



PSYCHOANALYTIC AND RELATED INTERPRETATIONS

Lawrence Josephs PhD

Anxiety and Related Disorders

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Psychoanalytic and Related Interpretations

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Anxiety has been a central construct in psychoanalytic theory. Despite its centrality, the concept of anxiety has not been utilized in a consistent manner. Anxiety has been understood as a *cause* of psychic events, as in the idea that anxiety serves as a trigger of defensive operations; and anxiety has been understood as a *result* of psychic events, as in the idea that inhibited affective expression results in a buildup of anxiety. Anxiety has been understood as a symptom of psychological distress, as in an anxiety attack; and anxiety has been understood as a cause of distressing symptoms, as in the idea that sexual impotence is derivative of unconscious castration anxiety.

Anxiety has been explored as an *experiential content of consciousness*—as an intense affective experience of endangerment—and anxiety has been explored as a *hypothetical unconscious mechanism*—as in the idea that anxiety is a product of unconscious conflict resulting in compromise formations. Anxiety has been understood as a *psychic content* (conscious or unconscious) such as castration anxiety, separation anxiety, persecutory anxiety, disintegration anxiety, and so on; and anxiety has been understood as a *psychic function* (conscious or unconscious) such as anxiety serving as an appraisal that signals a situation of danger to be avoided. Anxiety has been

understood as an *affect* with an underlying physiological substrate reflecting a high state of arousal, if not stimulus overload; and anxiety has been understood as a *cognition* reflecting an appraisal and anticipation of situations in which there are reasons to be insecure. Thus anxiety is both cause and effect, symptom in and of itself as well as unseen cause of other symptoms, lived experience and mental mechanism, psychic content and psychic function, and an affect as well as a cognition.

Anxiety as a construct in psychoanalytic theory has been utilized in a variety of ways, depending upon the purpose it is designed to serve in the particular theory. For Freud, anxiety was originally a distressing symptom to be explained as a result of intrapsychic processes such as instinctual discharge, conflict, and defense. Yet over time, anxiety became a pivotal theoretical construct, so that by the end of Freud's career castration anxiety could be seen as the originating cause of most psychopathology. For interpersonalists such as Sullivan, anxiety is an interpersonal event reflecting the level of security of one's relationships with others; anxiety in relation to others constituting both a cause and an effect of failures of interpersonal integration. For object relations theorists such as Melanie Klein, interpersonal insecurity is a result of the projection of anxiety, arousing unconscious fantasies onto the interpersonal surround, resulting in psychotic anxiety as the boundary between reality and fantasy (i.e., inner objects and external objects) becomes blurred and confused. Kohut, though, would understand

psychotic anxiety not so much as a fear of losing touch with reality but a fear of completely losing one's sense of self as a consequence of the loss of confirmatory feedback from others. For Kohut, all anxiety is at bottom fragmentation anxiety, reflecting a loss of self-cohesiveness.

Given the diversity and richness of psychoanalytic theories of anxiety, it is unfortunate that these theories have been treated as competing rather than complementary. If anxiety can be understood as a multifaceted and multidimensional phenomenon, then different theories can be understood as reflecting different dimensions or facets of the same phenomenon rather than as competing explanations for the same phenomenon. In general, psychoanalytic theory advances as a science not so much through later theories disproving and replacing earlier theories as through later theories enlarging the scope of earlier theories through encompassing neglected dimensions of a phenomenon. Earlier theories are not proven false but are rather shown to be true but within a limited scope, a limitation that heretofore had not been fully appreciated. This chapter will review psychoanalytic theories of anxiety with an eye toward integration of multiple perspectives. Five psychoanalytic theories of anxiety will be discussed; two Freudian, an interpersonal, an object relational, and a self psychological.

FREUD'S TOXIC THEORY OF ANXIETY

Freud's first theory of anxiety has traditionally been referred to as his *toxic theory* of anxiety. In examining Freudian theory, it can be useful to differentiate Freud's *metapsychological theory* from his *clinical theory*. Klein (1976) suggested that whereas Freud's metapsychology may be unsupportable, as its scaffold is often based on anachronistic nineteenth-century biology, Freud's clinical theory—based as it is on insights deriving from the psychoanalytic situation—may remain relevant to the contemporary practitioner. Freud's first metapsychological explanation of anxiety is that dammed-up libido (i.e., libido that is nondischarged, warded-off, or repressed) leads to anxiety. Repressed libido is transformed into a distressing symptom, such as some sort of anxiety disorder. Initially, for Freud, anxiety was not a central theoretical construct but rather a distressing psychiatric symptom to be explained by reference to other theoretical constructs. In 1905, Freud published his theory of infantile sexuality codifying his libidinal drive theory so that from then on instinctual drives became the fuel that drove the mind—a mind conceived as operating analogously to a machine (i.e., mind as mental apparatus).

The empirical basis for the dammed-up libido theory of anxiety was the presumption that people who were sexually frustrated developed nervous anxiety. Freud (1898) differentiated the *actual neuroses* from the *neuropsychoses of defense*. The actual neuroses derive from sexual frustration such as may accrue from *coitus interruptus*. Sexual frustration presumably

results in some sort of biochemical imbalance or build-up of noxious or toxic substances that leads to anxiety. In contrast to the actual neuroses, the neuropsychoses of defense lead to sexual frustration more indirectly through repression. Sexual wishes are defended against and, as a consequence of their inhibition, are frustrated, resulting in nondischarged libido which in some sort of biochemical manner is transformed into anxiety.

