

FREUD'S ANXIETY NEUROSIS¹

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THERE are few, perhaps, who will be disposed to deny that the formation of "schools," whether in the principles or the practice of medicine, has been, on the whole, quite as operative for harm as it has been productive of good. In saying this one is by no means unmindful of the universal and altogether human tendency, indeed sometimes even necessity, for men to group themselves about the leaders who appeal most strongly to their intellect or their sympathy. This very discipleship, however, valuable as it is in many ways, gives rise to certain psychological tendencies which, as one may think, have been not always conducive to the impartial pursuit of truth. Not indeed that there need be any conscious bias, but rather this,—the more or less partisan exigencies of the "school" tend to introduce the will to believe to such an extent that the latter may acquire a too potent influence over the mental processes of those concerned. Quite naturally the result has been many times, not only sins of logic, but of manners as well.

We have in our midst just such a phenomenon as this. On one side there are the members of the school of Freud, contending with much learning and enthusiasm,—may I add with now and then just a dash of condescension?—for the views of the Master; on the other hand, there is perhaps a larger body of men, possessing similar qualities, who vehemently differ from both Freud and his followers. It is a dependable sign of scientific immaturity to accept forthwith every new opinion, doctrine, or hypothesis, promulgated even by authority; and it is, I take it, the purpose of this symposium to set about a critical discussion of Freud's recent suggestion that we separate from neurasthenia a definite symptom complex to be known as anxiety neurosis.

I trust I may venture the too personal complexion of

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the remarks which follow, because I have thought that if I should express some of my own logical and psychological perplexities, it may contribute to the practical character of the discussion.

Setting out then to criticise, as I purpose to do, some of the pronouncements of this recent school of psychology, one must be prepared to break or to render innocuous the shaft of orthodox Freudian polemic, namely, the vigorous retort that the critic has not even acquired or, if so, has not properly employed the "method," which is, of course, psychoanalysis in the strictly Freudian sense. I shall seek to evade what has now become a thorny subject and have only this to say about it,— a method which appears to be esoteric and which according to the disciples of Freud is so eminently unsuccessful when used in the researches of other competent observers, can never become very widely applicable. This, of course, is no argument, and is not meant to be an argument against its value. But again, and curiously enough, so potent is the influence of a "school" of thought, that the followers of Freud give the impression of believing that the way to the promised land of psychology lies mainly or largely through their "method." Here they are guilty of a rather obvious *petitio principii*. Passing over, however, the question of method, let us consider Freud's views concerning anxiety neurosis, from the vantage ground of the general principles of reasoning.

Whoever has had even a limited experience with nervous people will readily admit that anxious expectation is of very common occurrence among the symptoms within his purview. So widely distributed is this feeling that it would be difficult to say when it is not present, in some manner and degree, in the majority of nervous patients. If, therefore, it is desired or desirable to set up a symptom-complex to be known as anxiety neurosis, the question to be asked is this: Have I noted in a moving equilibrium, man, that a certain series of changes, static and dynamic, has occurred more than once; if so, was the occurrence still fortuitous, or was the series a case of an orderly recurrent mode, which hitherto had escaped attention? If so the recurrence will be observed again and again, whether by myself or others in

approximate uniformity. The cases of the newly observed series will vary, some indeed so far as to trespass upon other nosological series already recognized, and no strict demarcation can be drawn around them; yet there may, nevertheless, be difference enough and constancy enough to make it worth our while, for the convenience of observation and thought, to erect the new series into a category of its own, and to stick a label on it. We shall demand, then, no more than this: Does the series recur with uniformity enough to make it desirable for purposes of identification and comparison to name it; as, for our convenience, we name a uniformly recurring set of stars Orion or Charles's Wain?¹ It is Freud's belief that there exists such an orderly recurrent series of symptoms having a well-defined etiology. This he desires to call anxiety neurosis because the sum of its components can be grouped around the symptom of anxiety and because each individual symptom shows a definite relation to anxiety. The symptoms of anxiety neurosis, according to Freud, are the following: (1) General irritability, occurring constantly and having a theoretical significance; (2) Anxious expectation, the most essential symptom of the neurosis. (3) Attacks of anxiety; (4) Rudimentary attacks of anxiety and equivalents for the attack of anxiety, these latter comprising a variety of somatic manifestations. (5) Nocturnal frights (*pavor nocturnus* of adults and even of children), usually combined with anxiety, dyspnea, perspiration, etc. (6) "Vertigo," a very prominent symptom of anxiety neurosis. This vertigo belongs to the locomotor or co-ordinating vertigo, like the vertigo in paralysis of the ocular muscles. (7) Two groups of typical phobias; the first referring to the general physiological menaces, the second to locomotion. (8) Digestive disturbances,—sensations like nausea and sickly feeling are not rare, and the symptom of inordinate appetite alone or with other congestions may serve as a rudimentary attack of anxiety. There is also chronic diarrhea. (9) Paresthesias which accompany the attack of anxiety or vertigo and which associate themselves in a firm sequence. (10) The chronic appearance of many of the so-called symptoms

¹Sir Clifford Allbutt, Notes on the Composition of Scientific Papers, p. 113.

which accompany or substitute the attack of anxiety. This is especially true of the diarrhea, vertigo, and paresthesias.

