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THE RELATION BETWEEN THE ANXIETY NEU- ROSIS AND ANXIETY-HYSTERIA¹

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AS is well known, the views of Freud and his school have in the past few years undergone a continuous development in regard to the problem of morbid anxiety, as well as to other problems. The object of this communication is to define, so far as a single member of the school may do so, the present attitude towards this subject and to attempt to render more precise the relations between the conceptions of anxiety neurosis and anxiety-hysteria.

The progress in our knowledge of anxiety states may be represented in three stages, which can briefly be described as follows: In 1895 Freud separated from neurasthenia a clinical group to which he gave the name "anxiety neurosis," and which comprises the characteristic symptoms, both physical and psychical, that are now well known. The causes of this syndrome he found to be not psychical, but physical factors, consisting of incomplete satisfaction of physico-sexual needs under circumstances when these are excited; typical causative situations are those such as repeated coitus interruptus and certain forms of sexual abstinence. It is thus a matter of a combination of undue physical excitation and insufficient efferent discharge.

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In 1908 Freud coined the term "anxiety-hysteria" to denote certain phobias the psychological structure of which resembled that of ordinary hysterical symptoms. The causes here are, as with hysteria in general, certain deviations in the development of the infantile psycho-sexual instincts, with the consequent accompaniment of repressed intra-psychical conflicts.

The third step, one made independently by Freud and most psycho-analysts, was the discovery that the same psychical factors that play the chief part in anxiety-hysteria are also to some extent operative in apparently pure cases of the anxiety neurosis.

The effect of this new knowledge was a double one: On the one hand it led to the necessity for revising various questions, such as the relation between the "actual neuroses" and the psychoneuroses, while on the other hand it made immediately intelligible a number of clinical problems that previously had been quite obscure. For instance, it explained some of the problems concerning the relation of the anxiety neurosis to hysteria, a matter to which Freud had already in his first communication* (1895) devoted special attention, and it also explained the clinical finding that cases of hysterical phobia usually show as well symptoms of the anxiety neurosis. If we consider the essential elements of the infantile conflicts that lie behind such phobias we can understand how they often lead to another symptom, namely to an absolute or relative incapacity to obtain sexual gratification even when favorable conditions for this are freely present, in other words to an absolute or relative impotence. This incapacity can then bring about an anxiety neurosis, just as the absence of external opportunity for adequate gratification can, and this in spite of the fact that the psychoneurotic symptoms themselves render possible a sort of disguised gratification and a certain relief of tension.

As to the sexual origin of pathological anxiety there is, in my opinion, nothing more to be said. I have elsewhere¹ shown that, quite apart from actual experience, logical

¹"The Pathology of Morbid Anxiety." *JOUR. OF ABNORMAL PSYCHOL.*, 1911. Reprinted as Ch. VIII of my "Papers on Psycho-Analysis," 1912.

reflection alone, if only this is carried through consistently and without prejudice, can lead to no other conclusion, and there is no other part of the whole Freudian theory that finds a more constant confirmation in daily practice. The main problem is to determine the relative importance that is to be ascribed in the causation of anxiety states to the psychical and to the physical lack of gratification respectively, especially in the pure anxiety neurosis. One could make the matter easy by saying that, from its very biological nature, the sexual instinct must have both a psychical and a physical side, — a statement which is of course obvious, — but the question is which of the two is the more important in the present connection, a question which evidently is of weighty significance in regard to therapeutics.

That the physical factors to which Freud called attention in his first communication are actually concerned is indicated by two considerations, first that the removal of them is followed by an improvement in the symptoms, and secondly that their presence in such cases is to be found with extraordinary frequency, if not constantly. Even such an opponent as Janet¹ could not overlook the latter fact; he writes, "Si on peut avoir des renseignements, des aveux dans la vie sexuelle des malades, on voit qu'elle est presque toujours troublée et qu'elle est bien troublée en effet dans le sens qu'indique Freud." Several authors have assumed, perhaps under the influence of the stress that Freud in the communication referred to laid on the bodily factors, that the problem is purely a physical one, and speak, as does for instance Loewenfeld, of a tension due to libidogenic substances. Although recent investigations on the interrelation of ductless glands, particularly Cushing's work on the hypophysis, make the existence of such chemical substances probable, it should not be forgotten that there is no absolute proof of this, so that it would seem wiser to avoid all dogmatizing in this direction so long as we have nothing on the subject beyond speculation. In any case it is certain that in connection with the physical factors in question there are two important psychical points of view that should not be overlooked:

¹Janet. *Les Obsessions et la Psychasthénie*, 1903, t. I, p. 622.