The empirical basis of the dammed-up libido theory is weak. No one has yet to find a biochemical correlate of Freud's libido, and therefore no one has yet to document the biochemical process through which undischarged libido is transformed into anxiety. On psychological grounds, the theory is weak as well, since many sexually abstinent people do not become anxious or symptomatic in ways that reflect a build-up of anxiety. Many sexually active and presumably sexually gratified people are quite anxious and display symptoms suggestive of being quite anxious. Many people who are sexually frustrated may seem angry or depressed but not particularly anxious. Although in Freud's writings it is difficult to surmise when the concept of undischarged libido is simply a euphemism for the experience of sexual excitement without orgasm or when it refers to a broader sense of disappointment in love; it is clear that although sexual excitement without orgasm may be a source of anxiety for some people it seems insufficient as an all-purpose universal explanation of the cause of anxiety. The broader conception of undischarged libido as frustration of one's desire to love, love

encompassing erotic as well as affectionate elements, also seems an overly narrow definition of the source of anxiety, that lacks an empirical base. People in love may or may not be anxious and people out of love may or may not be anxious. People who are loved may or may not be anxious about that circumstance and people who are not loved may or may not be anxious. The presence or absence of anxiety appears to be considerably more complex than whether one is sexually fulfilled or frustrated, in love or out of love, or that one's love is returned or unrequited. Greenberg (1991) noted how drive theory became a procrustean bed for Freudian theorists who were then forced to reduce all psychic phenomena to derivatives of instinctual drives.

If we are able to see past Freud's metapsychological commitment to drive theory to his clinical theory, a more experience-near and empirically justifiable theory of the source of anxiety may be discovered. It has been often noted that Freudian psychoanalysis has been weak on a theory of affects. Since at a theoretical level affect was conceptualized as a derivative of libidinal gratification or frustration, affect has been poorly conceptualized as a phenomenon in its own right. Nevertheless, just because Freud did not develop a specific theory of affects does not mean that as a clinician he neglected affects. Psychoanalysis has always been considered a treatment of emotional disorders rather than as exclusively a treatment of libidinal disorders.

It might be more experience-near to say that Freud treated *strangulated affect* than it would be to say that he treated *dammed-up libido*. Freud's (Breuer & Freud, 1895) first approach to psychotherapy was the *cathartic* or *abreactive* method of treatment. The patient was thought to have repressed the emotions evoked by traumatic events. Treatment involved reliving and re-experiencing the traumatic event, fully experiencing the emotions that the traumatic experience originally evoked but were too painful to endure at the time.

Anxiety is one symptom of unexpressed emotion. Unexpressed sexual feelings or loving feelings could be one source of anxiety, but so could unexpressed anger, sadness, shame, guilt, envy, jealousy, hatred, elation, fear, and so on. Anxiety could then be understood as a fear of one's emotions whatever those emotions may be. The affects evoked by traumatic events due to their overwhelming nature are repressed. As long as repression functions successfully, one remains asymptomatic. Yet as repressed emotions are always seeking expression, repression may prove ineffective and there may be a failure of defense leading to what Freud (1894) referred to as a *return of the repressed*. Failure of defense produces anxiety as a symptom. As repressed emotion threatens to enter conscious awareness, anxiety is aroused as a derivative expression of an unconscious fear of reliving the emotions associated with a traumatic experience.

Secondary defenses re-repress the distressing affects that are threatening to emerge into awareness. Freud (1894) was able to describe the dynamics of a variety of symptoms associated with anxiety by utilizing this model. For example, a phobia such as a fear of heights could be utilized as a defense against underlying depressive affect. Unconsciously, one might be feeling a sense of despair with fantasies of committing suicide. As repression against suicidal despair breaks down, one might become frightened of heights out of a fear of one's unconscious wish to jump from a high place in order to commit suicide. The original traumatic situation in which the suicidal despair was evoked might have been having been fired from one's job. The scene of the trauma is *displaced* from upset over job loss to a fear of heights. Presumably if the depressive reaction to the job loss is abreacted, one will be cured of the acrophobia.

Obsessive worries about forgetting to turn off the stove when leaving for work could be derivative of an unconscious wish to burn one's house down. Perhaps as a consequence of an argument with one's spouse, punitive feelings toward one's spouse are aroused that engender intolerable guilt. As a derivative expression of unconscious guilt, one hates oneself for being irresponsibly forgetful in failing to turn off the stove before leaving for work. In the fantasy of inadvertently burning the house down, both the spouse and the self are unconsciously punished in one fell swoop. Presumably once the anger towards the spouse is abreacted, the obsessive rumination and

recrimination about forgetting to turn off the stove will be alleviated.

Paranoia could be linked to intolerance of unconscious shame and guilt. The person *projects* his or her own self-hatred in assuming that others are prejudiced against and persecutory toward the self. The person *repudiates* self-hatred in ascribing intolerant attitudes to others, the idea being that “I am not ashamed or guilty, for it is others who are trying to shame and blame me and I am justified in hating them for that.” Intolerable self-hatred is converted into tolerable other-hatred. Presumably, once feelings of shame and guilt are abreacted, one will be able to perceive others in a more realistic and benign light.

