SYMPONIUM

CLASSICS REVISITED: THE EGO IN ANXIETY (MAX SCHUR, 1953) AND, AN ADDENDUM TO FREUD'S THEORY OF ANXIETY (CHARLES BRENNER, 1953)

Marvin Hurvich

INTRODUCTION

In 1917, Freud wrote: "... there is no question that the problem of anxiety is a nodal point at which the most various and important questions converge, a riddle whose solution would be bound to throw a flood of light on our whole mental existence" (p. 393). And again: "We thus find ourselves convinced that the problem of anxiety occupies a place in the question of the psychology of the neuroses which may rightly be described as central" (1917, p. 411). Anxiety has remained of central importance in psychoanalytic theory. This is reflected in Compton's (1972) statement in the second of his three part comprehensive review of the concept: "... almost every psychoanalytic investigation touches in one way or another on the problem of anxiety" (p. 341).

ANXIETY NEUROSIS, 1895

Freud's first major writing on anxiety, published in 1895, included two important contributions. He identified and defined the symptoms of anxiety neurosis. By separating anxiety from neurasthenia, Freud gave anxiety a more visible place as an important phenome-

The author would like to thank Andrew Druck, Stanley Grand, Richard Lasky, Joseph Reppen, Bennett Roth and Elaine Schwager-Hurvich for their comments and suggestions.

This symposium was originally presented at the New York Freudian Society, May 11, 1995.

non of psychopathology. And secondly, he asserted that there was a link between disturbed sexuality and anxiety. This was seen in 1895 to be based on a physical mechanism. The mechanism, he wrote, "is to be looked for in a deflection of somatic sexual excitation from the psychical sphere, and in a consequent abnormal employment of that excitation" (1895, p. 108). Freud recognized that among the symptoms of anxiety neurosis were quickened breathing, increased heart-rate, and sweating, manifestations also present during sexual excitement. From this and other clinical observations, he concluded that anxiety neurosis was the result of undischarged somatic sexual tension being automatically converted into anxiety.

There were also two problems with his formulations in the 1895 paper, which Freud subsequently recognized and revised. First, he realized that anxiety was not always pathological as the 1895 position implied. And he later changed his formulation of how disordered sexuality and anxiety were related, viz., he abandoned the view that pent up libido is automatically transformed into anxiety.

The conception was changed by Freud in 1917 to the formulation that repression causes anxiety. That is, any unacceptable impulse which thereby became subject to repression, was converted into anxiety.

While he later discarded the libido transformation concept, included in the 1895 paper is a pathological implication of dammed up states (Fenichel, 1945; A. Freud, 1936; Rangell, 1955). It involves the view that anxiety neurosis could be understood to be the result of an interference with the "... somatic sexual excitation from being worked over psychically" (Freud, 1895, p. 109). This formulation is relevant to, and sheds light on the question of unsymbolized and unmentalyzed experience, and the concepts of primary repression and resomatization (Mitrani, 1996).

INHIBITIONS, SYMPTOMS, AND ANXIETY, 1926

Freud reformulated his theory of anxiety in 1926. The significance of the revised position is highlighted by Rapaport's (1953) statement that it substantially bolstered and elaborated the structural model, and ushered in ego psychology. Freud in 1926 brought anxiety into the same framework as fear, and described how it becomes a stimulus for defense, adaptation, and symptom formation: "... symp-
toms are created so as to avoid a danger situation whose presence has been signalled by the generation of anxiety” (1926, p. 129). Hartmann (1947) stated that the anxiety signal safeguards the stability of the mental apparatus and plays a central role in making organized action possible (p. 40). Before 1926, a key psychoanalytic concern was: what does the patient desire? Freud’s 1926 contribution expanded the inquiry to include the questions of what does the patient fear, and how does he deal with his fears? (Waelder, 1967; G. Klein, 1976).

Despite all the justified praise for the 1926 monograph, Freud’s formulations are not optimally clear. Glover (1956) found the book to be “... the most disjointed presentation ever published by one who has so often proved himself a model of orderly exposition (p. 74). Jones (1957) likewise characterized it as a “rather discursive book, with little of the incisiveness we expect from Freud” (p. 25). And Schur (1958) pointed out that Freud, almost 70, was suffering from recently diagnosed cancer, and wrote the book with urgency, leaving insufficient time for final editing (p. 190).

While Freud’s exposition of his revised theory of anxiety takes many twists and turns, and while he states and restates his position on various issues, the central thesis is that there are two forms of anxiety which have different sources, and that there is a relationship between them. Thus: “anxiety is the original reaction to helplessness in the trauma, and is reproduced later on in the danger situation as a signal for help” (1926, pp. 166–67). In 1933, Freud summarized his view as follows: “... I can see no objection to there being a twofold origin of anxiety—one as a direct consequence of the traumatic moment and the other as a signal threatening a repetition of such a moment” (pp. 94–95).

In the 1950s Brenner (1953), Rangell (1955), Schur (1953), Stern (1951), Zetzel (1949), and others struggled with Freud’s 1926 theory, adding refinements and revising certain points. It will be remembered that Freud felt he was unable to integrate the two forms of anxiety he defined, since the evidence for doing so appeared to him inconclusive. “Non liquet” (it is not clear), he wrote. Each of the subsequent theorists made an attempt to deal with the issue of integration. This presentation focuses on Max Schur’s and Charles Brenner’s 1953 efforts in this regard. Their papers reflect fundamental differences in approach.
Schur emphasizes developmental progression and genetic continuity. His aim is to encompass and integrate, but he also makes differentiations. His formulations attempt to cover the entire range of anxiety phenomena, from anxiety proper to minimally disruptive signal anxiety.

Brenner's main emphases are on parsimony, the use of as few theoretical concepts as possible, differentiation of concepts, and evaluation of evidence from psychoanalytic reports as a criterion for retention or retiring of concepts. His focus seems to be on the home base of psychoanalysis, the analyzable neurotic patient who is unlikely to manifest full-blown anxiety.

Brenner differentiates between early displeasure and later anxiety. Schur prefers to view the earliest manifestations as precursors of later ones. Brenner highlights the healthy, developmentally later, adaptive side. Schur attempts to utilize the most primitive, early manifestations, and synthesize them with later developed phenomena.

Schur employs ethological, medical, and phylogenetic evidence, and integrates these with psychoanalytic constructs. Brenner utilizes logic and assessment of evidence with less reference to the range of issues encompassed by anxiety. Schur's formulations are directed toward providing clinically relevant formulations which encompass the scope of phenomena described by patients as anxiety. He also integrates genetic aspects along a developmental line. I will proceed with a more detailed account of the two classics, beginning with Schur.


**SCHUR'S VIEWS ON ANXIETY THEORY**

The title, "The ego in anxiety," underscores an effort to further elaborate the implications of Freud's 1926 theory, where he designated the ego as the seat of anxiety. Freud expanded and revised his earlier (1895) idea that anxiety originates in undischarged libido, to the view that anxiety arises from two sources. In addition to trau-
matic overwhelming of the ego, various ego functions, especially anticipation and defense, play a key role in the vicissitudes of anxiety. In Freud's first theory of 1895, anxiety is always pathological, the result of undue sexual frustration. In the second, it has both pathological and adaptive functions, and becomes a key variable in his revised views on symptom formation.

Schur's paper of 1953 illuminates some of Freud's meanings, corrects some theoretical and logical inconsistencies, and expands key ideas and concepts. He integrates Freud's two origins and forms of anxiety into a unified theory that encompasses the full range of anxiety phenomena: from uncontrolled, regressive, heavily somatized, primary process-dominated panic experiences to controlled, intentional, desomatized secondary process-governed signal anxiety, which in Schur's (1953) words, "is as remote from primary anxiety as thought is from action" (p. 72).

