ASSessment of annihilation anxiety
from projective tests

MARVIN HURVICH, PAUL BENVENISTE,
JILL HOWARD AND SHEILA COONERTY

Long Island University

Summary.—This report details procedures to measure annihilation anxiety, a concept derived from Freud’s 1926 formulation of traumatic anxiety. A 25-item pencil-and-paper inventory administered to patient and to nonpatient samples is described, along with a brief summary of earlier findings. The delineation of nine interrelated experiential components of annihilation anxiety provides the background for the construction of Rorschach and TAT measures of the concept. Findings comparing the pencil-and-paper inventory and the projective test measures are presented as well as examples of responses judged to reflect annihilation anxiety from Rorschach and TAT protocols.

In his 1926 theory of anxiety, Freud formulated a two-fold origin. The first he described as a direct response to a traumatic situation, the often unexpected and disruptive traumatic moment. The second he called a danger situation, central to which is the expectation that the traumatic situation may be repeated (Freud, 1926, p. 166; 1933, pp. 94-95). A traumatic situation is one in which the person is faced with a quantity of stimulation that he can neither master nor adequately discharge. It is associated with feelings of being overwhelmed and helpless and is often accompanied by temporary ego paralysis. Freud was referring to massive, unwanted painful affect, that was generated without ego participation, due to the overwhelming stimulation. A danger situation he defined as “a recognized, remembered, expected situation of helplessness” (Freud, 1926, p. 166): one in which the person contemplates a possible traumatic situation. Here he was describing a purposeful, token affect, which serves the function of anticipation. He underscored the basic dangers as fears of loss of the object, loss of the object’s love, of castration, and of superego reproach.

It has been pointed out elsewhere (Hurvich, 1989) that, in making the consequential distinction between traumatic and signal anxieties, the fact that traumatic anxiety constitutes a danger to the organism was somehow

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3 Address reprint requests to Marvin Hurvich, Ph.D., 228 West 22nd Street, New York, New York 10011.
obscured. It is our hypothesis that the feeling of helplessness in a traumatic moment tends to recruit concerns over psychic survival, i.e., annihilation anxieties.

The major meanings of annihilation anxieties in the literature are fears of being overwhelmed, of ego disintegration, of merger, of loss of the sense of self, of loss of the object world, of breakdown of the distinction between self and object representations, and of loss of control over ego functions (Hurvich, 1989). In spite of many citations, the concept of annihilation anxiety is still relatively undeveloped, and its implications and applications have been insufficiently explored (Teixeira, 1984; Hurvich, 1989).

As a first attempt to operationalize the annihilation anxiety construct, a 25-item scale in Likert format was developed. The items were derived from therapy sessions with patients who suffered from symptoms that seemed to fit the theoretical construct. They were arranged in a paper-and-pencil inventory, and respondents were asked to read a given description and indicate the extent to which the description was true of their experiences.

The inventory (HEI, for Hurvich Experience Inventory) has been administered to hundreds of patients and nonpatients (Hurvich, 1987). The following summary of some empirical results will serve as background for a report of the projective test assessments.

Regarding internal consistency for three samples, college students (n = 296), nonselected psychiatric inpatients (n = 117), and phobia clinic outpatients (n = 49), alpha coefficients were .89, .87, and .84. This suggests that the items in the scale are substantially related to each other and thus can be presumed to be measuring a coherent dimension.

As to construct validity, analyses of variance of the scores from the three groups were statistically significantly different, with mean group scores in the predicted direction: college students lowest, general psychiatric patients higher, and phobics highest. A Scheffé test showed phobics to be significantly higher than the other two groups in these samples.

For a measure of concurrent validity, we correlated the college students' annihilation scale scores with their responses to the Spielberger State-Trait Anxiety Inventory. This comparison (n = 205) yielded a product-moment r of .69 with trait anxiety and .56 with state anxiety. A more recent study reported a Pearson r of .63 between the Hurvich Experience Inventory and the Taylor Manifest Anxiety Scale, with n of 218 (Jantzen, 1992). These findings strengthen the presumption that the annihilation anxiety inventory is measuring aspects of what is generally agreed upon in clinical psychology as anxiety. But the obtained correlations leave room for the specific characteristics of annihilation anxiety to expand the measured range of anxiety phenomena on the pathological side, with adequate room for error variance.