When repression fails, secondary defenses such as displacement (in phobias), reversal and reaction-formation (in obsessions), projection (in paranoia), conversion and dissociation (in hysterias), introjection (in depression), overcompensation (in narcissism), denial (in psychoses), and so on come into play to prevent the full experiencing of the affect which threatens to break through the repressive barrier. The secondary defense allows for a compromise solution which entails symptom formation. The symptom partially reveals yet partially conceals the underlying issue. For example, hysterical blindness conceals the true nature of a traumatic event such as an experience of sexual abuse yet the presence of hysterical blindness, a highly distressing symptom that demands public attention,

reveals that there is indeed some sort of horrible secret that demands recognition.

The anxiety surrounding the symptom reflects a partial return of the repressed affect evoked by the traumatic event. A tertiary defense may be erected in order to suppress the anxiety reaction. The phobic is not anxious if high places are avoided, the obsessive is not anxious if the stove is compulsively checked and rechecked to see that it is off, the paranoid is not anxious if a hyper vigilant attitude is maintained that keeps potential critics at bay, and the hysterically blind expresses “la belle indifférence” if the blindness is accepted as an organic deficit for which one need not be held accountable. Failure of tertiary defenses may result in an anxiety attack.

In summary, Freud’s first clinical theory of anxiety is that anxiety is a result of repressed affect evoked by traumatic situations. When repression of affect fails due to the fact that affect presses for expression, anxiety is evoked reflecting an unconscious fear of experiencing in consciousness the full intensity of the repressed affect evoked by the traumatic experience. To avoid this eventuality, secondary defenses are brought into play which are only partially effective in that they entail the construction of distressing symptoms as compromise formations, a compromise between rerepressing the warded-off affect and expressing it in a disguised manner. Tertiary defenses may be brought into play in order to suppress the anxiety associated with the

symptom. When tertiary defenses are effective the person is anxiety free but when tertiary defenses fail the person may have an anxiety attack.

The empirical evidence that Freud used to support his clinical theory of anxiety is that after the affect associated with the repressed traumatic situation was abreacted, there was symptom remission. The empirical observation that eventually led Freud to revise his first theory of anxiety despite its considerable explanatory power was that abreaction of affect led to only temporary symptom relief. Though emotional ventilation led to temporary anxiety reduction, the effect did not last. Freud (Breuer & Freud, 1895) originally presumed that once a repressed emotion associated with a traumatic memory was abreacted, it would cease to unconsciously build up as a strangulated affect. Whereas unconscious emotions were thought to be timeless, the consciously experienced emotion associated with the memory of a traumatic event was supposed to wear away over time until the memory was eventually recalled as a virtually neutral event. The fact that catharsis brought only temporary relief suggested that some other undiscovered unconscious factors must be at work that result in an eventual return of the anxiety-laden symptomatology.

Despite the limitation of Freud's first theory of anxiety, it remains clinically useful and true in a limited manner. There seems little doubt that one source of anxiety is the unconscious fear of experiencing the emotions

associated with the reliving of memories of traumatic events, and that anxiety attacks and distressing symptoms are precipitated when defenses against repressed affect fail. One useful aspect of treatment is abreacting the emotions evoked by traumatic situations. Freud's insight that the repressed affect may be related to intolerable sexual or loving feelings remains useful although it seems reductionistic to see all affective experience as ultimately derivative transformations of libidinal drives.

FREUD'S THEORY OF SIGNAL ANXIETY

In Freud's second theory of anxiety the so-called *signal theory* of anxiety, Freud shifted from looking at anxiety as a *result* to looking at anxiety as a *cause*. Defenses did not so much *cause* anxiety by preventing affective expression as anxiety *caused* defenses to be brought into play. Freud (1926) suggested that anxiety serves as a signal, as an anticipation of danger, which triggers defense mechanisms. Thus anxiety is an unconscious process, a sort of barometer of the intensity of unconscious conflict. The greater the conflict, the greater the anxiety, and therefore the greater the need for defense. In this model, anxiety is understood as a cognition, usually an unconscious one, rather than as an affect. Anxiety reflects an unconscious appraisal by the ego assessing the likelihood that a situation of danger is approaching. Signal anxiety requires such cognitive operations as *anticipation* of a future event, *judgment* as to the likelihood that different actions will lead to different

dreaded consequences, and *appraisal* of the dangerousness of an anticipated consequence. Signal anxiety reflects an assessment of cause/effect relationships, especially the relationship between the expression of a wish and its consequence.

The sense of danger for Freud is not so much the accurate assessment of a realistic threat as it is a product of unconscious conflict. A sense of danger arises from the conflict between one's wishes and the forces (internal as well as external) opposing those wishes. To the degree one needs approval, one is vulnerable to the danger of loss of approval. To the degree one is angry, one is vulnerable to the anger of others. To the degree that one is guilty, one is vulnerable to the danger of being blamed. Every unconscious wish, fantasy, or feeling brings with it its own situation of danger. Freud (1926) delineated a number of basic situations of danger. The earliest situation of danger is a sense of helplessness as a result of traumatic overstimulation. Freud believed that the prototype of this situation of danger is the trauma of birth. If the original wish is the desire for a return to the presumed bliss of the intrauterine state, then the original traumatic situation of danger to be avoided is the frustration of this primal wish.