I will underscore three areas of Schur's contribution:

1. His elaboration and expansion of the two forms of anxiety, which includes a clarification of danger in relation to anxiety.
2. His delineation of secondary anxiety.
3. His reconciliatory solution to the relationships among the two forms of anxiety, which includes the integration of Freud's earlier view that repression causes anxiety, with his second theory, that anxiety leads to repression.

ANXIETY AND DANGER

Schur's definition of anxiety in the 1953 paper sets the frame for his delineation of Freud's 1926 theory: "anxiety is always a reaction of the ego or its matrix to a traumatic situation, or to a danger, present or anticipated. Its manifestations depend on quantitative factors, on the relation between the precipitating excitation and on the state of the ego" (1953, p. 75). Schur thus begins with Freud's formulation that anxiety is a reaction to a traumatic situation or to a danger, the two-fold view. But he also stresses that the way the anxiety is manifest is related to the factors responsible for anxiety being triggered, in relation to the status of the various ego functions at the time.

*Anxiety is Always a Reaction of the Ego or Its Matrix to a Traumatic Situation.* Schur labels the response to a traumatic situation (Freud, 1926) as *uncontrolled* anxiety, characterized by random responses,
prominent somatic components and predominant primary process functioning (p. 79). He agrees with Freud 1926 that pathological anxiety involves a memory trace of a traumatic situation, and he underscores the re-creation of some version of the earlier situation as a result of substantial regression. The regression leads to the loss of the distinction between past and present, resulting in the patient regressively experiencing in the present the terror he faced at an earlier time in his life.

In 1926, Freud used the term automatic anxiety to mean "not under ego control," when the psychic apparatus becomes overwhelmed by external or internal stimulation (pp. 140–41). He underscored the sense of helplessness based on the subject's estimate of his ability to neutralize the threat. Schur took this one step further. He held that rather than automatic anxiety, there is an automatic ego response to the subject's surmise that he is facing a traumatic situation (1953, p. 89). Schur later (1958) added the view that the discharge phenomena seen in the anxiety response can most usefully be understood as id related, so that we must consider more than the ego in anxiety.

Anxiety is a Response, in Addition to a Traumatic Situation, to a Danger, Present or Anticipated. Here, Schur makes a number of specific contributions. He begins by establishing a systematic place for a response to a traumatic situation, which may not have been anticipated. In adding that the danger may be present as well as anticipated, he draws out the implications of Freud's 1920 point about the "unexpected" feature of psychic trauma. And he also extends the 1926 definition of a danger situation as "a recognized, remembered, expected situation of helplessness" (p. 166). Schur further clarifies that psychic danger can be experienced as potential danger or as actual, present danger. Potential danger is equivalent to Freud's expected situation of helplessness or "signal anxiety," where danger is confined to possible jeopardy. The reaction is limited to a comprehension of danger that has been structuralized or tamed, and the cognitive component is dominant over the affective aspect.

In anticipation of danger, there may be a realistic evaluation of the situation, and preparatory steps to forestall the threat. The formulation can be illustrated by the example of a phobic person who finds himself in a situation where he was previously frightened. Such a current experience epitomizes actual present danger, while his
thought of being in the phobic situation exemplifies potential danger for him. Additionally, the person's capacity to make distinctions between present and potential danger, between a traumatic situation and one of present danger, reflects the growth of reality testing, impulse control, and secondary process thought. The inadequacy of this differentiation in an adult is an indicator of ego regression (Rapaport, 1953; Schur, 1958).

In present danger, the experience is one of tension, fright, differing amounts of somatization, and realization of the possibility of a traumatic situation. These dangers are optimally accompanied by a rapid estimate of the situation, a marshalling of available resources, and a swift decision regarding fight or flight. If a traumatic situation ensues, there tends to be a feeling of helplessness, panic, and massive somatization up to the experience of shock. The ego response here is to initiate urgent escape efforts (1953).

Schur further clarified the concept of danger situations by amending Freud's view that the ego produces anxiety, to the formulation that the ego evaluates the danger and experiences some gradation of anxiety. Both the reflective evaluation of the danger and the experience of anxiety are seen to serve as signals to provoke defensive functioning. Schur underscored the distinction between the evaluation of danger and the response to danger, and stressed that there can be different degrees of regression in either or both. "The regression of the function of evaluation may follow the pathway of the hierarchy: potential danger—danger—traumatic situation: the reaction may recede from one reminiscent of a thought process—which we proposed to call awareness of danger—to the reaction of primary anxiety with full resomatization" (p. 75). In the regressive evaluation of danger, potential danger may be perceived as such, or as actual present danger, or as a traumatic situation. Likewise, the reaction to danger can go from a quiet signal to panic anxiety, which includes regressive resomatization of the response (1953, pp. 74–75).

Schur pointed out that the ego attempts, with varying degrees of success, to prevent a regressive reaction to a regressive evaluation of danger. A central issue here is whether there is regression in the time sense. This can result in a temporary interference with the capacity to anticipate, and thus to experience potential rather than actual danger. "It is the infant's inability to anticipate and thus to distinguish actual from potential danger, as well as his lack of experi-
lack of experience and memory of relevant past events, that leave him vulnerable to respond to danger as though it were a traumatic situation” (1953, p. 69). A regressive anxiety reaction in an adult, with resomatization, has features in common with the early childhood reaction where danger and the traumatic situation are not distinguished (p. 81).

In neurotic anxiety and in phobias, the loss of time distinction leads to a catastrophic mentality and to panic reactions. “Future danger is already present, but what is more essential, present and past have become identical. In his appraisal of danger the patient now behaves much like he did when he was a child. In this area, the ego has regressed to the infantile level” (1953, p. 76).

Continuing with Schur's 1953 definition of anxiety: “. . . *Its manifestations depend on quantitative factors, on the relation between the precipitating excitation and on the state of the ego*” (1953, p. 75). Schur revises and expands Freud’s *expedient* and *inexpedient* anxiety to the concepts of *controlled* and *uncontrolled* anxiety, by utilizing advances in ego psychology in the years since Freud's 1926 contribution. The difference between controlled and uncontrolled anxiety is based on aspects of the ego regression, just elaborated.

Freud had described (1926) fear as a response to a realistic danger, while anxiety is a reaction to an unconscious psychic danger. Schur (1953) adds that the difference also rests on a regression in the *evaluation* of danger, regression from secondary to primary process functioning. In addition to the loss of the time distinction, other primary process aspects include the mechanisms of displacement, condensation and primitive symbolization. In this elementary form of thinking, the symbol is not differentiated from what it symbolizes. This is a major reason that patients with anxiety disorders, especially some phobic persons, may be afraid to speak of traumatically infused issues. When they start talking, they may begin to re-experience the traumatic situation as a present reality.

Schur concurs with Freud's emphasis on the experience of *helplessness* as the central key to the understanding of anxiety. He too believes that the most basic danger is of being overwhelmed by excessive, painful stimulation: “. . . in the final analysis, any danger remains the threat of intolerable inner tension” (1953, p. 71). The feeling of helplessness is central, and first occurs before the time when the apprehension of being overwhelmed by intolerable tension
shifts to the fear of loss of the presence of the mother (Freud, 1926, p. 138). This latter development heralds the move from reacting to present dangers traumatically to anticipating potential dangers with more attenuated signal-like anxiety.