Comparisons between scores on the Marks and Mathews Fear Inventory
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(1979) and the Chambliss, Caputo, Bright, and Gallagher agoraphobia questionnaires (1984) provide further support both for concurrent and construct validities of the HEI annihilation scale. For one of our college samples (n = 150), correlations between the Hurvich Experience Inventory and the Marks and Mathews agoraphobia subscale were .40, .29 with social phobia, and .23 with blood phobia. All of these correlations were statistically significant (p < .05). We had assumed that annihilation anxiety is more centrally related to agoraphobia than to social or blood phobia (the latter includes high fear of hospitals, injury, illness, and going to the dentist). But we also expected to find significant relationships between our scale and these phobic complaints. Correlations between the Hurvich Experience Inventory and the Chambliss Agoraphobic Cognition and Body Sensations Questionnaires were .48 (p < .001) and .39 (p < .001), respectively (n = 150).

In another study comparing 30 agoraphobic patients and 30 normal controls (Eckardt, 1988), the mean annihilation score for the former was 65 as compared to 40 for the latter. Every item on the annihilation scale differentiated these two groups significantly. And in a study of abused victims, Jantzen (1992) found that adults who reported childhood physical and/or sexual abuse (n = 73) scored significantly higher (p < .001) on the Hurvich inventory than did controls (n = 145).

Gender differences were found in a college student sample of 50 men and 50 women which are consistent with earlier reported gender findings for phobic and depressive patients as described in DSM-III—R (Greenberg, 1992). Also, for two large college samples (ns = 724 and 633), subjects who acknowledged frequent nightmares scored significantly higher on the 30-item (revised) version of the Hurvich inventory than did reporters of few nightmares for both sexes. For the two samples, 22 and 26 of the 30 items, respectively, were scored higher by the High Nightmare group (all ps ≤ .01). It is also noteworthy that women scored significantly higher than men (p < .05), this difference becoming stronger with the increase in nightmare frequency (Levin & Hurvich, submitted).

The Hurvich Experience Inventory has thus been shown to have both internal consistency and some construct validity. While further studies of validity are needed, the above-reported work indicates that annihilation anxiety is a construct worthy of further exploration.

Encouraged by the preliminary findings from the annihilation inventory, the decision was made to construct projective test measures. As a first step in this direction, a more comprehensive, operationally oriented definition of annihilation anxiety was needed. The strategy adopted was to include all the major meanings of annihilation anxiety found in the literature, in addition to some extrapolations from personal clinical experience. The criteria were specifically designed to assess annihilation anxiety at the level of the subject’s
conscious experience. Nine interrelated criteria were included, with subcategories for each. The headings were Fear of Being Overwhelmed or Engulfed, Fear of Merger, Fear of Disintegration, Fear of Impingement, Fear of Loss of Needed Support, Fear of Inability to Cope, Fear of Loss of Self-cohesiveness, Concern Over Survival, and Catastrophic Mentality. See the Appendix for subcategories (pp. 400-401).

METHOD

Subjects

Twenty subjects participated. Some were patients in college psychology clinics, while others were being seen in hospital outpatient facilities in the metropolitan New York area.

Materials and Procedure

A psychological test battery, including Rorschach and TAT, was administered to each subject by a different graduate student as part of the requirements for a course in psychological assessment. Diagnoses were wide-ranging.

For the current study, our focus was on the relationships among scores on the Hurvich Experience Inventory (the self-report measure of annihilation anxiety) and the Rorschach and TAT indices of annihilation anxiety (AA), based on the operational criteria described in this report.

As anxiety is a salient aspect of both personality functioning and psychopathology, many authors writing on the Rorschach offer some hypotheses about anxiety-related indices, including both formal factors and content. These authors include Rapaport, Gill, and Schafer (1946), Elizur (1949), Eichler (1951), Devos (1952), Gurvitz (1952), Goldfried (1966), Arnaud (1959), Engel (1963), Auerbach and Spielberger (1972), Endicott and Jortner (1967) (using the Holtzman Blots), Fried (1980), and Exner (1991). Markers seen as specifically relevant to annihilation anxiety, as pointed out by these authors, include body concern, mutilation, blood, death, decay, and world destruction fantasies.