Freud delineated a developmental progression of situations of danger to be avoided. The next situation in this series is the loss of the object. If a basic infantile wish is to be attached to a person who will gratify all one's wishes,

then to lose that person is a danger to be avoided. At a somewhat higher level of development, there is a recognition that to lose the love of the object is a danger to be avoided. Not only must the person one needs be physically present in order to meet one's needs, but that person must be loving and approving rather than indifferent or disapproving. Needs for love and approval invariably entail fears of the loss of that love and approval. The development of sexual, especially genital, desires leads to castration anxiety as it is feared that sexual competitors may retaliate. Just as one might like to get rid of the competition, others might like to get rid of oneself. The final situation of danger that Freud delineated was superego anxiety. Once a set of moral values has been internalized, there is a fear of a negative self-evaluation any time one feels tempted to circumvent living by those values.

Situations of danger are essentially fantasy formations that arise out of a fear that one's wishes and desires will be frustrated. Since reality invariably frustrates one's wishes, such fantasies are given an element of reality and conviction. The more frustrating the external reality, the more conviction one holds in the anxiety-laden unconscious fantasy. Thus Freud (1926) conceived of these situations of danger as a "complemental series," a series of fantasies that arise endogenously as maturation progresses but which are given a sense of reality and specificity of historical content through actual experiences that become assimilated into the structure of the fantasy formation. The fantasy maintains a life of its own as an unconscious content that functions as a

primary motivational system determining what situations are to be avoided in life.

Signal anxiety in establishing an appraisal of a situation of danger assesses not only the degree of realistic threat in the here-and-now, but the degree to which reality has traumatically frustrated one's wishes in the past and may do so again in the future, the strength of one's wishes in the here-and-now, and the degree to which the superego forbids such wishes. It is the assessment of all these factors in combination that determines the level of signal anxiety. The greater the intensity of the wish and the greater the forces opposing the gratification of the wish, the greater the intrapsychic conflict and therefore the greater the anxiety. Thus anxiety is still a *result* of the intensity of intrapsychic conflict, but now anxiety is also a *cause*, a trigger of defense mechanisms. Defenses prevent the actualization of a situation of danger either by preventing the expression of the wish or by avoiding the life situations in which the wish might be gratified and one would be exposed to the dangerous consequences of having attempted to gratify the wish. For example, if one is afraid of abandonment then one doesn't allow oneself to experience a wish for attachment and one avoids situations in which one's wishes for attachment could be gratified. An anxiety attack could be precipitated by the presence of someone who proffered an opportunity for intimacy. If one is afraid of criticism, then one repudiates one's need for approval and avoids situations in which one might be evaluated. An anxiety

attack could be precipitated by the presence of an admiring audience eager to dole out praise and approval.

Anxiety as a lived experience and as part of a symptom disorder arises in the same manner as in the earlier model—as a result of a failure of defense. When defenses fail, a dreaded anticipation is evoked that the situation of danger that one had hoped to avoid might actually occur, leading to a traumatic state. In the second model, it becomes clear that an anxiety attack is traumatic not only because of the dread of repressed affect but because of a dread of the repetition of a situation of danger with which the affect is associated. One is afraid not simply of one's feelings but of the recurrence of the situation in which the feelings were evoked—situations of being helpless, of being abandoned, of being rejected, of being abused, of being blamed, of hating oneself, and so on. Thus, anxiety is comprised of both affective and cognitive elements: the affective element being the dread of being overwhelmed and the cognitive element consisting of the anticipation of the particular situation of danger in which one would feel overwhelmed. The phenomenon of free-floating anxiety reflects a defense operation through which the cognitive content of the situation of danger has been split off and repressed while the affective content is allowed access to consciousness. One feels anxious but the reason why is repressed, creating the illusion of a contentless anxiety state.

Freud's second model makes it clear why abreaction alone is only a partial treatment approach, for it does not address the cognitive element of anxiety. Anxiety is not simply an affect tied to a past traumatic event that has been repressed, but anxiety is more importantly related to the fear of the repetition of the traumatic event in the future. Recognition and catharsis of prior experiences of victimization, abandonment, rejection, failure, and so on do not guarantee that such experiences will not repeat themselves once again in the future. In fact, it may be quite the opposite: Once one has been sensitized to a situation of danger in that one's worst fears seem to have actually come true; one's fears for the future seem that much more realistically based. Permanent anxiety reduction requires decreasing one's anticipation of danger in the future, changing one's unconscious belief system about what the future holds in store.

Decreasing one's anticipation of danger is not achieved through abreaction alone but requires conflict/defense analysis. To the degree anxiety is successfully warded-off through defenses, those defenses must be analyzed, or else the person would never learn that one can function safely in the world without a self-protective, self-defeating, and symptom-generating defensive structure. To the degree anxiety is a product of the intensity of intrapsychic conflict, that conflict must be analyzed to attenuate anxiety. To the degree one's wishes decrease in intensity either through being fulfilled or through being relinquished and to the degree one's wishes are granted greater

acceptability, intrapsychic conflict and therefore anxiety is diminished.