Schur's (1953) accent on regression emphasized that traumatic or primary anxiety disrupts ego functioning. He stressed especially the loss of the distinction between present, past, and future. Other workers have underscored additional effects of ego regression in response to traumatic anxiety. Pao (1979) highlighted the temporary paralysis of key ego functions necessary for adaptation, especially integration, and sense of self continuity. Zetzel (1970) specified interference with self reflection and organized action. Odier (1956) underscored dissociation of consciousness, and a reversion to magical thinking.

Furst (1986) has articulated a view of psychic trauma which is consistent with all these positions: “In trauma, the ego is overwhelmed and put out of action; thus, the organism is suddenly forced back to primitive mechanisms for dealing with the internal and external environment. This is in contrast to other experiences and conditions which may compromise ego functions, but do not render them inoperative” (p. 30).

In his 1958 paper, Schur offered the following revised definition of anxiety: “Anxiety is a reaction to a traumatic situation, or to a danger, present or anticipated. In this reaction we have to distinguish between the affect anxiety, which is an ego reaction, and the discharge phenomena, which are also id manifestations” (pp. 217–18).

Schur adds the presence of id factors as relevant to the discharge phenomena seen in anxiety reactions. He shows how the person may utilize ego functions to evaluate the discharge aspects of the anxiety response in the assessment of a danger situation. These discharge phenomena tend to be perceived by the ego as an indicator “that the situation really spells danger” (1958, p. 211). This point relates to secondary anxiety to be discussed below.

Schur provides further evidence, this time from phylogenetic sources, of the connection between sex and danger. In distinguishing between the instinctive roots of anxiety and the learned or ego aspect, he makes the clinically relevant point that when ego control is weakened, there is an inclination to return to a more primitive type of anxiety response. This sequence, which includes a pathologi-
cal anxiety reaction, is regularly seen in patients where ego control is substantially compromised.

**BRENNER'S FORMULATIONS OF ANXIETY**

Charles Brenner also published a major paper on anxiety in 1953, based on an earlier oral presentation in 1950, entitled “An addendum to Freud's theory of anxiety” (1953). In this communication Brenner examined what he judged to be valid in the 1926 formulation, and discarded those aspects of the theory which his weighing of the available psychoanalytic evidence did not support. Brenner's effort was directed at improving the validity and consistency of psychoanalytic theory by eliminating questionable, redundant, and unsubstantiated assumptions and concepts. His paper can be seen as a first such effort, to be followed by many more.

Brenner accepts Freud's concept of signal anxiety as both useful and well established and does not discuss it further, though he does include an anticipatory signal of danger as central in his definition of anxiety. His focus is an examination of the evidence bearing on Freud's concept of traumatic anxiety. Brenner attempts to demonstrate that when the evidence is scrutinized carefully, Freud's traumatic anxiety construct is not justified. His argument is based on a critical assessment of Freud's concept of anxiety neurosis and actual neuroses, on the latter's view that anxiety can arise automatically as a result of an "abnormal sexual life," and that anxiety is present at birth. Brenner finds the evidence for each of the above to be inadequate or unsatisfactory. In the light of this conclusion, he proposes the alternative hypothesis that anxiety is "an emotion (affect) which the anticipation of danger evokes in the ego" (p. 22). He claims this definition allows us to "avoid the unwelcome necessity of assuming that there are two kinds of anxiety" (p. 22). I will return to Brenner's alternative solution after considering his review of Freud's bases for traumatic anxiety.

Brenner states the goal of his paper this way: "... we propose to review the evidence which Freud offered for the hypothesis that anxiety can arise automatically as the result of quantitative changes in the psychic apparatus..." He cites three bases on which Freud assumed anxiety could arise automatically: through transformation of pent up libido, when the infant is separated from its mother, and
when the stimulus barrier has been breached by excessive external stimulation.

Brenner begins his critique of Freud's 1926 traumatic anxiety construct by focusing on the connection between the actual neuroses, traumatic anxiety and "the abnormal sexual life" of the patient. He proceeds to cite Freud's view that anxiety neurosis can arise automatically as a result of excessive undischarged libido, and specifies evidence critical of this hypothesis.

Of course, a disturbance in psychic economy due to an abnormal sexual life is pertinent to Freud's 1895 view, the libido-transformation theory, of which the 1926 monograph constitutes a key revision. And Brenner acknowledges that Freud no longer held this hypothesis (p. 18).

For Brenner, the invalidity of the 1895–98 position on automatic anxiety seems to imply the logical sequence: If libidinal transformation is invalid, then neither anxiety neuroses nor actual neuroses are valid, since automatic transformation of libido into anxiety was Freud's then view of the physical basis of both these neuroses (1895, 1898). And since Freud had held that both of these are endogenous replications of traumatic neuroses (Freud, 1898), then the bases for traumatic neuroses, traumatic moments, and traumatic anxiety are also brought into question. Such a line of reasoning is consistent with the fact that Freud described the pent-up libido as being automatically transformed into anxiety, and he also described anxiety as arising automatically following a traumatic moment. I don't know if Brenner based his arguments in 1953 on some such considerations, but it is one way to understand all the space he devoted in a paper focused on Freud 1926 to conclude that the libidinal transformation hypothesis (already denied in 1926) was not tenable.

The 1926 connection between sexual wishes and anxiety does have key points in common with the 1895 anxiety theory. But these connections are an accepted part of the psychoanalytic theory of psychopathology, and one to which Dr. Brenner has made major contributions. I am referring to the proposition, elaborated by Freud in 1926, that a conflictual wish is what triggers the anticipation of danger and the anxiety signal, leading to defensive and adaptive efforts. Such a conflictual wish based on a drive derivative is understood to have a sexual or aggressive content, thus underscor-
ing the relationship between sexual wishes and the arousal of anxiety. Freud's 1926 formulation was not based on traumatic anxiety as a result of an abnormal sexual life. In the revised theory, he held that when an anxiety signal is not followed by an adequate defensive or adaptive response, then a traumatic situation could ensue. The traumatic situation was seen to be associated with high levels of stimulation, often but not necessarily based on sexual tensions. For example, they could be tensions involving the threat of death (Waelder, 1967, p. 23). Additionally, a connection between sexuality and anxiety is reflected in the concept of the sexualization of anxiety (Laforgue, 1937), where the adaptive aspect of the danger signal has been converted into sexual satisfaction on a defensive basis. (Waelder, 1967).

Brenner next considers the issue of overwhelming of the psychic apparatus due to the infant being separated from its mother. He holds that anxiety cannot be reasonably demonstrated to be present at birth, so that the earliest distress should be labelled *unpleasure* rather than *anxiety*. He is correct in stating that there is insufficient evidence for anxiety at birth, and prior to some ego development. But psychoanalytic child observers find adequate criteria for the presence of anxiety as early as six and eight months of life (Spitz, 1950; Brody & Axelrad, 1970). Freud understood the massive stimulation that occurs during the birth process as the *prototype* for anxiety. Later, it is the presence of *overwhelming stimulation* which he sees as basic for traumatic anxiety arousal, then absence of the mother, and still later, fear of loss of ego integrity (Freud, 1940, p. 199). Lack of proof of anxiety at birth does not in my opinion constitute a cogent challenge to the concept of traumatic anxiety.

Brenner also contests the notion that traumatic anxiety can result from an unmasterable influx of stimuli. He claims it is dubious that external stimulation alone can be pathogenic, and he cites Freud's similar doubts. This is not a major theoretical difficulty, because in early life, internal and external are not adequately differentiated. In 1926, Freud described external and internal dangers in various interrelationships (pp. 92, 145, 167–68). But there is little doubt that an external situation can trigger inner responses, especially, high affect arousal. Key distinctions can be made here between whether the trauma was in infancy, childhood, or adulthood.
(Krystal, 1988) and whether one is referring to traumatic experience per se, or to a traumatic neurosis.