Here, no doubt, is a sufficiently long list of symptoms out of which to make a neurosis. Let us follow the steps whereby Freud seeks to establish it. In the first place he admits that in some cases answering to his formula for anxiety neurosis no etiology can be readily ascertained. But he continues, "Where we have reason to *assume*¹ that the neurosis is acquired we can find by careful and laborious examination that the etiologically effective moments are based upon a series of injuries and influences from the sexual life. These at first appear to be of a varied nature, but easily display the common character which explains their homogeneous effect upon the nervous system. They are found either alone or with other banal injuries to which a reinforcing effect can be attributed. This sexual etiology of anxiety neurosis can be demonstrated so preponderately often that I venture for the purpose of this brief communication to *set aside all cases of a doubtful or different etiology*."² This seems to me to be a rather striking example of the influence of a preconception (derived from observation, if you will) in producing a sort of violent natural selection. Reduced to one sentence, Freud's statements amount to this: There are cases answering to the clinical description of anxiety neurosis in which no etiology can be readily ascertained, plus cases of a doubtful etiology plus cases of a different etiology; but setting aside all cases of anxiety neurosis not having a sexual etiology, all those having a sexual etiology are sexual in origin. Another way of putting it would be as follows: In some cases of anxiety neurosis, sexual influences are discovered to be concerned in the business, therefore they are the causes of it. Such a method of procedure will appear, I think, to most people to be quite arbitrary. There is an obvious selection of some cases and a rejection of others on behalf of a special hypothesis, which confessedly is able to offer an explanation for only a portion of the observed data. Here again is an example of the not uncommon way of getting rid (verbally) of obstacles by the convenient

¹Italics mine throughout.

²Selected Papers on Hysteria, Eng. trans. p. 141.

method of setting them aside. The accurate delimitation of symptom complexes is a thing much to be desired, and it may be that the time has come for the separation of anxiety neurosis from neurasthenia. But granting this, it can serve but poorly the purposes for which symptom complexes are made to select from a number of similar clinical cases a privileged few having a special and by no means adequately established etiology, and to claim for them alone the name which properly belongs to the whole group.

I speak subject to correction, but from the title, subtitles, and context of Freud's original article, I gather the impression that this is what he desires to do. The title of his article reads: On the Right to Separate from Neurasthenia a Definite Symptom Complex as Anxiety Neurosis. The subtitles are: Clinical Symptomatology of Anxiety Neurosis; The Occurrence and Etiology of Anxiety Neurosis; Addenda to the Theory of Anxiety Neurosis;¹ The Relations to Other Neuroses. There is here no more justification in logic than there would be were we first to divide fractures into those caused by falling on the sidewalk and those caused by automobiles, and then to attribute the name fractures only to those having the latter etiology. I do not wish to misrepresent Freud's procedure, but one receives strong confirmation of his suspicions when he reads: "The main objection against my formulation of a *sexual etiology of the anxiety neurosis* will probably be to the purport that such abnormal relations of the sexual life can be found so very often that wherever one will look for them they will be found near at hand. Their occurrence, therefore, in the cases cited of anxiety neurosis does not prove that the etiology of the neurosis was revealed in them."² And in a paper on the Anxiety Neuroses by one of Freud's disciples I read: "That anxiety plays a part in the neuroses was fully recognized by almost all writers on this subject; but its isolation into a separate entity, and its reference to a special sexual

¹ Among some of the followers of Freud there is a not infrequent looseness in the use of terms, e.g., we read of Freud's "theory of dreams," "theory of anxiety neurosis," etc. These are, of course, not theories at all; they are views, opinions, or, at most, hypotheses.

²Loc. cit., p. 144.

etiology was first established by Freud in his dissertation, 'On the Right to Separate from Neurasthenia a Definite Symptom Complex as Anxiety Neurosis.'"¹ And again: "According to Freud and his followers, the etiology of anxiety neurosis is to be found in a series of sexual injuries and other influences from the sexual life."² For Dr. Brill, the anxiety neuroses of non-sexual origin do not appear; the sexual etiology seems to have swallowed all of them. According to him "the actual neuroses, neurasthenia, and anxiety neurosis, differ materially from the psychoneuroses, compulsion neurosis, and hysteria. The latter group are due to purely psychogenetic factors, while the first are due to somatic sexual injuries." In what way, one would like to know, are compulsion neurosis and hysteria any less "actual" neuroses than neurasthenia and anxiety neurosis? With all their ingenuity and patient labor, which every one gladly welcomes, nevertheless the Freudian psychologists not seldom perplex us by the finality of their statements based upon rather nebulous reasoning. Moreover, we observe the frequent use of such words and phrases as these: "analogous" (at best a treacherous ally); "especially clear" (when it is rather especially cloudy); "it can be assumed" (it can, but should not be); "subcortically expended" (whatever that may mean); "fully sustains" (when it doesn't seem to); "confirm the theory in all particulars" (when there appears to be weighty evidence to qualify it). These and similar words and expressions make it a matter of no little difficulty to grasp the real significance of some parts of the Freudian psychology.

