

DEFINING ANXIETY

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ANXIETY AND RELATED DISORDERS

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Defining Anxiety

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The issue of anxiety is analyzed in this chapter in the framework of *power and acceptance theory*. Power is defined as the ability to satisfy needs, and survival is the fundamental need. Acceptance is defined as the willingness to satisfy needs or prevent their satisfaction. Accordingly, people perceive themselves and others as *strong or weak* (power) and *friendly or hostile* (acceptance). The power and acceptance theory was developed in experimental research with small groups (London, 1977; Wolman, 1974). The theory of personality applied in this chapter is based on a psychoanalytic frame of reference with considerable modifications, somewhat related to the modifications of Hartmann, Kardiner, and Erikson.

Freud's concept of death instinct (Thanatos) was substituted by the concept of aggressiveness (Ares), and the concept of cathexis was modified to include interindividual cathexis. This part of Wolman's theory and its psychopathological corollaries have been developed in clinical settings (Wolman, 1992).

Depression and elation have been redefined in terms of one's evaluation of own power. Group morale has been redefined as a shared high estimate of the group's power. The responses to external and internal threats have been

reexamined in terms of fear and anxiety, respectively. Fear was related to a (realistic or unrealistic) high estimate of the external threat, and the resulting overt behavior was necessarily an object-directed hostility (Wolman, 1978).

ANGER AND FEAR

Fight or flight are the most common reactions to a threat from without, but what kind of reaction to a threat will take place greatly depends on an estimate of one's own power in comparison to the power of the threatening person, animal, or inanimate nature.

Reaction to a threat involves several cognitive and emotional elements, among them anger and fear. Anger mobilizes the individual's resources against threatening forces. Anger expresses hostile feelings toward the source of threat and activates the wish to annihilate it.

The less chances one has for winning the fight against one's enemies, the more one hates them. The awareness of one's own weakness increases hatred. Anger increases the level of activity, and makes one feel stronger and more hopeful of overcoming the threat. If the enemy seems to be overpowering, the reaction to a threat is anger combined with fear.

Fear may produce two severe maladjustive behavioral patterns, both of a regressive nature:

1. *Mental paralysis.* Refraining from defensive or offensive goal-directed actions, daydreaming, and infantile hopes of help coming from benevolent powers. Passivity in the face of danger increases one's feeling of guilt.
2. *Disinhibition.* A state of emergency requires the mobilization of one's resources; such a mobilization enables one to cope with exogenous dangers. Disinhibition permits the id to take over and makes one act in an irresponsible way. Severe stress and emergency can and have led to sexual license, alcohol and drug abuse. In cases when the threat seems to be less powerful or less threatening than the powers at the disposal of the individual, the reaction is not fear but *anger*.

The relationship between these two emotions is important for our deliberations. Whenever an individual faces the threat of annihilation or damage or hurt and the threat is not too great to cope with, his or her reaction will be to fight, hoping that the outcome of the fight will be the destruction, or at least the disarming, of the threatening force. Fear proportionate to real danger leads to avoidance of danger by an appropriate behavior. Exaggerated irrational fear may lead to morbid, counterproductive states of panic.

The ideas of birth trauma and interrupted coitus as sources of anxiety were predominant in Freud's theory for a long time. When Freud revised his theories, these two concepts were not abandoned in their entirety, but assigned a lesser role in the new theoretical framework.

The monograph *Inhibitions, Symptoms and Anxiety* was published in 1926 after Rank published his *Birth Trauma* and after Freud had introduced his structural theory in 1923 in *The Ego and the Id*.

Main changes in Freud's theory revolved around his theory of motivation. Freud abandoned in 1914 the ego versus libido theory and merged these two concepts in the theory of narcissism, and later added the Eros versus Thanatos dualism in 1920. In this new framework, anxiety could no longer be related to frustration of the sexual drive. In 1926 Freud introduced a new theory of anxiety: Anxiety originates from the infant's inability to master excitations; the neonate is exposed to more stimulation than he can possibly master. The abundant stimulation is traumatic and creates the painful feeling of primary anxiety.

Birth trauma is the prototype of all future anxiety states. Separation from mother is another anxiety-producing experience. Castration fears, guilt feelings, fear of abandonment, and rejection are the most frequently experienced anxiety-producing situations. The feeling of being helpless is one of the most frequent symptoms of neurotic disturbances; it is especially typical of traumatic neuroses. Also, the inability to control one's own excitation (whether aggressive or sexual) may create a state of anxiety (Freud, 1926).