In summary of Freud's most mature theory, anxiety is foremost a consequence of unconscious intrapsychic conflict—the greater the inner conflict, the greater the generation of anxiety. Conflict is at bottom a conflict between the desire to fulfill one's wishes and the anticipated dangers that may arise as a consequence of fulfilling one's wishes. Situations of danger constitute fantasy formations that endogenously arise in a developmental sequence, each situation of danger reflecting the traumatic frustration of a vital wish. Real life experiences of frustration and disappointment become woven into the fabric of these anxiety-laden fantasies, forming a complementary series of basic yet personalized anxiety situations that one will spend the rest of one's life unconsciously attempting to avoid. Anxiety then serves as an anticipation of danger that triggers an unconscious defensive operation in the service of avoiding the situation of danger. If defenses fail, one may experience anxiety and develop distressing psychological symptoms as a stop-gap measure. Secondary and tertiary defenses may be employed to repress the anxiety state and the distress associated with the emergence of symptoms. If secondary and tertiary defenses fail, one may experience a full-blown anxiety attack. The essential treatment approach warranted by this model is conflict-defense analysis with abreaction of repressed affect as defenses are lifted and unconscious conflict is made conscious.

Though Freud's theory of anxiety is quite impressive in its scope and sophistication, it is nevertheless limited in a number of ways that have been addressed by later theorists. First, the role of external reality is apparently limited in Freudian theory to giving a sense of reality and historical content to endogenously occurring anxiety-laden fantasies. The theory seems to imply that reality in and of itself is never dangerous or traumatic but that it is only the meaning which we ascribe to reality that makes events upsetting. Abandonment, rejection, abuse, and so on are only traumatic to the degree to which we wish for nurturance, love, and respect. Although in some philosophical sense it is certainly true that we are all constructionists who create meaning, we do not create meaning in a vacuum based solely upon innate needs and desires; we create meaning in a sociocultural-historical context that informs our meaning-making activities. Freud—in emphasizing the contribution of endogenously arising fantasies—deemphasized the formative influence of this larger context and its relation to why we behave anxiously in certain situations. Even our most basic needs, desires, and wishes can be understood as social constructions that betray an unwitting assumption of prevailing societal attitudes.

Freud developed a complex theory of the mind in conflict, but in a sense possessed little theory of the person whose mind is conflicted. A theory of a mind in conflict is not identical to a theory of a person in conflict (with others as well as in conflict with him or herself). For Freudians, the self is a content

of the mind, a compromise formation, whereas for theorists of the self such as Winnicott or Kohut, the mind is a content of self-experience. To speak of a person whose mind is conflicted is to speak of a self as an agent who is conflicted between competing priorities and who experiences anxiety about failing to achieve personal goals. There is always a person—not merely a mental apparatus—who has wishes, who experiences frustration, who anticipates danger, who acts defensively to avoid feeling anxiously, and who fails to effect a stable compromise to conflicting priorities. It is the nature of this person, this agent, which later theorists have addressed.

THE INTERPERSONAL THEORY OF ANXIETY

Sullivan (1953) developed a theory of anxiety in which anxiety was construed as an interpersonal rather than an exclusively intrapsychic event. As an interpersonal event, anxiety can be understood as a communication between persons in regard to the state of an interpersonal relationship. Sullivan described how an anxious mother communicates that anxiety to her baby, who becomes anxious as a result of registering the communication. Sullivan believes that the baby is capable of a primitive form of empathy with the mother based on emotional contagion so that the baby always knows in some intuitively immediate manner what the mother is feeling. As a communication, anxiety sends the message that the state of the relationship is insecure and precarious so that there is cause for alarm.

Whereas Freud construed affects as discharge phenomena, Sullivan viewed affects as forms of interpersonal communication. Affects serve a communicative function, to tell the other person how one feels about the relationship in which they are engaged. Anxiety communicates the sense of insecurity, that one is feeling unsafe and endangered in relation to the other. Sullivan suggested that the two basic interpersonal needs were the need for security and the need for self-esteem. The need for security reflects the need for relationships in which one feels safe, a sense of belonging, of fitting in, of being loved, and of being cared for. When such relationships are disrupted, there is a sense of anxiety reflecting the failure of secure interpersonal integration. What Sullivan referred to as *security operations* are brought into play in order to attenuate anxiety. Security operations are similar to Freudian defense mechanisms in that they serve to reduce anxiety, but security operations function interpersonally as well as intrapsychically. Security operations entail defensive strategies of interpersonal engagement that promote a sense of security. Since the source of anxiety is interpersonal, the source of anxiety reduction must be some change in a real interpersonal situation.

What Sullivan called the *self-system* develops as a security operation in order to attenuate anxiety. The self develops in response to *reflected self-appraisals*. The self develops through accommodation to social role assignment in order to maintain a sense of security and reduce the sense of

anxiety by fitting into the social surround in which one must learn to survive. As a result of reflected self-appraisals, the person develops a sense of *good me* or *bad me*, and *not me*. When the person acts consistently with the good me, there is a sense of security; but when the person acts consistently with the bad me or the not me, there is a sense of anxiety. Anxiety is triggered whenever there is a sense of failing to fit into the social organization of which one is a member. The self-system then institutes security operations in order to find a manner of fitting in and feeling secure once again.