Whether or not we agree with the reasoning of Freud, it may be well worth our while to ask whether we ought perhaps to speak of neuroses with anxiety rather than of anxiety neurosis. Or to state it in simpler form, Is anxiety a sufficiently clear cut and stable thing to serve as the nucleus around which to assemble a definite symptom complex? I think that here we are in constant danger of parting company with the concrete richness of experience. Let me explain my meaning. Whereas generalization is of

¹ Brill, *JOURNAL OF ABNORMAL PSYCHOLOGY*, Vol. V, No. 2, 1910, p. 57.

² *Ibid.* p. 59.

the very pith and marrow of all scientific procedure, still it may not infrequently lead to a blurring over of those differences which make one thing quite unlike another. This habit of generalization, as Professor Lovejoy remarks, leads us to assume that the similarity of the particular object to the rest of the class extends farther than it really does. The differences are quite as important, in truth, they may be more important than the resemblances. Now in the matter of anxiety this seems to me to be the case. We are apt to allow, unconsciously, no doubt, the abstract nature of language to mislead our thinking. Not everything that we label anxiety is the same thing, any more than everything we name depression is the same thing. But to speak of the anxiety neurosis would be tantamount to saying that anxiety is anxiety and there is an end of the matter. On the other hand, if we speak of neuroses with anxiety we are committed to no such scheme, for then it will be possible to state the context in which anxiety appears, and thus the way will be open to us to describe the concrete differences as well as the resemblances. Few, perhaps, would maintain that death from shooting and death from drowning are the same death. A man who is shot and a man who is drowned are both dead, but the total effect is never mere death, but death in some one special shape. One is dead with the special symptoms of death by drowning and the other with those of death by shooting. The water will kill you and a bullet will kill you, but death with a bullet hole does not come from drowning, nor death with one's lungs filled with water from a gunshot.¹ Similarly, anxiety is not a mere abstract floating somewhat; it always occurs in a particular concrete situation. The anxiety of angina pectoris (the *anxiété* of the French, as distinguished from *angoisse*) is not the same as the anxiety of the psychasthenic; again the anxiety of the latter is not the same as that occurring in those who are the victims of mental alienation. And yet the same abstract *name* "anxiety" is applied to all of these dissimilar things. In such use of language, we crystallize the resemblances but blur over the differences. The real question before us is this: Whether the anxiety experiences

¹Cf. A. E. Taylor, *Elements of Metaphysics*, p. 180.

of concrete persons have sufficient in common to warrant setting up an abstract conception,— anxiety neurosis. And assuming that we have decided that such a conception as anxiety neurosis is needed or justifiable, this conception ought to comprehend all cases in which anxious expectation is found; if it does not do so, then the principle according to which the conception has been constructed is either logically or ontologically deficient.

I have already urged that Freud's anxiety neurosis, from the etiological point of view, suffers from an incomplete enumeration, inasmuch as it does not include those cases in which, confessedly, can be discovered no satisfactory etiology at all, or on the other hand, one that is other than sexual. Now I would further contend as a second objection to the setting up of a so-called anxiety neurosis, that no matter how many cases you may find to come under your rubric, still there will be a number left over which show unmistakable symptoms of anxiety and which you can fit to the pattern only by an altogether unjustifiable use of abstraction. The situation would then amount to this: the facts would be trimmed to fit the concept, rather than the concept made to fit the facts. Hence it would seem that one is driven to conclude that any conception of anxiety neurosis which is true is so far lacking in precision, so loose and vague, as to be of little practical value; whereas any conception of anxiety neurosis sufficiently definite to be of use suffers from the defect that it is too exclusive. While I believe it to be demonstrable that sexual influences may and do produce neurotic conditions characterized by anxiety of greater or lesser degree, nevertheless for the reasons already set forth, I cannot see what useful purpose either for thought or for practice will be served by the recently suggested anxiety neurosis. The advice which William Ockham gave some six and a half centuries ago is just as applicable now as then: *entia non multiplicanda praeter necessitatem*.

In conclusion, then, I would say that, prescinding altogether from Freud's special method, his formulation of anxiety neurosis is defective, for two reasons: first, from the logical side it suffers from an incomplete enumeration, in so far forth as it takes into consideration only one of several

etiological factors; and secondly, it is defective from the ontological side, because in any sense in which it is true, it is too inclusive to be useful, while in any sense in which it is useful, it is too exclusive to be true.