According to Freud, infants are exposed to powerful stimulations that are beyond their coping ability. These traumatic experiences create in the child the feeling of desperate helplessness, which is the feeling of *primary anxiety*. The first experience of this kind is the birth trauma, in which the main characteristics of anxiety, such as the accelerated action of the heart and lungs, plays a decisive role in the child's survival. Later, separation from the mother is the anxiety-producing factor.

This state of helplessness or anxiety may come back in later life. The feeling of being helpless is one of the main symptoms in practically all neuroses, and especially in a traumatic neurosis. The inability to control excitation, whether stemming from sexual or aggressive impulses, creates the state of anxiety. By this interpretation, the early theory of anxiety becomes a part of the later and more broadly conceived theory, which states that any anxiety can be traced back to situations of external danger. Sooner or later, the ego realized that the satisfaction of some instinctual demands may create one of the well-remembered danger situations. The ego must then inhibit the instinctual wishes. A strong ego accomplishes this task easily, but a weak ego has to invest more energies in a counter-cathetic effort to ward off the repressed impulse.

FEAR AND ANXIETY

People exposed to danger, whether real or imaginary, experience fear. Fear is an emotional and perceptual reaction to viewing the threatening factor as capable of causing pain, harm, or death. Fear is related to a low estimate of one's power to resist the threat.

Whereas fear is a momentary reaction to a threat, *anxiety is a lasting feeling of unavoidable doom*. Anxiety is a state of tension and expectation of disaster. Anxiety-ridden individuals are *continuously* unhappy, worrisome and pessimistic, irrespective of existing or nonexisting dangers.

The presence of a friendly and protective individual reduces fear, but it has no effect on anxiety. Anxiety-ridden persons do not believe that anyone can save them. Fear is a reaction to danger; anxiety is not always related to danger (Beck & Emery, 1985).

Fear usually leads to the action of fight or flight, depending on one's evaluation of one's own power and the power of the threatening situation. Anxiety reduces one's ability to act. An anxious person doubts that any action could produce results. Anxiety is tantamount to a lasting and profound low self-esteem and feeling of one's weakness, inferiority, and helplessness. Anxiety makes people withdraw from other people, and temporarily affects one's intellectual function, especially memory and ability to express oneself. Anxiety often produces feelings of inferiority, irritability, anger, and hatred

directed against others, but mostly against oneself.

Anxiety can be caused by physical ailments and can cause psychosomatic symptoms. In some cardiovascular diseases, physical symptoms are associated with hypochondriacal depression and anxiety (Dohrenwend & Dohrenwend. 1981). Anxiety can cause coronary arrhythmia and a host of psychosomatic symptoms, such as nausea, loss of appetite, headaches, and sleep disturbances (Wolman, 1988).

Acute Anxiety

The history of humanity is full of moments where human lives have been jeopardized by war, revolution, earthquakes, or other upheavals. Fear of death is a universal phenomenon shared by all living beings, but for some people, anticipating future dangers tends to produce more fear of present and future threats.

In cases of *acute anxiety*, two psychological phenomena can take place: a reduction in motor activity and/or an increase in uncontrolled activity. The first could be a sort of psychological paralysis; the latter is disinhibition (Beck & Emery, 1985). In situations of grave and continuous stress and strain, some individuals regress to infantile passivity, as if unconsciously hoping that the threat will be reduced. They regress to the role of infant on the unconscious assumption that infancy was the most safe period of life. How far people

regress varies from case to case; sometimes the regression is to a stage of infancy, sometimes it goes to a neonate state or prenatal condition (Wolman, 1978).

During the Second World War and the Israel War of Independence, I saw some adult men, soldiers, developing incontinence, disturbed speech, and exhibiting many other symptoms resembling infantile behavior. The infantile regression served the unconscious purpose of taking the individual out of touch with the dangerous reality and bringing him back to the imaginary world of childhood.

In some cases, certain psychological defense mechanisms take place, such as rationalization. Rationalization leads to the belief that there are divine supernatural forces that can protect the individual and take him out of the danger zone. There have been several reported cases of people who in time of danger suddenly became extremely religious. Some of my patients in times of danger have talked to God; they have made all sorts of promises in order to secure God's graces and intervention in their troubles. This kind of daydreaming and parareligious feelings is quite common (Wolman & Ullman, 1986).