Psychological symptoms can be understood as security operations designed to attenuate anxiety. For example, the obsessive individual has learned that one will only be accepted if one is compliant, dutiful, conscientious, and obeys the rules with precision. If the obsessive senses disapproval about being careless or irresponsible, in order to regain a sense of security he or she might institute a security operation such as ruminative worry about doing things perfectionistically and dread lest the smallest thing go wrong. The hysteric has learned that one will only be accepted if one is likable, friendly, accommodating, and pleasing. If the hysteric senses disapproval in being seen as unfriendly, as a security operation, the hysteric might begin to demand excessive attention in order to counter feeling unlovable and unattractive. The narcissist has learned that one will only be accepted if one is exceptional, extraordinary, and unique. If the narcissist begins to feel unnoticed and unseen, as a security operation, the narcissist

may become arrogant and contemptuous to alleviate a sense of threatened dignity.

Whereas Sullivan focused on how persons need to accommodate to the role expectations of the social surround in order to fit in. Horney (1950) focused on how the social surround needs to accommodate to the needs of the person's *real self*. Horney believes that everyone is born with a real self that seeks self-actualization. *Basic anxiety* arises when others are experienced as inhospitable to the need of the real self to realize its intrinsic program. When the real self is thwarted, the person develops a *comprehensive neurotic solution* as a means of compensation. If the person's natural need for love is thwarted, the person may develop a *self-effacing solution* as a means of staying close to others by submitting to them. If the person's natural need for mastery is thwarted, the person may develop an *expansive solution* as a means of remaining superior to others. If the person's natural need for autonomy is thwarted, the person may develop a *resigned solution* as a means of maintaining a protective distance from others.

Unfortunately, comprehensive neurotic solutions give rise to *neurotic anxiety*. The self-effacing person possesses a neurotic anxiety that if one is not submissive or subordinate in relationships, one will be rejected.

The expansive person possesses a neurotic anxiety that if one is not

superior to others, one will be shamed and humiliated. The resigned person possesses a neurotic anxiety that if one does not keep a safe distance from others, one will be smothered and enslaved. For both Sullivan and Horney, anxiety derives from interpersonal assumptions and beliefs about what is acceptable or unacceptable to others. There is anxiety in not being what it is felt that others expect one to be, and there is anxiety in feeling that others do not accept one for whom one actually is.

The treatment approach that is derived from the interpersonal view of anxiety entails examination and testing of one's interpersonal belief system. Security operations and comprehensive neurotic solutions may be based upon maladaptive, self-defeating, and narrowly conceived interpersonal belief systems. These belief systems may once have been truly applicable, given the interpersonal dynamics of the family of origin, but may no longer be relevant to one's current situation.

The innovation of the interpersonal view over the Freudian view of anxiety is in the appreciation of the extent to which familial and sociocultural belief systems shape and inform the growing individual's interpersonal belief systems. Ideas about gender roles, family roles, occupational roles, religious identity, political identity, race, ethnicity, social class, and so on are all shaped by the prevalent assumptions of the society of which one is a member. This is not to say that endogenously arising needs, desires, and wishes do not color

one's perception of the social surround, but it does say that the social surround provides the linguistic meaning system through which endogenously arising needs, desires, and wishes will be understood. Freud's basic conflict/defense model remains true, but is limited to the degree that conflict is seen as arising only in relation to endogenously occurring needs, wishes, and desires that have been frustrated. The interpersonal view allows us to see a broader view of conflict as also entailing conflict between conflicting social role assignments and expectations as well as conflict between those social roles and one's innate aims.

THE OBJECT RELATIONS VIEW OF ANXIETY

Whereas interpersonal theory looks at relationships with others from the outside looking in, object relations theory looks at relationships with others from the inside looking out. Object relations theorists such as Klein, Fairbairn, Winnicott, Guntrip, and Bowlby—despite their many differences—all share a common assumption that the basic building blocks of the mind are internalized representations of the self in relation to others. Internalized representations of self in relation to others provide the inner templates or schemas through which real life interpersonal experience is assimilated. Intrapsychic conflict in the object relations view is not so much between wish and defense as it is between contrasting and contradictory representations of self in relation to others. A representation of self in relation to others is not so

much a static representation, like a photographic image, but more like a moving image that encodes a storyline in enacting a relational scenario.

Object relations theorists have described two archaic relational scenarios from which they believe all more complex scenarios derive: the nurturant scenario and the antagonistic scenario (Josephs, 1992). In the nurturant scenario, the relationship between self and other is basically caring and harmonious. In the antagonistic scenario, the relationship between self and other is basically conflictual and hostile. These two relational scenarios give rise to two primary anxieties: *depressive anxiety* and *persecutory anxiety*. Depressive anxiety reflects a fear of the loss of the caring other in the nurturant scenario, and persecutory anxiety reflects the fear of being hurt by the hostile other in the antagonistic scenario. Defenses are brought into operation to prevent the materialization of either of these two dreaded scenarios.