Brenner concludes that the evidence from psychoanalytic studies on traumatic neuroses supports the view that it is the triggering of the person's unconscious conflicts by the situation that is the relevant factor, not the physical intensity of the stimulus and/or automatic anxiety (1953, p. 20). Brenner's emphasis on the meaning to the individual person is without question a valid point (1986, pp. 198-99). But it is the formal factors including regression of ego functioning and psychic disorganization which differentiate traumatic neuroses and experiences from psychoneuroses.

Freud's 1920 formulation of traumatic war neurosis did focus on the sudden and unexpected influx of massive stimulation which precludes adequate defensive preparedness, leads to some disorganization of mental functioning, blocks control and mastery, and results in traumatic overwhelming. Freud's view of the breaching of the stimulus barrier was that it did lead to an automatic anxiety, though in 1920 he did not use the latter term.

In 1926, Freud utilized the term "automatic" to describe the youngster's response to being separated from the mother, and more crucially, for when the little one was faced with need tensions the child was not able to alleviate by himself/herself (1926, p. 137). But also in 1926, Freud depicted the traumatic situation in terms of a subjective sense of helplessness in the face of external or internal danger. And he delineated the traumatic import for the person in terms of how the subject estimates his own ability to deal with the danger. So for Freud in 1926 (p. 166), a subjective or internal experience of helplessness is central to the definition of traumatic anxiety. Since we would assume that the experience of helplessness triggers personally relevant unconscious fantasies, Brenner and Freud are not as far apart here as Brenner implied. But what is specific for psychic trauma, as already mentioned, is the mental disruption and disorganization. And Brenner does not address this issue. The impact and meaning of the disruption also may trigger unconscious fantasies, which have been described in the literature (Glover, 1956, p. 302; Ritvo, 1981, p. 348; Kaiser 1952; Rangell, 1978, p. 230). These examples are also relevant to secondary anxiety, to be discussed below.
Even if Brenner's objections were all granted, they would not constitute, in my opinion, an adequate basis for jettisoning the concept of the traumatic situation and traumatic anxiety. Theories and formulations do not tend to be replaced on the basis of these kinds of objections. They tend to be supplanted when better formulations are offered. I will now consider the merits of Brenner's alternate conceptualization which he offered in order to obviate as he put it, the "unwelcome necessity" of assuming two kinds of anxiety.

To repeat Brenner's definition: anxiety is "an emotion (affect) which the anticipation of danger evokes in the ego" (p. 22). Brenner has broadened the definition in such a way that it can subsume any ego response, from massive to attenuated anxiety, so that any of these responses could be the emotion the expectation of danger evokes. Does this definition cover the main instances of anxiety enumerated by Freud and expanded by Schur? How many of the issues that were reasonably accommodated by Freud's "two sources" formulation has Brenner's concise, more general formulation encompassed or clarified? Are there any significant and consequential drawbacks in Brenner's "addendum" to Freud's 1926 theory of anxiety?

Brenner highlights the centrality of anticipation in the definition of anxiety. But in the "traumatic moment," there may be surprise rather than anticipation, and the surprise heightens the traumatic effect, as Freud described in 1920. This observation suggests a drawback of Brenner's definition in comparison to Freud and Schur. But since Brenner does not seem to employ the concept of traumatic anxiety, this might not be problematic for him. Perhaps he would refer to the surprise situation as fright, which only after being anticipated would then qualify as anxiety. But he doesn't address this issue.

Anticipation implies a signalling capacity. Does Brenner's formulation thus qualify as "signal anxiety"? While anticipation and signalling are necessary, a definition of signal anxiety is only met when there is a tamed, desomatized anxiety response. Brenner's definition does not distinguish between signal and nonsignal anxiety. From his viewpoint, as already mentioned, this is perfectly logical, because he has found Freud's evidence in support of the traumatic anxiety construct questionable. Thus, he seems to imply that all anxiety is signal anxiety. I have just pointed out the problem
here concerning Brenner's failure to take account of the difference between attenuated and full-blown anxiety.

The opinion offered here is that Brenner's view of Freud's evidence for traumatic anxiety as questionable does not justify excluding the concept. The explanatory power of Schur's characterization of traumatic anxiety as uncontrolled anxiety underscores the utility of the two-fold formulation. In addition to the many instances in the psychoanalytic literature where traumatic anxiety has been utilized as a concept and descriptor, the present writer has found the concept of traumatic anxiety useful, and has delineated nine overlapping components, identified as fear of being overwhelmed, fears of merger, of disintegration, of impingement, of loss of needed support, of inability to cope, of loss of self cohesion, of concern over survival, and of responding with a catastrophic mentality (Hurwich, 1989, 1991; Hurwich et al., 1993).

More recently, in *The mind in conflict* (1982), Brenner includes the label "calamity" to designate the basic dangers of loss of the object, loss of love, etc. This might be seen as a stride toward accepting a traumatic element in his view of anxiety, since the main drawback of his 1953 position was that he discarded traumatic anxiety on logical and evidential grounds, but did not put anything specific in its place. In his 1982 position, Brenner has dealt with trauma by transforming the basic dangers into the four calamities of childhood (or three, according to Richards & Willick, 1986, pp. 14–15). That loss of the object, loss of love, and castration are calamities for all children is highlighted here, though Brenner still does not explicitly mention the traumatic moment, or the state of overwhelmed helplessness.

For Freud (1926), as for Schur (1953), Waelder (1960), A. Freud (1936), Fenichel (1945), Rangell (1955), Zetzel (1949), Stewart (1967) and others, the calamity of early life is the overwhelmed state of helplessness. As Freud put it: "... if we take in succession neurotic anxiety, realistic anxiety and the situation of danger, we arrive at the simple proposition: what is feared, what is the object of the anxiety, is invariably the emergence of a traumatic moment which cannot be dealt with by the normal rules of the pleasure principle" (1933, p. 94). Rangell (1968) wrote: "What is anticipated is always the worsening of a present lesser traumatic state" (p. 395).

Brenner's characterization of the basic dangers themselves as
calamities is similar to Waelder's (1967) and Schur's (1953) recognition that during early development, any danger situation can constitute a traumatic circumstance for the youngster. But Brenner does not appear to intend the formulation to apply only to early development. His definition of danger situations as calamities collapses and obscures the distinction between a danger situation and a traumatic one, as did his 1953 definition. As I read Brenner's 1982 position (p. 67 ff.) it looks as though he goes beyond not including the concept of traumatic anxiety. He appears to have organized his understanding of anxiety in a way that does not provide or possibly even allow a place for apprehensions of overwhelmed helplessness as a basic danger (Hurwich, 1989).

In my opinion, Brenner's attempt at simplifying Freud's second theory of anxiety by excluding the traumatic anxiety component turns out to be a solution which is relevant mostly for patients who can limit anxiety to an attenuated signal. This probably includes a large number of patients who are in psychoanalysis proper. And in considering anxiety within the framework of a conflict-compromise model, along with the unconscious fantasy wish, the defensive effort and the superego aspect, there is very likely some way to conceptualize what Freud meant by traumatic anxiety and its sequels. In my view, Schur's formulations, especially of controlled and uncontrolled anxiety, are more explicitly relevant for characterizing anxiety states, the traumatic element in many phobias (Rocah, 1991), and the anxiety seen in many severe personality disorders.