The TAT was the other major projective instrument used in this exploratory study. Despite wide clinical use, the TAT has been somewhat more ambiguous in regard to what should be evaluated and to its usefulness for research. This is due in large measure to the complicated relationships among card structure, themes, organization, and construction which do not lend themselves as well to the kinds of formal analyses developed for the Rorschach. This is in spite of the shift from Murray’s need-press focus, which was vulnerable to the obscuring effects of defensive processes, to a broader approach (Bellak, 1950) and to one centered on how the story was told (Holt, 1961; Schafer, 1958). Our use of the TAT as a tool for further exploration and understanding of annihilation anxiety should be seen in the framework of these considerations.
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There is relatively little concerning the TAT and anxiety in the literature. Two early references are to Masserman and Balken (1939) and Rotter (1940), who offer criteria relevant to annihilation anxiety.

RESULTS

_Hurvich Experience Inventory and Rorschach Indices of Annihilation Anxiety_

For the 20 subjects, as can be seen in Table 1, scores ranged from 28 to 83 on the Hurvich Experience Inventory, from 1 to 15 on the Rorschach AA scale, and from 0 to 8 on the TAT scale.

**TABLE 1**

<table>
<thead>
<tr>
<th>Hurvich Score</th>
<th>Rorschach Score</th>
<th>TAT Score</th>
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<tbody>
<tr>
<td>83</td>
<td>7</td>
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<tr>
<td>80</td>
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<td>28</td>
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</table>

A scatterplot (Fig. 1) allows visual assessment of the relationship between the Hurvich Experience Inventory and the Rorschach AA scales. To match the zero points on both scales for the scatterplot, we subtracted 25 points from each Hurvich inventory score. The scatterplot indicates a rough proportionality between the two measures, with an increase of one point on the Hurvich inventory corresponding approximately to an increase of 1/12 of a point on the Rorschach AA scale, for this data set.

The correlation coefficient between subjects’ Hurvich AA scores and their Rorschach AA scores was .36 (p < .01) for the first rater and .47 (p < .05) for the second (Pearson product-moment r, two-tailed). We were en-
couraged to find this magnitude of correlation with the first draft of the scoring manual on a small, heterogeneous sample.

Interrater reliability for two raters was .94 the Rorschach AA scale for presence-absence of annihilation anxiety. Average agreement on subcategory was 82%.

The Rorschach subcategory annihilation anxiety themes for all 20 protocols, divided into three groups by Hurvich scores, are found in Table 2.

The three themes endorsed most frequently (fears of being overwhelmed, of disintegration, and of impingement) accounted for 72% of the Rorschach annihilation tallies. The fear of impingement occurred much more frequently in the highest one-third of the Hurvich inventory scorers (13—3—2). Fear of being overwhelmed showed a downward trend from high to low Hurvich inventory scores. On the other hand, fear of disintegration was found most frequently among the lowest one-third of the Hurvich inventory scorers.

Looking at the Rorschach annihilation scores divided into thirds according to the totals on the Hurvich Experience Inventory, in the high Hurvich
group (83—71, n = 6), the fear of impingement was endorsed most frequently (13 of 45 Rorschach responses, approximately 29%). This was closely followed by fears of being overwhelmed, with 12 of 45, about 26%. Subjects with a middle range of Hurvich scores (64—48, n = 7) most frequently acknowledged the fear of being overwhelmed: 10 out of 32 total Rorschach AA responses or approximately 31%. In the group with the lowest Hurvich scores (47—28, n = 7) the most common major fear was of disintegration, with 13 of the 27 total Rorschach responses, about 48%. Disintegration was scored on the Rorschach most frequently by the perception of isolated body parts, further discussed below.

For individual cards, AA responses for all subjects were found most frequently on Cards IV and IX (15 times), and on Cards II and III (13 times).

Some examples of a high AA response pattern are as follows:

**Impingement**
1) F.A.: Like somebody cut a hole and they are bleeding.
   Inquiry: . . . (A hole in what?). The stomach.
2) F.A.: Looks like blood, it's all the color here, this, it busted.
   Inquiry: Anybody could see this is red; and here and in here in the cow's head.

**Merger**
F.A.: The top looks like a bird, a flame, a firebird . . . it's combination.
The wings looks like a flame, the jagged shape.
Inquiry: I see a flame where the wings would be.

