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J. J. LOPEZ IBOR
M.D.

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CHAPTER 31

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J. J. LOPEZ IBOR*
M.D.

Ladies and Gentlemen, the diverse parts of this symposium have pointed to those fundamental aspects of our science which anxiety offers the psychiatrist. There is no doubt that anxiety has its biological basis. Even the ethologists come to speak of the anxiety of animals, although according to many philosophers this is a contradiction because anxiety is a human experience of which only man can speak and refer to. Animals only show us conduct which cannot be qualified as typically anxious without forcing the issue.

We have examined in depth the biological basis of anxiety which is now seen as more important than it was some years ago, when only psychodynamic interpretations were given. In one session the clinical aspects of anxiety were studied. Then the relationship between anxiety and depression, in particular situations and in general, eg., the clinical manifestation of anxiety in one particular case — say a separation of mother and child, or in more general terms the form in which anxiety is manifested during psychotherapeutic transference.

The transcultural aspects of anxiety too, are important. The study of transcultural psychiatry is one of the things that the World Psychiatric Association has sponsored with much interest. The problem is one of great importance, because the comparison between the diverse forms of anxiety, such as we have heard explained by the various participants shows its common origin. Therefore, when considering the biological basis of anxiety we should always add the influences of the culture in which it develops.

The therapeutics of anxiety for many years has been limtied to psychodynamic techniques, but the main psychopharmacological discoveries have permitted the finding of drugs that act against anxiety and this has been the object of several of the papers of this symposium.

Psychiatrists are preoccupied with anxiety but in reality every patient, whatever his illness, suffers anxiety. Thus a part of this symposium has been devoted to the study of anxiety in diverse pathological conditions and even to the study of the levels of anxiety in the doctor in the dramatic situations which are created in his practice. The problem is not the exclusive problem of the psychiatrist and that is why the management of the anxious patient has been discussed as seen in a general medical practice and in the round table on the management of anxiety.

Anxiety is a diffuse phenomenon consubstantial with the very existence of man and with his life in society. Anxiety exists among primitive people and their social structure is still a defence against anxiety, but strains of it can be perceived in the history of man from the earliest historic document. Jeremiah spoke of anxiety. There is no doubt that the collective phenomenon is seen in a more accentuated form during certain epochs which basically are times of transition. There are times of normal anxiety during which the subject finds it difficult to fulfil his process of identification. That is, of finding himself sensing the knowledge of his part in the story of humanity. Tillich points out that anxiety at the end of the Roman Empire was ontic anxiety, that is, anxiety provoked by the world as object. At the end of the Middle Ages and the beginning of the Renaissance, it was anxiety before death, and in our time, anxiety has an ontological character. In psychological terms I would say that if something characterises our times, it is the thought that man needs to convert himself into the theme of his meditations. He looks to amplify the knowledge about himself, and in that way develops inflation of the ego. But this accentuates itself, for the ego (contributions to our understanding of which have been made by the advances of psychology, psychiatry, philosophy, etc.) seem boundless. It always seems that we see something, and beyond this, which is what existential philosophy calls "nothingness"; and this is why man feels himself threateningly situated through confronting the existence of "nothingness". And the terrible question he poses is "why should the being exist before nothingness". Dostoevsky used to say, "I suggest to you gentlemen that being too conscious is a real illness".

The fact is evident that, in one name or another, anxiety is a fundamental condition of man. It is so basic that primitive people raise their defences

*Professor of Psychiatry, University of Madrid. President World Psychiatric Association.

around it and better developed people make it the object of their philosophical meditation or artistic expressions and of psychological and psychopathological analysis. There exists a whole torrent of philosophy in the world today, that springs from the affirmation that man is characterised not because of being a 'soul political as Aristotle said, nor by the "I think, therefore I am" of Descartes — but rather by the suffering of anxiety. Hamlet's question, "to be or not to be", expresses the root of the problem, the difficulty in being — the logical and rational thought of this contemporary age rejecting that the problem is there.

Any culture is characterised by the way it defends itself against basic anxiety. Logical positivism is a way of doing it, but the insufficiency is evident, because our epoch is still being called the age of anxiety. In the characteristic way of defending itself against anxiety in our present world, psychotherapy, psychiatry, and all the related sciences are called upon.