SECONDARY ANXIETY

In the 1953 paper, Schur discusses secondary anxiety as a response to regressive reactions, including resomatization, which perpetuate anxiety response chains. Here, anxiety and feelings of helplessness may become dangers themselves, sometimes resulting in an even more severe disequilibrium than the original danger. Schur pointed out that what is being experienced in the anxiety attack of the phobic, and in the nightmare, is the ego's utter helplessness. In positing the feeling of helplessness as a key psychic danger for the phobic, Schur makes a connection between secondary reactions in phobias, and traumatic experience. He holds that the threat of re-experi-
encing helplessness results in the phobic becoming afraid of being frightened. This fear of anxiety is what makes the anxiety in phobias self-perpetuating. The person may thus feel overwhelmed from the initial failure of defense, and/or from the disorganizing results of the defensive efforts (such as the regression described above) following the first defensive and adaptive efforts to contain the anxiety.

Schur's position on secondary anxiety can be compared with that of Brenner (1976; 1982). In referring to feelings of unreality, Brenner wrote (1976), these "... are not due to the correct perception by a patient that his ego organization is threatened with dissolution by the regressive process of his illness. They are compromise formations that, like other symptoms, derive from psychic conflict and so does whatever conscious anxiety may appear as an accompaniment to them" (p. 13).

Regarding anxiety and symptoms, Brenner wrote: "... a symptom is never the cause of anxiety or depressive affect" (1982, p. 153). And: "Pathological compromise formations never cause anxiety or depressive affect. These affects are among the determinants of a pathological compromise formation. They do not result from it" (1982, p. 161).

Brenner's formulation of anxiety as initiator of defensive activity, and anxiety as a result of symptom formation are posed as contradictory alternatives. But there is a good reason to assume that either or both may be true. The presence of substantial anxiety, together with psychopathological symptoms does tend to reflect weakness in defending against the anxiety triggered by the original conflict, as well as suggesting ego weakness. On the other hand, Freud (1895) had early observed that a phobic person fears a repetition of a panic attack. Kardiner (1941) offered a similar observation about victims of traumatic war neuroses, regarding their fears of re-experiencing a post-traumatic episode, or a terrifying nightmare.

Gero (1953) distinguished between defensive activity against drive impulses, and defensive avoidance of the panic-inducing object once the symptom has crystallized. And Pao (1979), describing anxiety experienced by schizophrenics, stated that when anxiety leads to ego disruption, this generates more anxiety. Thus, secondary anxiety can be and has been seen to play an important role in panic states, phobias, psychosomatic conditions, psychoses and psychic trauma.
SCHUR’S INTEGRATION OF THE TWO FORMS OF ANXIETY

Freud believed he was unable to unify the two sources of anxiety. He could not see how to reconcile his clinical observation that sexual frustration leads to anxiety, which he later generalized to the formula repression engenders anxiety, with his 1926 formulation that anxiety triggers defense, i.e., that anxiety engenders repression. To quote Freud: “It will not be easy to reduce the two sources of anxiety to a single one. We might attempt to do so by supposing that when coitus is disturbed or sexual excitation interrupted or abstinence enforced, the ego scents certain dangers to which it reacts with anxiety. But this takes us nowhere. On the other hand, our analysis of the phobias seems to admit of no correction. Non Lignet,” i.e., it is not clear (p. 110).

Schur argues that Freud was closer to a solution than he realized, because he was aware, as the above formulation shows, that frustration can constitute psychic danger (see also Zetzel, 1949). Freud’s key formulation in 1926 was that the essence of the earliest danger is a “growing tension due to need” (pp. 127, 137), which we can see amounts to libidinal (oral) frustration, as well as a threat to survival. Schur (1953) detailed his view of the connection between frustration and danger, and how this constitutes a solution to the problem Freud believed himself unable to resolve: “Anxiety makes for repression, repression causes frustration, frustration may represent inner danger, and thus cause more anxiety. This closes the circle” (p. 93).

CURRENT DEFINITION OF ANXIETY IN 1990 GLOSSARY

What is the current view on anxiety, forty years later, in relation to Schur and Brenner’s contributions? The entry on anxiety in the most recently published Glossary of the American Psychoanalytic Association (Moore & Fine, 1990) states in part: “Freud distinguished two types of anxiety-provoking situation[s]. In the first, prototypically the situation of birth, anxiety results from excessive stimulation which the organism does not have the capacity to modulate (or bind). This automatic anxiety was considered more likely during infancy and childhood when the ego is immature and weak. The more commonly recognized situation, however, occurs after the
defensive organization of the psyche has matured. Anxiety then arises in anticipation of danger, rather than as its result" (p. 25).

We can see in this definition an acknowledgment of Freud's 1926 position, but also a relegating of traumatic anxiety to early life, with the "more commonly recognized situation" referring to signal anxiety. Is this part of the definition tantamount to a variation of the genetic fallacy, defined in the same glossary as equating a phenomenon with its origins? Signal anxiety is given current importance, and traumatic anxiety is depicted as having more importance during early childhood, before the defense organization has matured. The view presented in this paper, and for many psychoanalysts is that traumatic anxiety is also currently quite important for many patients.

The glossary does mention Freud's two types of anxiety and acknowledges that there are situations where anxiety may not remain under control. But the idea that a timely response to danger situations can avoid a traumatic situation is not mentioned, nor are the two forms of anxiety related at all to each other in terms of Freud's definition of a danger situation as a "recognized, remembered, expected situation of helplessness" (1926, p. 166). Additionally, the glossary explicitly states, as Brenner did earlier, that symptoms do not cause anxiety (pp. 24–25).

One could readily conclude that the entry is basically consistent with Brenner's 1953 position, with emphasis on signaling, the de-emphasis on traumatic anxiety, and a silence on the utility of considering interrelations between the two which Schur's 1953 paper demonstrates so well. The definition emphasizes the more healthy and developmentally advanced form of anxiety. Signal anxiety is indeed central for psychological health as well as for neurotic symptom formation. There is no disagreement here with the importance of signal anxiety. But it is nevertheless a token anxiety, not anxiety proper. The definition does not adequately emphasize that in psychopathology, traumatic or uncontrolled anxiety is a frequent issue, and has dynamic, structural, and technical implications.

It is also true that the American Psychoanalytic Association glossary definition fits the theoretical emphasis found in the literature in recent decades. Therapeutic strategies of psychoanalysis and psychoanalytically oriented psychotherapy are most often formulated for cases where full-blown anxiety does not develop. Dewald
(1976) wrote: "In psychoanalysis and the analytically oriented therapies . . . the underlying anxieties producing intrapsychic conflicts are progressively mobilized in incremental steps tolerable to the patient, and anxiety is maintained at a level which will not overwhelm him" (p. 289). This is certainly true for many patients in psychoanalysis and in psychoanalytically oriented psychotherapies. But what about the circumstance where the therapist cannot maintain the anxiety at a low amplitude, where the patient reacts with uncontrolled anxiety? Such a situation could result from mobilized intrapsychic conflicts being experienced as threatening survival. One such set of psychic dangers that trigger defensive efforts involves those experienced as threatening to overwhelm the person's sense of self and his ability to cope. Unconscious fantasies, which reflect the state of the psyche, may refer to states of disorganization and experiences of helplessness as well as to drive content (Trossman, 1990; Dowling, 1990). Of significance here also is the strength and adequacy of ego processes, especially the adequacy of the signaling function and the effectiveness of defense.

For whatever reason uncontrolled anxiety is generated, it can be disorganizing to aspects of psychic structure and functioning. The view supported here is that the disorganization can constitute psychic danger, which may lead to additional anxiety. This fear sometimes involves apprehensions of being overwhelmed, of being unable to cope, and/or of being destroyed.

