ACTA PSYCHIATRICA SCANDINAVICA

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REPRINTED FROM
VOL. 41 . FASC. 3, pag. 329-332 . 1965

MUNKSGAARD . COPENHAGEN

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Neuroses are psychic reactions to life's traumatizing events. In the first place we must ask: what events are considered traumatizing? In the study of the self there has been a *swing towards investigation of the interior.* For *Beard* and *Charcot* traumatizing events were *external* conflicts. Experience gained in the wars and in catastrophes supported this point of view. Individuals often responded inadequately to a critical situation, for example with a paralysis, so that instead of being able to escape the danger, they laid themselves open to it. Even when the reaction had a certain finality in the face of danger—the motor reaction of escape—the same inadequacy persisted. In *Freud*'s first works the presence of an external trauma was also considered the prevalent cause of neurosis. But *Freud* himself saw—and all posterior evidence has corroborated him—that what was important in the genesis of neurosis was *not external traumas, but internal ones.* Actually, a group of individuals is often subject to a traumatizing experience. But of this group only some react abnormally: these are the neurotics.

Why do they react abnormally? There are a tangle of problems essential for an understanding of neurosis. The "abnormal reaction" is determined by the structure of the personality on both biological and psychological levels. Moreover, we must distinguish that part of the personality which we *inherit,* that is to say, our constitution in the broad sense, from that which we *acquire,* that is, our manner of development.

In modern psychiatry the swing has not only been towards studying the interior of the personality, as already pointed out, but also the *acquired traits* in each personality. Previously the constitution of the personality was over-rated (thus arose the chapter on psychopathic personalities). Now the acquired attributes are being over-rated. On the psychological level, *the study of the personality has acquired its own individual history.*

Any incident produces neurotic reactions only because it touches certain sensitive areas of the personality. This "life allergy" is determined by traumatizing experiences which occurred in infancy and which are of an instinctive, and above all sexual, nature; experiences which were forgotten in the

depth of the unconsciousness and are revived again through the "new traumatizing experience". The character of a trauma is that it subconsciously exploits a conflicting situation.

What traumas are the cause of neuroses? They are the *meaningful traumas.* Some individual relationship must be established between the trauma and the person. The meaning can be established through analysis of the subject's internal history.

Freud once said that in the nucleus of all neuroses lies anxiety. *This is the essential characteristic of neuroses.* The traumatizing event is always one of anxiety. The neuroticizing conflict is an anxiety-provoking conflict.

Anxiety is an expression of human life as it is limited by death. And by illness. Illness is a copy of death. The facts of human life appear to us in this way precisely because man is tied to a body. Man's anxiety emerges from a specific state of human existence which consists in the overlapping of his physical and mental levels of being. Metaphysical anxiety is often talked about and its spectacular traits are emphasized. The real anxiety, however, is the *vital anxiety* which man has as long as he lives.

Years ago attention was called to the problem of *vital anxiety.* My original points of view were the following: anxiety exists, phenomenologically, like a vital emotion. In the stratification of emotional life established by *Scheler,* the second layer from the bottom is that of the vital emotions. They are the emotions of well-being, ill-being, vertigo, anxiety, etc. They are global emotions which are perceived in an intuitive and primary manner. To this, I would add the following note of differentiation: they are emotions which express our *mode of being in the world insofar as we are bound to our body.* The most essential of these emotions is anxiety.

Since early times a special group of neuroses called "anxiety neurosis" has been recognized because its prevalent symptom is that of anxiety; but anxiety lies at the basis of all neurosis, and I would say even more, of all psychosomatic disturbances. The interpretation of neurosis consists in finding the structural relations between the basic anxiety and its manifestations such as phobias, obsessions, hysterical projective mechanisms or psychosomatic disturbances.

My experience has demonstrated that in many illnesses diagnosed as "anxiety neurosis" *anxiety was not the reaction to a specific situation, but came from inside and was therefore endogenic.* It occurred in the same way as melancholy. According to present descriptions of this latter illness, there exist two kinds: reactive or psychogenic melancholy (sadness caused by the loss of a loved one, for example) and endogenic melancholy produced by a not yet understood change in the organism, although probably of a physiopathological nature. Clinically speaking, the same thing that accurs in sadness also occurs in anxiety. In addition to the reactive side of anxiety ("anxiety

neurosis") there exists another, *endogenic* side. These last cases were experimentally grouped under the name of "thymopathic anxiousness".