**Disintegration**
F.A.: Looks like the skeleton of a head. Could be an animal or something human at one time. Looks like the remains of a skull.
Inquiry: The white space in between gave me the skeletal area. It would have been filled with skin. But there's decomposition. White space is where something used to be.

**Being Overwhelmed**

F.A.: Some kind of explosion I guess is the word I'm looking for. When a ship takes off and, not an explosion in the back, but a burst of fuel.

Inquiry: Just what it looks like because fire is different colors and has the different color flames and it's going up. Something is going up.

Turning now to some qualitative impressions from the data, the most striking feature distinguishing subjects with the highest Hurvich scores (above 70, n = 6) was the intensity of their responses. These subjects' AA responses were characteristically more confused, compelling, and powerful than their other responses. This was evident in the vivid imagery and fabulizing tendencies in the percepts and the relative failures of defensive operations. The annihilation themes tended to be disorganized, reflected by fluidity and a lowered form level. They dominated the particular response in which they appeared and were more likely to be followed by another AA response or by a lowered form level on the subsequent response.

The major distinguishing characteristic from the group with high Hurvich scores was that, while anxiety was clearly present in this middle group, the subjects were much better able to maintain distance. There was not the sense of breakdown of coping and of defensive functioning that appeared in the high-scoring group. Constriction was more prevalent in this middle group’s records, especially with the AA responses.

In the lowest Hurvich scoring group, the AA responses were relatively well integrated into the test. That is to say, recovery from AA responses was rapid and usually AA themes were neither chaotic nor disorganized. Thus, they were difficult to distinguish in their distance, rhythm, and form level from other responses in that record. Disintegration, the most frequently scored category in this lower group, as noted earlier, was mostly based on isolated body parts, defined in the scoring manual by human and animal detail.

At times, AA themes appeared in the context of a larger response rather than as the major theme of the response. This manifestation of AA can be hypothesized to reflect an encapsulated past traumatic reaction in the context of over-all adequate ego functioning.

In terms of individual cards, AA responses for all subjects were found most frequently on Cards IV and IX (15 times) and on Cards II and III (13 times). All four of the Rorschach cards on which the highest number of AA responses were scored have distinguishing features consistent with these findings. Within the high Hurvich-scoring group, Card IX was scored most frequently, and the fear of being overwhelmed (as just mentioned) was the
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most frequent theme to be found on Card IX. It is interesting to note that research shows Card IX to be the most often rejected card in all tested populations. It is probably not a coincidence that this card is both chromatic and is also the most amorphous blot. Thus, in addition to the affect-stimulating color, the less structured blot may increase the tendency to trigger AA themes in patients with high underlying annihilation anxiety potential.

As noted above, the fear of impingement was found mostly in the high-scoring Hurvich subjects. This AA theme occurred most frequently on Card II and can be understood in terms of themes of damage being stimulated by the color red on this card, which is also found in a diffuse pattern in the popular D areas of the blot.

In terms of over-all tallies, the fear of being overwhelmed, the second most frequently mentioned theme over-all, was most likely to appear on Cards IV and IX. Card IX is discussed above in relation to overwhelming. Card IV is a good candidate to pull for overwhelming, due not only to the monster-like shape of the blot but also to the swirling darkness of its hue.

The subjects scoring high on the Hurvich inventory had the highest number of Rorschach AA scores and categories. This seems to reflect the fact that in subjects with a high annihilation potential, AA responses are more readily triggered, less well defended against, and more likely to be found both on a pencil-and-paper inventory and on a projective instrument.

TAT Indices of Annihilation Anxiety

Although we only have the results of a small pilot sample to report, some patterns nevertheless stood out. Over-all, the TAT protocols showed little differences in general levels of constriction, in the structure of responses, or in defense patterns between those who scored high vs low on the Hurvich Experience Inventory. Even those who scored very high (in the 80s) showed about the same levels of over-all anxiety and organization as the other subjects.

The major discrepancies between TAT protocols of subjects who differed on their levels of AA, as measured by the Hurvich inventory, appear to lie in the frequency of AA theme responses and the quality or rhythm of those responses. No low-scoring Hurvich subjects produced a protocol with more than one AA theme, and the two subjects who scored in the low 40s produced no such themes. Those with high AA scores showed more variability, ranging from two to eight AA themes (the latter for the subject who scored 83 on the Hurvich Experience Inventory). Those subjects in the 64 to 80 range averaged two responses per protocol: above 80 the average increased to four.