The current review demonstrates that theory is available to build further integrative understanding of the interplay between traumatic (uncontrolled) and signal (controlled) anxiety. Some examples of this development in the literature have been illustrated from the Schur 1953 paper. But this was not the path taken by Brenner in 1953, nor the direction in which the most-current definition of anxiety leads.

REFERENCES


DISCUSSION

Austin Silber

Dr. Hurvich has focused our attention upon anxiety as viewed by Charles Brenner and Max Schur in papers published in 1953. As a clinical event, anxiety, the way it is viewed and worked with in the analytic situation, has always occupied a role of central importance. After rereading these papers, and reading Dr. Hurvich's penetrating, lucid, and scholarly presentation, the special role anxiety continues to play in all psychotherapeutic encounters is amply affirmed.

As Dr. Hurvich has pointed out that the two papers are very different in their objectives. Brenner is trying to trim any excess that has a questionable theoretical justification so what remains of value to him is anxiety reduced to its role of a signal affect which brings about the active mobilization of defence. Schur is attempting to include anxiety in its many forms, holding onto Freud's earlier, pre-1926 views, as well as further explicating his 1926 contribution. Schur in his efforts to integrate Freud's two views of anxiety, provides a model that encourages inclusion of what may initially seem to be disparate notions. I remember, as a student listening to Schur as teacher, having the feeling that he always was trying to find a way to include his students' ideas into the substance of the classroom discussion. I have found Schur's papers on anxiety extremely useful for furthering my own understanding of complex clinical issues involving patients' struggles to apprehend, encompass, and define their experiences with this affect. In reflecting on Dr. Hurvich's paper, I realize that Schur's synthetic efforts have had an inviting effect in mobilizing my attempts to appreciate patients' struggles to understand and make sense of their anxieties.

In his 1953 paper and then again in his 1964 paper on symptom and character formation Schur explicitly defines the ego's biphasic response to anxiety as he understood Freud to mean it, "after such a
long struggle in his addendum B” in Inhibitions, Symptoms and Anxiety (1964). This biphasic reaction consists of the ego’s evaluation of danger and its reaction to this evaluation. As the ego evaluates the danger, a quantitative element is added, the magnitude and imminence of the danger is taken into consideration.

I have found it useful clinically to expand slightly upon this biphasic ego response. I would add first the ego’s experiencing of the danger, then its evaluation, including its magnitude and imminence. I have found it very helpful to separate these first two steps from the ego’s reaction to this evaluation, because I have found it meaningful clinically to separate experiencing and evaluating from behaving. This is an important distinction to make in any psychotherapy. It can encourage patients to feel free about experiencing or evaluating any feeling or thought and to stress how different this is from acting in relation to what one feels or thinks. A therapeutic setting which encourages verbal communication of all feelings and thoughts is very helpful for working with patients whose great anxiety makes it very difficult for them to differentiate, because of the ease with which they can regress, feeling from behaving. It is in these instances, with patients who demonstrated this regressive vulnerability, that Schur’s focus on the traumatic situation—as defined by Freud in 1926—as a situation where the excitation reaches such proportions that the person experiences utter helplessness, seemed of such practical use.

Upon reflection I realized that Schur’s stress upon the importance of meticulously analyzing the content of the anxiety as well as the stratification of the well-known danger situations (loss of object, loss of object’s love, fear of castration, fear of the superego) contributed to the way in which I worked with a patient, who, three years into a ten year analysis, suddenly developed panic-like reactions (representing the abrupt dissolution of a fleeting phobic response) as she entered my office.

Her first attack, and the only episode experienced outside the analytic consulting room, occurred while I was away from the office on a brief vacation. The patient was traveling on a bus at about the same time she would usually be in the office for her analytic session. She became apprehensive as she noted the time, and the numbered streets the bus was passing. Her apprehensiveness changed to panic. She clutched at her throat, her heart was pounding, her hands were
trembling and clammy. She suddenly remembered that she had experienced the same clutching panicky feeling and had put her hand to her throat at the time she was informed of her father's death. Her father's age was the same as the street number she noted as she fled from the bus. She realized, when she had noted the time on the bus, that she was fleetingly aware that I was away, rather than in the office where she would usually visualize me. It became apparent that she was having a fantasy, striving for consciousness, in which she wished me dead for having left her. My "abandoning" her had activated, in the transference, memories that clustered around her father's death and were specifically related to his age. She, in her session, recalled musing about my age while she had been sitting on the bus.

The next panic attack occurred in my office, as did all subsequent episodes. She came into her session in an agitated, fearful state. (I had never seen her looking so terrified—her changed appearance both startled and concerned me.) She was able, momentarily, to sit on the couch, but then had to stand up, trembling, alarmed and terrified, feeling faint, dizzy, and unsteady, looking panic-stricken at me. She felt unreal and thought that I looked unreal. She was distraught lest she be tempted to throw herself out of the window. She didn't understand why I didn't feel more frightened, more the way she was feeling. I reflexively found myself speaking about her fears of being alone, which had been the theme of some of our recent sessions. I reminded her of how bereft of love and affection she had felt during her childhood and how desperately she had wanted to be held and comforted. She calmed down, and returned to the couch. She reported a dream from the previous night. She sees Lana Turner with her hair in bangs—she is a platinum blonde. She then sees herself with dark hair, but also with bangs. She places some flour in her hair and makes it platinumlke. Associations: Lana Turner was an actress whose beauty reminded her of her own mother's. Her mother wore bangs. She now recalled reading in the paper that Lana Turner's daughter killed Lana Turner's boyfriend. She wondered what became of that child. She then voiced her surprise that I had not been more frightened when she came in feeling so terrified. She recalled a fantasy that she had become conscious of as she restrained herself from bursting into the room before her hour. She had thought of me sitting in the consult-
ing room, speaking to her stepmother. She thought that had I preferred her stepmother to her, or had I been attracted to her stepmother, she would have felt crushed.

As a consequence of these transference reactions, I was able to interpret her childhood feelings of jealousy toward her mother (mother = stepmother) and how deeply hurt she was by her feeling that her father preferred her mother to her. The wish to kill her father was apparent in her associations to the dream. Her feeling of surprise that I didn't feel more frightened was a further defence against recognizing the significance of her emerging transference feelings.

It became apparent that the consulting room, as she entered it, had become a traumatic arena, one in which she felt helpless when attempting to compare her effectiveness in comparison to the magnitude of the danger she perceived.

Her experiencing and evaluating led to a partial ego regression, as could be observed by the prevalence of primary-process type thinking. She felt unreal and she felt I looked unreal. She didn't understand why I didn't feel more frightened, the way she did. The clear distinction between self and other collapses as her ego regressively evaluates the danger. The feelings of unreality not only represent a failure of defence, they also generate uncontrolled anxiety, which contributes to her failure to differentiate me from herself.

The fact that I unthinkingly started to use words in my attempt to help place, in a more recently shared perspective, this terror-filled episode, helped me realize that I had felt the need to use my words to both comfort her and provide a semblance of familiar structure for her to rely upon in her suddenly regressed state. Upon reflection, this is not too unlike the parents' response to overwhelming affect in a young child, when defining that affective experience helps the child to begin to understand just what is occurring in situations that are experienced as just too much. For this patient it helped convert the traumatic situation into one of workable danger in the presence of an emotionally engaged partner.