From here, other questions must be analysed. The first, is to find out what peculiar qualities are inherent in this mood which we now call anxiety and which in other epochs was designated with other words. The second is specifically neutral — "Does there exist a difference between the anxiety suffered by the patient and the normal anxiety?" Many individuals with problems of anxiety we simply should include within normality. The state of anxiety is something which belongs to normal man. Anxiety in general terms has a positive value even accepting the confrontation between anxiety and nothingness, and Heidegger's idea, that anxiety is always anxiety before nothingness, contains much truth. Progress in knowledge is a battle against the unknown, and therefore against nothingness as the unknown.

In order to see more clearly the differences between normal and pathological anxiety, let us recall some examples from daily practice. We see, as psychiatrists, not the crises of anxiety but the expressions in other ways of the anxiety. I will put to you an example of Maudsley. Maudsley tells about a patient who had to abandon the mansion he occupied near the Crystal Palace because the high tower give him suicidal ideas when he looked at it and he was afraid he would not be able to resist the idea if he continued to live there. But later he developed impulses of wanting to kill his children. At night, he locked himself in his room, and placed the key on the window-ledge so that if he suffered a paroxysm he could throw the key out instead of picking it up to open the door. Esquirol said, "The primary thing is the threatened sensation to fear without knowing why". The fear of fear ordinarily belongs to the articulation of the defence mechanism. Abnormal anxiety is inseparable, though the body appears to have defence mechanisms such as phobias; the symptoms are defences and the regulation of the symptoms which characterise neurotic conduct is derived from the persistence of basic anxiety. If the latter does not disappear, the symptoms can substitute one another but they will not disappear. Condensation, projection, displacement, etc. are the buffers of the symptoms, with a psychological mask.

Pinel said, "I don't think only with my brain, but I think with my liver, and my heart". To underline the oneness that the body forms with the brain let us say we find a physical level which is the body, and a psychological level which is the mind. But upon separating both types of activity in the Cartesian way the quality of the person is destroyed. The live human body is not like a corpse, the somatic activities are animated and a live body is an animated body. We speak of a corporate ego and that is why we can say that man not only has a body, but he is a body at the time, and that man exists corporally. Cannon spoke of the "wisdom of the body" and although he expressed this term in another sense we could also refer to it or use the phrase that the mind fulfils itself through the help of the animated body. It is this animated body that experiences the feeling of anxiety.

This assimilation brings forth two very important facts. One already well known is that the majority of neurotic cases progress in phases, and that is why spontaneous cure rates sometimes reach 80% in statistics. That does not mean that medical action is futile; the doctor not only cures but assists. Such assistance can be very effective. We also know that the majority of the pure depressions cure themselves spontaneously, but because of that we do not assume therapeutic activity to have no effect. Therapy will diminish its intensity or abolish its consequences.

The parallel between the anxiety state and depressive state I think is very clear. Depression is a mood of sadness. Anyone can be sad if certain things in life are lost. The deprivation depression is normal. But the depression of the patients, this mood that we call sadness, is not the same. Schulte states (and I think that he is right in this), that the depressive patient is a patient that cannot be sad. This accentuates the difference between the sadness of the normal person and the sadness of the depressive patient and I think similarly the difference between normal anxiety and the anxiety of our patient. This parallel seems to me so clear that for the same reason that the majority of depressions cure themselves without needing special therapeutic aid, so the majority of the anxiety states and of the neuroses cure themselves. We as psychiatrists do other things. One is to assist the patient, the other is to shorten the phases of the depression or of the neuroses; but that is only a secondary effect in the treatment.

The second important fact is that from the therapeutic point of view the rule that is established, "neurosis equals psychotherapy", has no absolute value. Psychotherapy is always effective, but the pharmacotherapy of the neuroses is not always so. It is not a case only of helping medication but of finding something as effective as thymoleptics in depression. In that way we shall achieve the best therapeutic result — coming to the aid of the ego of the patient to allow him to re-establish his vital

level. What is meant by establishing the level of vitality? The pathology of emotion needs to match the physiology which establishes that the emotions from one cause may be transferred from unconscious to has at times been called synaesthesia. Considering conscious levels and can come from the body itself. This occurs with experience of bodily well-being, malaise or sadness, depression, anxiety, emptiness, vertigo, etc. in the neurosis. This internal stimulus it only from the neurological point of view, it is this which constitutes the neurosis.

I think that one of the most relevant points in this symposium about anxiety was the consideration of the three aspects of anxiety — the somatic or biological aspects of anxiety and psychodynamics and the social aspects of anxiety — and therefore I think that the symposium has fulfilled what we expected when we planned for it.

Reprint requests—

Prof. J. Lobez Ibor,
Dept. of Psychiatry,
Madrid University.