The expression "thymopathic anxiousness" alludes to the vital character of anxiety. The depressive cycle is also called "thymopathic psychosis". Within the structure of the psyche "thymos" is the affectivity. *Bumke* has included manic-depressives in what was called "thymopatic Kreise".

Clinical reality has increasingly convinced me of the basis on which the essential point depends—not in the isolation of a group of neurotics to whom we can assign the label of "thymopathic anxiousness", but in recognizing that neuroses are, in a certain sense, illnesses of the vital feelings. *The clue to neurosis lies in the anxiety which we may call endothymic.* Anxiety is not the only alteration in the endothymic layer of the personality to emerge in a clinic. Boredom, nausea, vertigo, asthenia, sadness, etc. also appear. The expression endothymic basis comes from *Lersch,* who opposes this layer to the neutic (thought, desire) in the structure of the personality.

But, supposing the existence of a *basic endothymic anxiety,* it is first necessary to describe the various forms in which the anxiety manifests itself, sometimes as such and other times disguised by conversion reaction or a crystallized phobia, etc. Once this is done, one must unravel its psychodynamics, or its psychogenesis, apart from this basic endogenic disturbance.

I recognize that this change in perspective is very basic, and that it demands much work before it can be clarified. Also, I am accounting for the resistances which I must encounter from such an unusual point of view. Let us see, first of all, what this change of perspective involves:

1.) *Fundamentally, neuroses are not conflicts, but are pathological states in the endothymic layer of the personality.* Anxiety does not depend on a disturbance of the libido; on the contrary, conflicts of the instincts are caused primarily by the state of anxiety.

2.) *Anxiety is not reactive, but vital or endothymic.* The term vital means the following:

A. Phenomenologically, the primary anxiety pertains to the layer of the vital emotions. There is also a psychic anxiety. A very important problem is that of the relation between the two.

B. *Vital anxiety is a state of the emboddied self.* It is produced by a change in the endothymic structure, and because of this, one can speak of a physiodynamic, instead of a psychodynamic, anxiety. The word physiodynamic comes from "physis" and can be taken with its corresponding meaning. It would be better if one did not introduce a neologism, and called it a thymodynamic, that is to say an inherent dynamic of endogenic basis to the personality. (Himwich recently proposed the expression *thymencephalic* to designate the cerebral territories which are responsible for regulating affectivity). One might also talk of endothymic reactions as Weitbrecht speaks of endoreactive dystimias.

3.) Pathological vital feelings are more somatotropic than are the normal feelings. However, the boundaries between them are fluid: anxiety, boredom, fatigue, vertigo, etc. all flow into each other and into the normal state. Depending upon what state of mind predominates, we have one or another of the psychopathological configurations.

4.) There is a continual spectrum which links what are usually called neurotic reactions with the endogenic depressions. Following these principles we can distinguish among:

A. *Abnormal reactions to external conflicts.* This is the area of acute emotional impacts or situational conflicts.

B. *Abnormal reactions to internal conflicts.* These are best described as conflicts of the instincts; but naturally they may deal with other parts of the personality.

Both groups can block the development of the personality.

C. *Changes in the endothymic basis,* or in the frame of mind, to a greater or lesser degree, but above all, at the moment of onset of the illness.

If neuroses were only abnormal reactions to conflictive situations, their treatment might be psychotherapy. But in neuroses there also exists a physiodynamic base which encourages us to think of pharmacological action. Such action will be more effective in the neurotic cases built on phasic oscillations of the mood. So far, drugs have only been used to reduce neurotic symptoms: that is why additional medication has been employed to regulate the autonomic dysfunctions which at times accompany the neuroses. Nevertheless, it is possible to look for more direct therapeutic approaches.

The progress of neuropharmacology allows us to expect new drugs whose action on the neurotic is not just a reduction or removal of symptoms. Even Freud admitted that new physical methods might be discovered that would influence the psychological progress called mind.

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ACTA PSYCHIATRICA SCANDINAVICA

Vol. 41 . Fasc. 3 . 1965

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PRINTED IN DENMARK BY AARHUUS STIFTSBOGTRYKKERIE A-S 385.65