During the remainder of her long (ten-year) and successful analysis three or four further episodes of panic occurred, each at the beginning of a session, and each ushered in by what the patient characterized as episodes of terror. These were accompanied by a variety of somatic and psychological manifestations: dyspnea, palpi-
tations, dizziness, feelings of unreality, sweating, faintness, trembling or shaking, fear of dying, fear of going crazy or of doing something uncontrolled during an attack. In each episode the patient seemed startled as did I, by this abrupt change in this otherwise controlled, sedate, staid woman. Each of these regressive episodes, reevoking what we both began to recognize as traumatic events, lent themselves to analysis during her sessions. In each of the early sessions in which these experiences were replayed, I found myself talking to the patient, reminding her of previously discussed material. These conversations very quickly, within a few minutes, brought the patient back to the couch. This after she had been sitting and looking at me in a terror-stricken manner or after she had shifted her position to a chair or to an upright position during these earlier moments of panic. The last episode took place in her eighth year of treatment.

In earlier episodes, as I have stated, I had reflexively begun speaking, sensing that the patient needed to hear my words. This time, however, I simply sat there looking at her. She became a little more calm and tried to lie down on the couch. She remarked that she hated the office and she hated me for subjecting her to all this terror. (Her need to externalize responsibility for what was occurring to her was symptomatic of the regression which was taking place. It was also a transference response.) She repeated familiar phrases or themes discussed during previous episodes; this seemed to calm her further. This represented her identification with my earlier responses and indicated that secondary-process thinking had begun to take over. At the same time the patient was finally able to use her own words to describe events and feelings which had been previously inaccessible to her, caught up in the regressive implications of these previous traumatic occurrences.

In effect, her intense childhood feelings connected with her temper tantrums, operations, and enemas had been repressed until her transference neurosis developed, and the analytic consulting room and the person of the analyst began to exert a special transference meaning which permitted these affects—initially in an explosively frightening form—to intrude into her analysis. It was the affective content, especially of her initially reconstructed, then vividly remembered, temper tantrums, that seemed so similar to her panic attacks which occurred in the controlled, contained, comfortable, and comforting analytic setting of her treatment.
The initial verbal formulation by the analyst in effect gives permission for words to be used by each participant when describing the earlier inundated state. For this patient, her experience was a "traumatic situation" in the way Freud (1926) defined it, "a situation of helplessness . . . that has actually been experienced." What was conspicuously affected in this patient was her ego's capacity to separately evaluate an internally perceived danger and then to respond to this evaluation. Schur (1964), in his careful study of the danger concept in Freud's 1926 paper on anxiety, emphasizes this biphasic response of the ego. The analyst, by supplying words which attempt to define and describe what the patient is experiencing, permits this danger to be conceptualized. For this patient, in an even more rudimentary way, these words first helped her recognize just what she was experiencing. This was a preliminary step in her effort to finally evaluate this now-defined internal danger in regard to its pertinence and magnitude. She could then gradually learn that her response to this evaluation could be a separate step, quite apart from her recognition and appraisal of what was frightening her.

In reflecting upon my work with this patient, I realize how much of my approach was affected preconsciously by the theoretical attitudes I had incorporated from my exposure to Schur's ideas about anxiety and his retention of the importance of keeping in mind the traumatic situation, ego regression, and how the ego in anxiety can retreat in some of its functions. For me this meant automatically filling in for functions which seemed to be paralyzed in the patient in a situation that had suddenly become inexplicably too overwhelming. It may be that Schur's experience with severely beset psychosomatically vulnerable patients, e.g., those with severe dermatological lesions and severe cardiac symptoms, made him especially sensitive and reactive in regard to defining and carefully analyzing various and specific meanings of anxiety to these patients. Thus where it was very difficult to separate early fixation from recent regression in the hierarchy of danger situations it was equally important to be aware of the hierarchy of responses available to the ego and to be able to differentiate between anticipated danger, present danger, and the traumatic situation. In our present-day work, where so many more of the patients we see have developments that seem atypical, or unusually traumatic, keeping Schur's more open-ended appreciation of a broader view of anxiety, seems help-
ful. As Schur pointed out in a discussion of Arlow's paper on symptom formation in his 1964 *International Journal* article, "derealization may result from a defensive attempt to ward off instinctual danger. The state of derealization may, however, also represent per se danger to the ego, and elicit all kinds of anticipatory anxiety" (p. 149). Thus derealization accompanied by anxiety can represent more than the limited success or partial failure of the ego in warding off anxiety—the state of derealization itself can represent a danger and mobilize further anxiety.

Schur also notes that somatic discharge phenomena can be encountered not infrequently, which has been seen in the same patient as concomitants of various shades of anxiety reaction, but without any conscious awareness of danger or any experience of anxiety. In these instances regression has carried to a preverbal, pre-ego state of development where reaction to stimuli is in the closest sense, psychosomatic. The ego may respond to such a resomatized anxiety with "secondary" anxiety which in turn can also be resomatized.

The stratification of danger and the repetitive anxiety states can contribute to the secondary libidinization of anxiety, which becomes such a difficult technical problem.

I feel that I owe Dr. Hurvich a debt of gratitude for bringing my attention back to Schur's and Brenner's 1953 papers. Brenner's seminal contributions to psychoanalytic theory are ample and secure. It is for personal nostalgic reasons that I have emphasized the meaningfulness of Schur and his work to me. I had not realized how much I had been influenced by Schur's point of view in regard to the ego in anxiety. In present contemporary terms, when we are focusing more reflectively on the question of enactments, especially by the analyst, I find Schur's reminder of the biphasic response of the ego—that feeling and evaluation precede reaction or behavior, may need reemphasis. The analyst's anxiety, which may have subtle regressive undertones may obscure the distinctions among feeling, thinking, saying and behaving—to the detriment of both patient and analyst.

**REFERENCES**


CURRENT VIEW ON ANXIETY

Charles Brenner

I still think the ideas in my 1953 paper on anxiety are basically correct, and I'll tell you why as briefly as I can. What I suggested, and still subscribe to, is that it is both more accurate and more useful to speak of distress or intense unpleasure in describing the psychic state of a very young child in a traumatic situation, and to reserve the term anxiety for the psychic state of an infant in such a situation who is old enough to remember similar situations in the past, to connect them with external events, for example, absence of the mother, and to anticipate the possibility of their future return. And I might mention that Anny Katan (1972) expressed a similar opinion. That's what's meant by my unitary theory of anxiety.

Others, like Drs. Schur and Hurvich, prefer to follow Freud in labeling as anxiety right from the start what Dr. Katan and I call distress.

The psychic state of a very young infant is moot. One guess is as good as another. But what bears serious consideration is the role of anxiety in later childhood and adult life, say from the oedipal phase on. Dr. Hurvich says there are two kinds of anxiety that the patients we deal with can experience. One is related to present danger, the other to potential danger. The former, related to present danger, is uncontrolled and traumatic, the latter is controlled and functions as a signal.

If I try to relate these statements to observable clinical data, I find myself at a loss. Whether a person is frightened out of her or his wits that some calamity is in store, or whether a person is only a bit worried about the possibility, they have in common the idea of


danger, of a calamity that impends. The concept present danger is an oxymoron. The concept potential danger is redundant, a tautology.

I think the formulation that best expresses our present knowledge is that conflict and defense ensue whenever a sufficient degree of unpleasure is associated with one or another sexual or aggressive wish of childhood origin. Sometimes the unpleasurable affect is describable as anxiety, i.e., as an anticipation of a calamity. Sometimes it's describable as depressive affect. That is, a conviction that a calamity has occurred already, that it's a fact of life, in other words. Whether consciously or unconsciously, a patient is sometimes convinced that a sexual or aggressive wish will provoke one of the familiar calamities of childhood. (That's anxiety.) And sometimes that it has already done so. (That's depressive affect.) Whether one or both is the case, conflict and compromise formation ensue. I do not think that the available clinical data support the idea that the consequences of very severe unpleasure are dynamically different from the consequences of less severe unpleasure. I believe the available evidence speaks very strongly in favor of the view that the unpleasure associated with sexual and aggressive wishes of childhood origin is intense, both in childhood and throughout the rest of one's life, whether consciously experienced or not.