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1. Such factors hinder adequate satisfaction of various psychical tendencies of probably considerable importance, which can scarcely be satisfied in any other way. With many people, perhaps especially with men, there remains, after sublimation has accomplished all it can, a certain surplus of desire, an impulse towards psychical discharge, and a wish to assure oneself once again of that feeling of individual value and capacity that nothing can give to the same degree as satisfactory personal relations of an intimate kind. When the lack of such relations hinders the psychical discharge there results a damming-up of an essentially psychical order (quite apart from any accompanying bodily accumulation).

2. When the various physical factors are considered to which Freud called attention (sudden introduction of girls to gross sexual experiences, and so on), it is seen that they all concern situations in which there must of necessity arise an intra-psychical conflict; for instance, no human being leads an abstinent life purely of his own free will, but only because a certain part of his personality is victorious in the conflict with the other, instinctive part. The importance of such conflicts is not to be underestimated, for they act in the same way as the current conflicts in cases of anxiety-hysteria, *i.e.*, through the reinforcement of older ones originating in childhood. I am perhaps the more inclined to bring this factor of intra-psychical conflict into prominence because for biological reasons I derive morbid anxiety not directly from repressed sexuality (as is so often done), but from the inborn fear-instinct, which has been stimulated to exaggerated activity (as a defence mechanism) in response to the danger of the repressed sexual wishes. This conception can be related to Freud's view in which he traces the "anxiety transformation of sexual hunger" to the fact that the ego deals with an internal danger in the same way that it is accustomed to deal with external dangers; it fears them and defends itself against them. A parallel can thus be drawn, in my opinion, between pathological anxiety and the pathological love of the obsessional neurosis, which is an exaggerated response to repressed hate (Freud, *Jahrbuch*, Bd. I.).

In addition to these considerations the two following

have also to be thought of: There are cases of anxiety neurosis in which the removal of the physical factors (coitus interruptus, etc.) leads to a partial improvement, but not to complete recovery, and then there are cases, exceptions it is true, in which such factors are altogether absent, *i.e.*, in which sexual intercourse is freely performed in the normal way. As is generally known, the analysis of such cases always reveals the presence of infantile psychical factors, similar to those characteristic of anxiety-hysteria. For all these reasons, therefore, psychical factors have to be credited with an essential significance in the causation of all anxiety states.

Can physical factors alone ever produce morbid anxiety? Probably not, for the following reasons: In cases where the psychical factors are less prominent, *i.e.*, where the psycho-sexual development approaches the normal, and where current conflicts are not very important, experience shows that such persons can tolerate a considerable amount of sexual tension without harm, far more than those with a more neurotic predisposition. Further, one sees that when sexual abstinence is forced on animals, *i.e.*, when the renouncement is due to purely external and not to internal causes (moral conflicts, etc.), the result is not an anxiety state but a condition of general irritability. The latter example is, it is true, only an analogy, and not an exact comparison. But the question cannot be tested with human beings, for, as was mentioned above, in most cases where physical factors are operative psychical ones are also; in cases where pressure is imposed from without, *e.g.*, in prisons and insane asylums, the persons can hardly be compared with the normal. The difficulty of isolating somatic factors in a pure form makes it necessary to remember that when we use the expression "physical factors" we refer to a given situation in which of necessity psychical factors also play an important part.

A few words may be said on the more general question of the relation of the "actual" to the psycho-neuroses. The distinctions between them drawn by Freud are mainly three: first, the individual symptoms of the former differ from those of the latter in the impossibility of reducing them further

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through any form of psychological analysis; secondly, the causes of the former are physical, those of the latter psychical; and thirdly, the causes of the former are current, while those of the latter lie rather in the past (childhood). This scheme was correct at the time it was drawn up, and was an important advance on the previous confused neurological opinions; without it it would have been impossible to make any further progress. It retains its correctness also at the present day, but it is incomplete in the sense that it contains only a part of the truth and therefore needs revising and extending. The history of the past twenty years has shown that the most ruthless efforts in the direction of revision and extension of earlier incomplete views have been those made by Freud himself, and the present instance is no exception to the rule. In a recent illuminating communication¹, which might have been written in reference to the present subject, he says: "Psycho-analysis has induced us to give up the unfruitful contrast of external and internal factors of fate and constitution, and has taught us to find the causation of neurotic disease in *a definite psychical situation*,² which can be brought about in various ways." The difference between the anxiety neurosis and anxiety-hysteria cannot be described better than in terms of the various types of onset enumerated by Freud in this article. The former condition (anxiety neurosis) corresponds to the onset resulting from renouncement (Type A). The renouncement consists in the loss of psychical gratification, as a consequence of an unsatisfactory psychosexual life, and the accompanying conflicts lead, in the way mentioned by Freud, to an introversion of the sexual hunger (*Libido*) and a revival of older infantile conflicts. With hysterical phobias, on the other hand, where current conflicts and renouncement also play a considerable part, the most important factors are the demands of reality (*Realforderung*) or the inhibited development (Types B and C). But, as Freud insists, the distinction between the various types is to some extent artificial and schematic, inasmuch as in most cases the different factors

