cluck your children in about your knee?"

Our view about this process of castration is important, as it will be reflected in our therapeutic approach to the patient. An emphasis on the anxieties of traumatic experiences stresses the search for feelings of anxiety, for memories of traumatic happenings, for feelings of helplessness and, somehow, favors resentments. A stress on the aspect of self-curbing and on submerged intensity and potency in living with due appreciation of its developmental source, will highlight potential strength and introduce the challenge of emerging.

The preoccupation with anxiety and with defensive operations contains the danger of underestimating the individual, of focussing on the wall of fortifications and camouflages rather than on what is hidden within. By giving these defenses an order of primary importance as if they were the individual himself, we run the danger of strengthening the neurosis rather than dissolving it. By focussing on anxiety as an expression of the individual's sense of helplessness and powerlessness we underestimate the person's creative intent and purpose as an architect in building the unique structure of his life.

If this be indeed the age of anxiety, the irony may be that we help to make it so.

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Discussion by Judd Marmor, M.D.

DR. ECKARDT directs our attention to a common psychoanalytic tendency to focus unduly on the patient's anxieties and weaknesses, and relatively to disregard his strengths and creative values. This is an important and valid point. It is sometimes assumed that people repress only their fears, hostilities and inadequacies, when in actuality patients often are equally unaware of their assets. To confront them with their strengths, therefore, is just as important an aspect of the analytic objective of making what is unconscious conscious, as is the uncovering of repressed ego-dystonic material. It is not uncommon to see pa-

tients who cling tenaciously to a depreciated self-image as a defense against the interpersonal responsibilities, intimacies, and expectations in which an acceptance of their actual capacities would otherwise involve them. To be little and helpless is to invoke the protection of others; to be strong and capable is to run the risk of arousing envy, hostility and rejection.

Eckardt also points out, however, that behavior is not only defensive. It is also positively and spontaneously *adaptive* even in the absence of frustrations or threats to the organism. It has long been a criticism of classical psychoanalytic theory that it conceives of personality development as taking place primarily around instinctual frustrations and ego defenses. Hartmann's concept of a conflict-free sphere of ego-instincts is an effort to correct this deficiency and still remain within the classical theoretical framework. Rado's adaptational theory, of course, is a more thoroughgoing effort to break away from the defense-centered orientation of classical libido theory. The principle of homeostasis, important though it is, cannot be the total basis of a theory of behavior. We must be equally aware of the principle of spontaneous growth, which in human subjects includes forces which play a part in creative drives, play, and nondefensive adaptive behavior. But Eckardt points out that we can see only what we are prepared to see. Psychologists have long ago demonstrated that perception is not a mechanical register of "objective reality," but is a highly subjective process determined by our own expectancies and frames of reference. Horney, Alexander and others have pointed out that some patients are capable of showing remarkable powers of spontaneous recuperation after only a brief amount of psychotherapeutic support or insight. This is an area of study which has been relatively neglected by psychoanalysts, who have generally tended to operate on the assumption that genuine emotional maturation can occur only with long-term analytic working-through. We need to know more about the kinds of patients who have this capacity for self-help and about what kind of techniques are most likely to call forth such responses in them.

Dr. Eckardt makes another important point that the assumption that clinical anxiety is always a reaction to a consciously or unconsciously perceived threat is not always valid—that patients may sometimes use anxiety as a way of manipulating others, a kind of "sham-anxiety" whose basic purpose is mastery rather than defense. However, I am sorry that Dr. Eckardt chose to equate the creative potentials in man with mysterious inner forces akin to the Freudian id. I know that she has been careful to caution us that the equation is more literary than literal, but I'm still afraid that the verbal analogy confuses rather than clarifies! Freud's concept of the id was, if anything, the antithesis of the positive forces with which Dr. Eckardt is concerned. It was a "seething cauldron of animal passions," amoral, self-seeking, concerned totally with the pursuit of pleasure and the avoidance of pain—much more akin to Hobbes' concept of "brutish" man than to what Dr. Eckardt is describing. Dr. Eckardt's conception, in fact, sounds more like Rousseau's man, with his presumed "basic feelings" of strength and "inner wisdom." Indeed, I am a little troubled by Dr. Eckardt's use of the term "inner wisdom" as though it is something innate in all of us. I am not sure that man has any wisdom that is not born out of experience—the same basic biological drives which under one set of life experiences can lead man to new heights of creativity and self-fulfillment, can

in a different life setting result in fantastic capacities for destruction and annihilation. I must confess that my own bias is for a view of man which sees him neither as innately evil, selfish or destructive, nor innately good, wise or creative. Man comes into this world with an extraordinary central nervous system which has the capacity of adapting itself in countless ways to the demands of his environment, and whether we call those ways good or evil, wise or stupid, depends on many complex factors, including our value systems.

There can be no quarrel with Dr. Eckardt's statement that we must allow the patient to register his feelings from within, but I cannot see that this means concern for the substance of his id even "in a very liberally extended sense." The id is not observable by psychological means—only the ego is. No less a Freudian than Anna Freud pointed this out as long ago as 1936. A patient's inner feelings represent ego responses also, responses which have highly complex roots, social and experiential, no less than biological.

I have some question also about Dr. Eckardt's positing the self-curbing or self-censoring aspects of "castration-anxiety" as though this were antithetical to some originally experienced threat rather than the historical consequence of such a threat. In terms of psychotherapeutic technique, Dr. Eckardt is quite correct in emphasizing the purpose for which the patient is using such anxiety in his current life, but I find it difficult to conceive of such a pattern of self-censorship existing without the individual having subjectively experienced or perceived at least a threat of punishment or a threat of the withdrawal of love, even though, of course, an actual punishment need not have taken place.

In closing, I would like to underline one of the central philosophical implications of Dr. Eckardt's thesis. It is true that there is much in modern society that is destructive of man's capacity for individuation and love. Yet despite all the evidence that exists for man's existential anxiety, his loss of identity, his "escape from freedom," and his seeming inability to control his capacity for destruction, to see only this image of modern man is to see but one aspect of the coin. Side by side with these gloomy observations we can also find a ceaseless striving for self-realization and freedom, a constant pushing forward of the frontiers of his knowledge, and a creative capacity that has put him on the threshold of vistas more exciting and wonderful than have ever before been thought possible. In our sociopsychological approach to modern man no less than in our clinical work with our patients, we must not let ourselves lose sight of the positives, for if we do we are in danger of losing that core of rational faith and hope without which neither we nor our patients can achieve our objectives of a fuller life and a better world.