TAT records of subjects in the high Hurvich range (71—83) produced AA responses that were dramatically different from those of the lower-scoring subjects. Although qualitatively no less deficient in reality testing, the
stories conveyed an over-all sense of loss of control and overflow of material and a sense that some disturbing situation was experienced as real and out of the main character’s control (i.e., a sense of helplessness).

High AA scorers (71—83), but without exception, no low scorers (28—47), developed themes of impingement, inability to cope, and concern over survival. In addition, they were twice as likely as low scorers to offer themes of being overwhelmed by internal stimuli. Equal numbers of responses involving merger, loss of support, and catastrophic mentality were found between high- and low-scoring groups. These records showed no themes dealing with loss of self-cohesion on any protocol. Some examples of the high AA response pattern follow:

**Impingement:**

[8BM] The man is just lying there and they are trying to cut him. He can’t stop them, he’s lying there. They cut him and he dies. That’s it.

**Inability to Cope:**

[3G] She’s crying because she can’t get the door open, lost her key. She’s trying to open it but it wouldn’t open. She started to cry. . . . It’s the door to her house. In the end, someone will have to come and open it for her, and she won’t have to cry anymore.

**Concern Over Survival:**

[9GF] They look like they are running for shelter because a hurricane is coming, and they don’t know where they are going . . . maybe a tornado, and they are trying to get away. The girl thinks where am I going to and the mother is thinking we are going to die. If they don’t get to the shelter on time, they are going to die. It’s going to be trouble, they feel hurt and sad, and there is no one to help them.

The most striking aspect of these and many of the other stories involving AA themes is the stark and frightening quality of what is happening in conjunction with characters who are helpless, passive, and overwhelmed by situations out of their control. Such marked passivity and frightening situations are not present in other themes and other records. In the latter, the character may be consumed with guilt over an action or frozen with doubt over contemplated action but rarely in such an overwhelmed, victimized state. In addition, AA themes reflected a tendency for the characters who are not fully passive to be confused as to whether they are victim or persecutor. Subjects with lower Hurvich AA scores were more likely to introduce a main character who is an active agent.

In some records, no defensive process to combat the anxiety was evident. In others, an initial experience of AA was quickly denied and brought under control by changing the perceived situation into one that was less frightening and more manageable.
As to the cards themselves, the majority of AA responses were scored from Cards 1, 2, 3BM, 8BM, 13MF and to a lesser extent, 9GF, in an average record of 10 cards. Of these, Card 13MF had the strongest pull for AA themes as we have defined them. Cards 1, 5, and 8BM were all frequently used by high AA scorers. It is noteworthy that Holt’s summary of the literature on expectable “card pull” (1961) does not mention those story themes produced most frequently to the above-mentioned TAT cards by our high AA subjects.

Finally, it is of interest that depressive themes are frequent in the TAT stories of high Hurvich AA subjects. Theoretically, this likely reflects the subject’s reaction to the triggering of feelings of helplessness in the face of forces beyond one’s control. The additional question may be raised as to whether these subjects have characteristics of agitated depression.

**DISCUSSION**

Concerning the Rorschach and the TAT, we hypothesized the relationship between content and formal factors to be as follows: the presence of annihilation anxiety content (which is defined in our Rorschach and TAT AA scoring manual) may reflect unresolved traumatic residues and concerns over ego and self-intactness which have become linked with concerns over psychic survival. It is acknowledged that any given Rorschach or TAT response may have more than one meaning to the subject. We further assume that the higher the number (ratio) of AA responses, the more likely that there are concerns over psychic survival and that these concerns are consequential for the person in a variety of ways.

The formal disruption is an individual-difference phenomenon. Thus, the triggering of AA content in response to the Rorschach or TAT card stimulus can result in a range of functional decrements. It can go from high disorganization to no discernible disruption and all gradations in between. We assume that the status of the formal factors associated with the AA content indicates how the ego has come to deal with traumatically-related ideational derivatives and their consequences. If this assumption is correct, it would reflect aspects of cognitive style and ego strength. In their present versions, the scoring manuals only take account of content.