¹"Ueber neurotische Erkrankungsstypen." Zentralbl. f. Psch. Jahrg. II, S. 297.

²Not underlined in the original.

mentioned above are all concerned. The distinction is therefore entirely a quantitative and not a qualitative one, in some cases the one type or factor playing the most prominent part, in other cases the others. It is throughout comprehensible that with patients where the second and third factors are especially strongly developed it needs a lesser activity of the first one, or perhaps none at all, in order to evoke the illness. This consideration completely explains the variability of the different causative factors in anxiety states, the deeper and the more superficial, the older and the current ones. When the first are more prominent the patient may remain free from symptoms so long as there is no obstruction in the way of psychosexual gratification (current conflicts, etc.); but he can offer much less resistance than another person to the action of "physical" pathogenic factors, and will also, therefore, suffer sooner from an anxiety state.

The three distinctions given above between an actual and a psychoneurosis will now be considered a little more closely. The symptoms of anxiety-hysteria (phobias, etc.) are not only capable of a further psychological analysis, but cannot be conceived in any other way; they symbolize various wishes that have been subjected to repression. The symptoms of the anxiety neurosis seem to have a rather more complicated origin: on the one hand they represent the normal physiological accompaniments of fear, which has arisen through the psychical mechanism discussed above, *i.e.*, as a defense reaction to repressed sexual wishes, and which, just like the phobias, symbolizes both the wish and the censor opposed to it; on the other hand they may, and usually do, have an individual psychological mechanism of their own, quite similar to that of the phobias. An example: Breast dread shows both fear (free, floating pathological dread) and also certain definite apprehensions that are symbolized by the localization of the symptom; I have always found that this, especially when it is very pronounced — as with the anxiety equivalents — is overdetermined by psychical factors. The second distinction in question, the bodily in contrast to the mental, has been discussed above, and we saw that the latter factor plays an important part in

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every case, whether of anxiety neurosis or anxiety-hysteria, while our knowledge of the former factor is as yet too indefinite to allow any precise statements to be made. In general it can be said that the "physical" factors (in the sense defined above) are as a rule much more pronounced with the anxiety neurosis than with the anxiety-hysteria, but even in this there is considerable variation. Similar remarks apply to the third distinction, the contrast between current and past factors, a subject that was clearly and exhaustively discussed by Freud in the communication mentioned above. We see, therefore, that there is no difference of principle between the conceptions of anxiety neurosis and anxiety-hysteria, since both conditions merely represent different types of the way in which the same final result, "a definite psychical situation," may be attained. The anxiety neurosis may thus be regarded as a single type or a syndrome of anxiety-hysteria; the latter is probably the wider conception.

Finally, some of the therapeutic applications of the preceding considerations may be emphasized, and this will be done in the form of a short statement, which needs no discussion in that it follows directly from what has been said. It concerns only the anxiety-neurosis. Psycho-analytic treatment of such cases should be undertaken under two circumstances: first, if the removal of the "physical" factors (*e.g.* coitus interruptus, etc.) does not lead to an adequate improvement in the symptoms, and secondly, if these factors are of such a kind that they cannot easily be removed (*e.g.* abstinence in widows over a certain age, in girls, etc.).

The conclusions that we have reached may be summarized as follows: The essential cause of all kinds of anxiety states consists in a lack of psychical gratification of the sexual hunger (*Libido*); the anxiety arises in the inborn fear-instinct, and the exaggeration of its manifestations represents a defensive response to repressed sexual wishes. In all cases the psychical factors play an important part, in many even the sole one. The physical factors are often contributory, but they alone are never sufficient to evoke an anxiety state; in addition these factors always have an important psychical side. The physical factors are much more prominent in the anxiety neurosis than in anxiety-hysteria

(phobias, etc.). The anxiety neurosis may be considered as a single symptom of anxiety-hysteria, the latter being the wider conception.