Defenses in object relations theory are essentially counter-fantasies. If depressive anxiety reflects a fantasy of losing the nurturant other, then the antidote to that anxiety-laden fantasy must be some sort of counterfantasy that negates the anxiety-laden one. If one has a fantasy of being self-sufficient (i.e., the manic defense), then one need not fear losing those to whom one is attached. If one has a fantasy of being inseparably merged with those to whom one is attached, then one need not worry about being separated from

them. If persecutory anxiety reflects a fantasy of being harmed by an antagonistic other, then the defensive counterfantasy must be one of neutralizing that threat in some manner or other. If one imagines vanquishing the antagonistic other (i.e., identification with the aggressor), then one need not fear the other. If one imagines maintaining a protective distance from the antagonistic other (i.e., schizoid defense), then one need not fear the other's animosity. Anxiety is precipitated whenever the defensive counter-fantasies are challenged and punctured. In object relations theory, fantasy serves an anxiety attenuating function. Fantasies not only serve to fulfill wishes and anticipate imaginary dangers, as in Freudian theory; but fantasy also serves to construct a safe reality in which those imaginary dangers have been neutralized as a threatening eventuality.

Just as fantasies of the self in relation to others are the building blocks of the mind, the organization of these building blocks determines one's proneness or vulnerability to anxiety. Kernberg (1975) delineated three levels of psychostructural integration associated with three levels of organization of internalized object relations. These three levels of integration are associated with three levels of psychopathology—neurotic, borderline, and psychotic—and therefore three levels of vulnerability to anxiety. Neurotics are able to clearly differentiate representations of self from representations of others and are able to integrate good and bad representations of self and good and bad representations of others, resulting

in self and object constancy. Neurotic conflicts as a consequence of being organized on the basis of whole object relations are conflicts of ambivalence. Anxiety arises from hating the people one loves and loving the people one hates.

Borderlines are able to clearly differentiate representations of self from representations of others but are unable to integrate good with bad representations of self and are unable to integrate good with bad representations of others. Borderline conflicts organized on the basis of part object relations result in a fear of persecution from bad objects and in a fear of abandonment from good objects. Psychotics are unable to differentiate representations of self from representations of others and are also unable to integrate good and bad representations of self and others. As a result of a failure to differentiate self from others, anxiety derives from a confusion about what is reality and what is fantasy. Psychotics, like borderlines, experience persecutory and depressive anxieties but in a context in which the capacity for reality-testing is lost. Psychotic anxiety is the fear of losing one's sanity.

The object relations approach suggests that vulnerability to anxiety is dependent upon one's level of psychostructural integration. The more integrated one is, the less vulnerable one is to anxiety. The goal of conflict/defense analysis is not so much to gain insight as it is to achieve an

integration between conflicting and disparate aspects of self. It is the achievement of integration that attenuates anxiety and it is the loss of integration that precipitates anxiety. Ironically, *splitting*—a defense through which anxiety is attenuated by maintaining a distance between good and bad representations of self and others—is ultimately self-defeating in preventing integration. In analyzing the defensive use of splitting, one might provoke *integration anxiety*, the fear that the assumption of an integrated state will lead to either loss or persecution. The counter-fantasy to integration anxiety is the fantasy of how blissful it would be to be a whole person.

THE SELF PSYCHOLOGICAL THEORY OF ANXIETY

Self psychology takes as its starting point the quest for an integrated sense of self. For self psychologists, the superordinate motivational principle of human functioning is the effort to maintain what Stolorow and Lachmann (1980) have referred to as the cohesiveness, temporal continuity, and positive affective coloring of the self. Kohut (1977) defined the self as a center of initiative guided by nuclear ideals and ambitions. Anxiety in self psychology is at bottom always fragmentation or disintegration anxiety, reflecting the loss of self-cohesion, self-continuity, and self-esteem. The sense of self, though, cannot be maintained in a vacuum but requires what Kohut (1971) called *selfobjects*. Selfobjects are extensions of the self that function to bolster the sense of self. When selfobjects fail, the sense of self falters.

Kohut (1971) delineated three major selfobject functions. Mirroring selfobjects bolster the self's need for validation and affirmation. The loss of mirroring evokes anxiety about the loss of self-esteem. Idealizing selfobjects bolster the self's sense of safety and belonging in allowing the self to be connected to something greater than itself. The failure of idealizing selfobjects evokes anxiety about being vulnerable to hostile forces. Alter-ego or twinship selfobjects bolster the self's sense of normalcy and of being human in being like someone else. When alter-ego selfobjects fail, anxiety is evoked about being abnormal, alien, and inhuman. Wolf (1988) delineated several other selfobject functions. Efficacy selfobjects bolster the self's sense of mastery. The failure of efficacy selfobjects evokes anxiety about inadequacy and incompetence. Adversarial selfobjects bolster the self's sense of being different from others through defining the self in contradistinction to the adversarial selfobject. The failure of adversarial selfobjects evokes anxiety about the loss of the sense of individuality.

Kohut (1971) noted that selfobject failure, if it is not of traumatic proportions, may be an impetus to growth. Tolerable selfobject failure leads to the establishment of *transmuting internalizations* through which the self assumes the selfobject function and thus develops a measure of functional autonomy. Transmuting internalizations allow for a more autonomously self-regulated and therefore more resiliently integrated sense of self that is less prone to the anxiety provoked by selfobject failure. Yet even highly integrated

senses of self are not entirely autonomous but require the bolstering of mature selfobjects which support the sense of autonomy and of integration.