It is also relevant to point out that the Hurvich Experience Inventory, Rorschach, and TAT are tapping different levels of personality functioning, due to their different stimulus properties, and the instructions for each. Thus, the Hurvich Experience Inventory asks for self-report, the Rorschach for ‘what could it be,’ and the TAT for story construction. Some of the differences in the three sets of annihilation scores can likely be attributed to these factors. A detailed consideration of the interrelationships among the data from these three different instruments would shed light on this issue.

As has been repeatedly emphasized, the results here reported are prelimi-
inary and tentative. The sample is small, the scoring manuals are in a relatively rudimentary form, and the findings need to be replicated by cross-validation studies and by testing a range of samples from populations we would expect to be high or low on annihilation fears.

Will subsequent subjects favor the same AA subcategories as the current subjects did? Will successive samples of acute schizophrenics score frequently on the same subcategories? And will these be similar to the most frequently-scored subcategories for samples of agoraphobics, borderlines, etc.? Also, and more specifically, further studies are needed to strengthen the construct validity of annihilation anxiety as a clearly defined and verifiable concept.

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APPENDIX

Hurwich Experience Inventory

NAME ___________ AGE _________ SEX _________ EDUCATION ___________

After reading each statement, decide which of the following most accurately describes your experience. Then put the number beside the statement.

Do not skip any questions.

1. I feel I’m going to shatter or fall apart.
2. I am very afraid of fear.
3. I wonder who I really am.
4. I worry about my survival.
5. I feel like I am destroyed as a person.
6. I have trouble falling asleep.
7. I am afraid to get emotionally close to others.
8. I feel terror and panic.
9. My body feels like it doesn’t belong to me.
10. I think about the world coming to an end.
11. I had frightening nightmares as a child.
12. I feel the dread of dying at any moment.
13. I feel that I have more than one self.
14. I feel intruded on, mentally or physically.
15. I keep searching for an identity I don’t quite have.
16. Time seems to run very fast or almost stand still.
17. I need someone to reassure me when I become afraid.
18. I worry about my physical health.
19. I feel I can’t pull myself together.
20. I have nightmares.
21. I feel like my mind is falling into bits.
22. As a child I was afraid of dying.
23. I have a feeling of falling in space.
24. When something makes me nervous it’s hard for me to get over it.
25. I feel like I am being overwhelmed.
EXPERIENTIAL CORRELATES (THEMES) OF ANNIHILATION ANXIETIES

1. Fear of being overwhelmed or engulfed
   A. Fear of overstimulation
   B. Fear of reexperiencing a terrifying situation
   C. Fear of disturbing affects: anxiety, depression, anger, guilt
   D. Fear of inner conflicts and pressures

2. Fear of merger
   A. Fear of being swept up or lost in another person
   B. Fear of losing one's separate sense of self
   C. Fear of loss of body boundaries

3. Fear of disintegration
   A. Fear of falling apart
   B. Fear of dissolving
   C. Fear of shattering into bits
   D. Fear of exploding

4. Fear of impingement
   A. Fear of being devoured
   B. Fear of being smothered
   C. Fear of being trapped
   D. Fear of being intruded upon physically or mentally
   E. Fear of being controlled

5. Fear of loss of needed support
   A. Fear of falling
   B. Fear of abandonment
   C. Fear of rejection
   D. Fear of silence, aloneness, darkness

6. Inability to cope (loss of ego functions)
   A. Fear of being unable to deal with people
   B. Fear of being unable to generate an organized response
   C. Fear of being unable to think
   D. Fear of paralysis
   E. Fear of facing problems one is incapable of mastering
   F. Fear of going insane

7. Fear of loss of self-cohesion (fragmentation, depletion, or enfeeblement)
   A. Fear of being destroyed as a person
   B. Fear of not being sure of who one is
   C. Fear of gaps in the continuity of self-experience
   D. Fear of suffering shame or humiliation

8. Concern over survival
   A. Fear of fatal disease
   B. Fear of fatal accident
   C. Fear of environmental catastrophe—exaggerated (fires, floods, tornados, earthquakes, nuclear holocausts, chemical and biological warfare)

9. Catastrophic mentality
   A. Tendency to anticipate calamities from ordinary events
   B. Tendency to experience ordinary stresses in an exaggerated way