The other point I wish to make, because of its clinical importance, is what Dr. Hurwich and Dr. Silber call secondary anxiety. As Dr. Hurwich has noted, there is considerable authority in the literature for the idea that, for example, a phobic patient's conscious fear that she or he may have another anxiety attack is due to the fact that an earlier attack, possibly the original attack, was so intense and debilitating. In other words, that the earlier attack was what gives the patient cause for alarm.

Now the correctness or incorrectness of this view is not a matter of theory. It's a matter of fact. Either the data support it or they don't. It seems to me clear that they don't. Whether you call it traumatic neurosis or psychoneurosis, such a patient's conscious anxiety comes from the underlying conflict, not from the patient's symptoms. The fantasy plus anxiety that she or he is going to have another anxiety attack, with all the accompanying rationalizations, whatever they may be, are all something to be analyzed, not something to be taken at face value.

Dr. Hurwich's paper is rich in historical as well as in theoretical
and clinical issues. It opens the door to much more extensive discussion of its rich content than time permits or makes advisable at present. I thank him for raising the issues he has raised, and for providing me an opportunity to give my current view of some of the aspects of psychoanalytic theory that occupied me when I wrote "An Addendum to Freud's Theory of Anxiety."

REFERENCE

RESPONSE TO AUSTIN SILBER

Marvin Hurvich

Dr. Silber has focused on the Max Schur aspect of my presentation. His discussion reflects a deep understanding and appreciation of Schur's contribution to a psychoanalytic formulation of anxiety.

Silber expands Schur's biphasic formulation of the evaluation-of-danger/reaction-to-danger sequence, by making explicit the experiencing of danger prior to its evaluation. Further, Silber appropriately emphasizes the importance for the patient of differentiating between the experiencing and the evaluating functions on the one side, and the reaction/behavior response on the other. Consistent with Schur, Silber underscores the significance of regressive changes in evaluating and reacting to danger.

Silber's case vignette includes some clinical suggestions not found in the literature (except in his own earlier article, [1989]). Silber finds himself using words to provide some familiar structure when the patient has slipped into a regressed state, to help the patient convert the traumatic experience into a tolerable danger, which can be symbolized and conceptualized. This leads to the possibility of evaluating the danger through reality testing and judgment, and allows the subject to exert some choice from the range of possibilities in her response repertory. Silber ends with a caution that the differences among feeling, thinking, telling, and behaving can become blurred to the analyst under the impact of his or her own anxiety in the psychoanalytic situation. This is an important point that merits expansion and careful consideration. It can affect the analyst's participation, role, and interventions in significant ways, and is especially likely to be an issue with patients prone to panic attacks, high aggression, and severe psychopathology more generally.

My thanks to Dr. Silber for his stimulating discussion of Max

Schur's work as it relates to my paper, and for a valuable contribution to the therapeutic handling of panic in a psychoanalytic situation.

REFERENCE

I want to express my appreciation to Dr. Brenner for coming to this meeting, and for preparing comments on the paper. I will respond to each of his points in turn.

Regarding the issue of anxiety which is present right from the start, I acknowledged on page 494 of the paper that there is insufficient evidence for anxiety at birth. Schur, in agreement with Freud, saw birth instead as the prototype of anxiety, with its massive sensory stimulation presumed to be overwhelming and incapable of being mastered. So there is no disagreement on this point.

There appears to be a difference, however, in how we conceptualize early distress. Brenner's decision is to limit the designation of early infant negative affects to an undifferentiated intense unpleasure, reserving the term anxiety for later functioning. My preference, following Freud and Schur, is to assume that early distress or intense unpleasure reflects a homeostatic disequilibrium that constitutes a danger which the human organism, like other species, is biologically endowed to process, even before the infant is able to appreciate the meaning of danger per se. This organicist distress is understood as an anxiety precursor, and when the distress is extreme, it is seen to lead to a predisposition to excessive later anxiety. Since Brenner holds that the early unpleasure is replaced by anxiety and depressive affect, it is unclear whether there is a consequential disagreement here. My emphasis, following Freud and Schur, is on genetic continuity. Brenner's formulation of the early unpleasure is less clear on this connection.

Regarding Brenner's assertion that present danger is an oxymoron, and potential danger a tautology: Brenner has assumed that anxiety cannot occur without anticipation. Danger for Brenner is limited to future danger. Does his view rule out the unexpected
"traumatic moment" by definition? How is Brenner dealing with the observable phenomenon, underscored by Freud in 1920 in relation to the traumatic neuroses, that frightening experiences can occur in the absence of anticipation. The anxiety experienced in this circumstance is increased precisely because the opportunity for defensive preparedness has been obviated. I am thus implying, consistent with Freud's 1926 view, that psychic trauma involves anxiety, even though anxiety may be an attempt to avoid a recurrence of the traumatic moment. And further, that fright, which does not require anticipation, is a danger-related, anxiety-related phenomenon. Freud differentiated fright, anxiety and fear, and later work indicates that these can be distinguished phenomenologically. But it is here seen as more useful as well as more parsimonious to designate anxiety as the generic concept, while taking account of the differences implied by the various related terms. Such an approach is analogous to considering anger, rage, hatred, fury, and enmity as manifestations of aggression, while acknowledging their differences.

Now to consider Brenner's position that present danger is an oxymoron. A patient experiencing a panic attack is not afraid of death at some future time. His or her experience as reported is that the patient believes he or she is dying right now. While Brenner limits danger to the future tense in relation to anxiety, Freud's definition of a danger situation encompasses present, past and future modes, viz., "a recognized, remembered, expected situation of helplessness" (1926, p. 126). Schur's "present danger" adds a construct to anxiety theory that indicates the likelihood of a traumatic moment, i.e., the phenomenon of Apocalypse Now!

Brenner emphasizes that the consequences of severe unpleasure are not dynamically different from the results of less severe unpleasure. But it is important to note that the outcomes may be structurally different, and this difference is consequential. High levels of anxiety can disorganize psychic structure, and lead to deep regressions which do not occur with less severe anxiety. It is the structural difference which is central to the distinction between a traumatic neurosis and a psychoneurosis. Brenner's unitary theory of 1953, which he still holds as basically correct, involves a similar problem, as I spelled out in the paper.

Brenner maintains that a symptom is never the cause of anxiety or depressive affect (1982, p. 153). This position was challenged in
the paper, and the importance of secondary anxiety, based on Schur’s formulation was underscored. Since Dr. Brenner now reiterates his earlier-held position, and claims that clinical experience has supported his view, I will elaborate a bit further.

From a logical standpoint, both positions are equally plausible: residual anxiety can result from relative defensive failure in response to the primary threatening material, or the anxiety can be triggered subsequently by the danger experienced in relation to the symptom, i.e., secondary anxiety.

There is no disagreement that the anxiety associated with and/or following the symptom may be and often is the result of ego weakness in the area of defensive functioning, where the symptom resulting from the compromise formation does not contain all the anxiety. But the widespread impression of many psychoanalysts that the symptom itself can engender anxiety as a result of its frightening implications to the patient is not dealt with by Brenner’s sweeping formulation that symptoms never cause anxiety. Max Schur and others have given examples of this phenomenon, some of which are included in the paper.

Beyond clinical opinions regarding this issue, since both positions are equally credible, the secondary anxiety option has the advantage of offering more theoretical delineation, flexibility, and explanatory scope than Brenner’s view which explicitly rules it out.

Again, my thanks to Drs. Silber and Brenner for their discussions.

REFERENCES