These phenomena sometimes take on mass dimensions. In times of war, threat, and danger, many people regress waiting for messiahs, practicing

astrology, joining groups for meditation and believing in the supernatural powers of a guru. The fear of overwhelming external danger facilitates regression into infantile passivity, daydreaming, and hopes of supraparental intervention. Passivity deepens one's feeling of helplessness and invokes a greater feeling of guilt. Feeling helpless and guilty makes one further regress, and the whole process can continue as a progressive demoralization of the individual or the group, which further decreases the ability to face assaults coming from without. Assaults from within decrease one's powers and therefore reduce one's ability to face external dangers (Kaplan & Sadock, 1985; Spielberg, 1966). Blaming others decreases one's feeling of guilt, but it does not increase one's feeling of power; it creates more dissension and dissatisfaction, and the hostility is directed not against the true enemy but against allies, friends, and leaders who are accused of not doing enough.

Social Anxiety

Quite often in order to attain one's goals one plans to act in a manner that will create a good impression and could bring social approval. In social anxiety, one doubts whether his or her communication will be accepted the way one wishes to be accepted. One doubts whether one's words or behavior will be perceived the way one would like to be. It is a state of anxiety caused by a wish to impress others and a fear that this will not be accomplished (Leary & Kowalski, 1990; Schlenker & Leary, 1982). Social anxiety can also

affect the efficiency of behavior and cause withdrawal symptoms.

Performance Anxiety

Fight for survival is the basic drive of all humans, and craving for success is the normal corollary of this drive. Human beings try hard to attain success and to avoid failure, and achievement motivation is one of the chief driving forces in human behavior.

People tend to mobilize their mental resources whenever they have to face a challenge. However, even well-balanced individuals may fail on a test or on a job interview or on performance.

The wish to succeed and the fear of failure are normal feelings, but sometimes people do not perform at their best, or they fail because they overestimate the importance of the task or underestimate their own resources. Quite often students fail in mathematics, for they seem to believe that no error is allowed, while in other subjects there might be some leeway. Sometimes people fail on a job interview when they overestimate the importance of the interview or doubt their own abilities. Sometimes a young actor or other performer forgets his or her lines, especially when there is an unconscious fear that this is the last chance. Some people fail because they overestimate the danger or because they demand too much from themselves and are disappointed with their own performance (Foole, 1979; Spielberger,

1966, 1972; Tuma & Maser, 1985).

SISYPHUS COMPLEX

There are people whose main aim in life seems to be failure. They manage to mismanage their lives, and although they give the impression of forging ahead, they act against their own best interests. Quite often they wholeheartedly pursue their goals and make significant progress, but when they are close to achieving their goal, they defeat themselves.

The ancient Greek mythology tells the story of Sisyphus' punishment in Hades' Kingdom of Hereafter. Sisyphus was ordered by the gods to roll a heavy rock up a steep hill. When, after prolonged and strenuous efforts, the rock was just about to reach the top of the hill, the rock rolled all the way down.

I have had several opportunities to watch Sisyphus' complex in my patients. When a young and gifted pianist was invited to give a concert in Carnegie Hall, he suddenly lost control of his fingers. When a brilliant mathematician was appointed by a leading university to teach advanced courses, he confused elementary mathematical equations on the blackboard on the first day of classes. An actress who successfully performed in regional theaters, forgot her lines during an audition for a major role on Broadway; and so on.

ETIOLOGIC REMARKS

Human life starts in a state of helplessness and dependence on parental protection, support, and approval. Little children do not know whether they are pretty or ugly, smart or stupid, good or bad. It is the responsibility of parents or parental substitutes to build the child's self-confidence and self-esteem.

Children rejected by their parents tend to become highly critical of themselves. They are unable to accept themselves; some of them make considerable strides toward scholarly success and defeat themselves on a test. They often work very hard as if trying "to prove" something; actually they strive to overcome their feeling of inadequacy by frantic efforts, and end up in unconsciously motivated self-defeat on a final exam, job interview, or any other significant performance later in life (Achenbach. 1982; Beck & Emery. 1985; Wolman. 1978).

Zinbarg, Barlow, Brown, and Hertz (1992) maintain that animal models have made important contributions to recent theories about the etiology of anxiety disorders. However, I believe that whereas fear is a universal phenomenon, anxiety is limited to human beings and to their ability to experience a continuously pessimistic view of themselves and expect unavoidable doom. Nothing of that kind can be ascribed to animals.

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