The implication for treatment is that the therapist always serves a selfobject function for the patient. To the extent the therapist is experienced as failing in the execution of this function, the patient's sense of self will be destabilized and anxiety will be evoked. To the extent the therapist is experienced as succeeding in the execution of this function, the patient's sense of self will be stabilized and anxiety will be attenuated. Yet the transformative element of treatment that distinguishes a self psychological approach from supportive psychotherapy is that the pivotal moment in treatment is the moment of selfobject failure. If the therapist can empathize with the patient's sense that the therapist has failed as a selfobject, then the rupture in the therapeutic relationship can be bridged and the patient can effect a transmuting internalization that increases the resilience of the self. Repairing ruptures in the selfobject relationship with the therapist through empathic interpretations is the essential process through which the sense of self is strengthened and the self becomes less vulnerable to anxiety.

INTEGRATIVE OVERVIEW

Freud taught us that anxiety derives from intrapsychic conflict and that anxiety as an anticipation of danger triggers defense mechanisms. When

those defenses fail, anxiety becomes manifest and the person may become symptomatic. This basic model remains fundamentally true and remains clinically useful as psychoanalytic treatment invariably entails conflict/defense analysis. Yet the model does not fully address the question of what determines the intensity of conflict and therefore the intensity of anxiety, and what determines the success or failure of defenses against the experience of anxiety. To answer these two questions, one must possess a theory of the formative influence of the social surround that determines which wishes will be frustrated and to what extent, and that determines the extent to which different wishes will be deemed socially acceptable or unacceptable. Thus intrapsychic conflicts and anxieties will invariably mirror interpersonal conflicts and anxieties as they have been experienced in the family and culture of origin.

Yet the amount of conflict one experiences is not simply a product of the challenging conflicts to which one has been subjected in life, but also a product of how successful one has been in resolving conflict and achieving an integrated level of functioning. The more poorly integrated one is, the greater the vulnerability to anxiety; and the more successfully integrated one is, the greater the resilience to anxiety. Anxiety is therefore a barometer of one's level of integrated functioning. Anxiety functions as a homeostat which signals the threat of dis-integration, spurring efforts to re-integrate. Though the need for integration can be appreciated as an endogenously arising

human tendency that may be seen as superordinate to other endogenously arising tendencies such as sexual, aggressive, and attachment drives; the drive for self-integration cannot succeed in a vacuum. The social surround must facilitate the person's innate integrative tendencies. Failure of the social surround to succeed in this function thwarts the person's drive to establish an integrated sense of self and leaves the person fragmented, conflicted, and anxious. Anxiety is then a reflection of the failure of the social surround to support an integrated level of functioning. Given the hopelessly pluralistic conditions of modern and postmodern society, it is unclear whether contemporary society is capable of supporting an integrated sense of self within its individual members (Frosch, 1991).

Defenses stabilize the person at a lower level of integration than the person's highest potential level of integrated functioning. Integration anxiety, a fear of relinquishing the stability of a lower level of functioning in trying to achieve a higher level of integrated functioning, may thwart the drive toward self-integration. Analysis still entails conflict/defense analysis, yet it is not so much defenses against forbidden wishes that are analyzed as it is defenses against integrating conflicting and seemingly incompatible aspects of the self. Overall, the analyst functions as a selfobject who promotes the acquisition of higher levels of integrated functioning and as such strengthens the self and in so doing makes the self less vulnerable to anxiety. Anxiety is the signal of a self in distress. That signal is not only a communication to the self to institute

defenses, but a signal to the selfobject to execute its function more effectively. To the degree that the analyst can register the patient's anxiety as a communication of interpersonal distress, the analyst may be able to respond with empathy and thereby support the patient's own strivings toward integration.

REFERENCES

- Breuer, J., & Freud, S. (1895). *Studies on hysteria. Standard Edition 2*. London: Hogarth Press. 1955.
- Freud, S. (1894). *The neuropsychoses of defense. Standard Edition 3*, 43-61. London: Hogarth Press. 1962.
- Freud, S. (1898). *Sexuality in the aetiology of the neuroses. Standard Edition 3*, 261-285. London: Hogarth Press, 1962.
- Freud, S. (1905). *Three essays on the theory of sexuality. Standard Edition 7*, 125-243. London: Hogarth Press, 1953.
- Freud, S. (1926). *Inhibitions, symptoms, and anxiety. Standard Edition 20*, 77-174. London: Hogarth Press. 1959.
- Frosch, S. (1991). *Identity crisis: Modernity, psychoanalysis, and the self*. New York: Routledge.
- Greenberg, J. (1991). *Oedipus and beyond: A clinical theory*. Cambridge, MA: Harvard University Press.
- Horney, K. (1950). *Neurosis and human growth*. New York: Norton.
- Josephs, L. (1992). *Character structure and the organization of the self*. New York: Columbia

University Press.

Kernberg, O. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

Klein, G. (1976). *Psychoanalytic theory: An exploration of essentials*. New York: International Universities Press.

Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Stolorow, R., & Lachmann, F. (1980). *Psychoanalysis of developmental arrests*. New York: International Universities Press.

Sullivan, H. S. (1953). *The interpersonal theory of anxiety*. New York: Norton.

Wolf, E. (1988). *Treating the self: Elements of clinical self psychology*. New York: Guilford.