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anxiety  
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ROUTLEDGE

# ***ANXIETY AND NEUROSIS***

by

**Charles Rycroft**

foreword by G. M. Carstairs

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## FOREWORD

One reason for the violent opposition which greeted the early publications of Freud and his fellow psycho-analysts was that they held up a mirror before the human psyche, and the image there presented was an unflattering one. Mankind's collective self-esteem had only recently taken a hard knock, when Darwin shattered the age-old belief that we were made in God's image and were set apart from all the rest of the animal creation. At least, our grandfathers consoled themselves, *homo sapiens* is a *rational* being – and then Freud demonstrated how precarious, and how fitful, is our rationality.

During the course of the twentieth century we have found it progressively easier (helped no doubt by world events of monumental irrationality) to concede that we are all too often swayed by emotion rather than by reason, and for the most part by emotions of which we ourselves are only imperfectly aware. As a result, we have come to recognize that the symptoms of neurotically ill patients are only an exaggeration of experiences common to us all, and hence that the unravelling of the psycho-dynamics of neurosis can teach us more about ourselves.

The desire for self-knowledge has undoubtedly attracted many of the general public to study works of popularization

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by psycho-analysts; but critical readers, and especially those trained in scientific disciplines, have at times been put off by the analysts' esoteric terminology and by their implicit assumption that psycho-dynamic explanations need not conform to the requirements of every scientific discipline; namely, that hypotheses should be subjected to the test of experiment or controlled observation.

Not all psycho-analysts deserve these strictures: there are, for example, several groups of analytically-oriented research workers both in Britain and the U.S.A. who have adapted the concepts and methods of observation of ethology to test their ideas about particular aspects of human behaviour. The author of this book, although a psycho-analyst of high repute, makes it refreshingly plain that he regards himself primarily as a biologist, addressing himself to the understanding of those recurring, maladaptive behaviour-patterns which we term neurotic. He points out that anxiety, like the sensation of pain, is an experience which helps us to cope not only with external dangers, but also with threats which come from within. The experience of 'helpful anxiety' is common to us all: it enables athletes and actors to produce their best performances and acts as a spur in our efforts to overcome the difficulties we encounter in everyday living. Dr Rycroft argues that in biological terms anxiety consists of a heightened state of vigilance, stimulated by the awareness of threat to one's safety – or to one's peace of mind. When an animal feels threatened, it responds in three basic ways, by attack, or flight or submission. Parallels to these three modes of response can be seen in the three principal defences against anxiety which are represented in neurotic behaviour: the obsessional defence, which counter-attacks by controlling the subject's own feelings, and tries to control other people as well; the phobic reactions, in which one takes flight from the anxiety-provoking situation; the schizoid, like the phobic person, finds the world full of threats but unlike the phobic he cannot easily escape into a place of safety because his fears

of the external world remain unallayed, so that his only resource is to deny reality and take refuge in fantasy.

Hysteria, which loomed so large in Freud's private practice, can be seen as another form of the submissive response to threat: in Rycroft's view, it is engendered by parental attitudes which make the young child feel defeated, inferior and unloveable, so that she does not dare to assert herself openly, but only through guile. Hysterical symptoms are extremely susceptible to changes in popular concepts of what is acceptable in the 'sick role'. Nowadays gross conversion symptoms are out of fashion, having been replaced by displays of extreme spinelessness and dependency on the part of both men and women patients.

The author is agreeably undoctinaire in his appraisal of the differing points of view of rival schools of psychoanalysis, and those of the behaviour-therapists. He indicates that what they all have in common, in the treatment situation, is the cooperation of patient and therapist in a shared undertaking. He is atypical, also, in recognizing the value of supportive psychotherapy, that age-old means of helping one another by lending a sympathetic ear, by permitting a temporary emotional dependency and by offering sympathy and maybe even a modicum of advice. This simple transaction goes on thousands of times in every community, and can often be carried out quite adequately (and much more economically) by counsellors drawn from many walks of life, rather than by highly trained professionals. It seems very likely that the need for both simple counselling and for more expert forms of insight-giving psychotherapy will increase in modern society. Dr Rycroft's book gives hope that by returning to biological principles, students of human behaviour may be able to base our future therapies on a more secure scientific foundation.

G. M. CARSTAIRS





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## **INTRODUCTION**

A young woman was so anxious whenever she left home that she was unable to do so unaccompanied; and yet when a car in which she was a passenger was involved in an accident, she kept her head, gave first aid and called for the police without hesitation. A laboratory assistant, one of whose regular duties was to take samples of blood from experimental animals, became anxious and nearly fainted, as he watched a sample of his own blood being taken by a doctor. Another man seemed entirely at ease as the doctor he had consulted took his history but started trembling like a leaf when he was asked to lie on the examination couch.

There is something peculiar about these three incidents. Why should a woman who can deal competently with an emergency be terrified at the prospect of walking out of her front door? Why should a man who takes blood from animals daily be upset by being on the receiving end of a procedure he knows well? And why should a man who trusts his doctor enough to visit him and talk freely to him be alarmed at the prospect of being examined by him? In each case an intense and distressing emotional reaction has been evoked by a situation which seems inappropriate and inadequate to cause it.

There is, however, nothing peculiar about the emotional

## *Introduction*

reactions in themselves. If the young woman's home had been a dug-out and her street a battlefield, her anxiety would seem entirely natural. We can all imagine ourselves being suddenly confronted by some sight so ghastly that we nearly faint. If the doctor's examination couch had been a torture-chamber, we would have expected his patient to tremble like a leaf. And if they had been children and not adults, their anxiety would not strike us as surprising. Clearly in each case some factor which does not belong to the realities of the situation is in operation, and it has compelled these three persons to behave out of character and to react as though they were confronted with a situation other than the one that they were, and knew they were, in.

Anxiety of this kind, which is provoked by situations which appear to give no grounds for it and which seems as absurd and irrational to the person experiencing it as it does to others, is known as neurotic anxiety. The purpose of this book is to give some account of anxiety, of its biological origin and function, of its relation to other unpleasant emotions, and of those illnesses, the neuroses, of which it is a major symptom.

One of my aims in writing it has been to do something to dispel the idea, now widely current, that *all* anxiety is irrational, abnormal and neurotic and to show that, on the contrary, the capacity to be anxious is a biological function necessary for survival. I have, therefore, begun by giving an account of the relation of anxiety, as experienced by both healthy and neurotic individuals, to the phenomenon known to physiologists as vigilance, i.e. the capacity to alert oneself immediately to unexpected and unexplained changes in the environment. I have then gone on to describe how the fact that human beings internalize their environment and tend to become alienated from aspects of their own nature, leads to the development of a specifically human type of vigilance, anxiety provoked by internal psychological threats to the integrity of the conscious personality. I have then tried to

show that the neuroses can be understood as disturbances in the capacity to master anxiety and, furthermore, that the various types of neurosis can be understood as the effects of defensive manoeuvres analogous to those used by animals in objectively dangerous situations. I have ended by giving a descriptive account of the neuroses and of the forms of treatment at present available.

Throughout I have been concerned to do two things: to show that neurotic behaviour can be understood imaginatively as being the result of conflicts that to a greater or lesser extent are present in us all; and to maintain the unity of science by demonstrating the extent to which human psychopathology can be shown to exemplify well-known biological principles.



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## Chapter 1

# **ANXIETY, FEAR AND EXPECTANCY**

Anxiety is such a common experience that one would be disinclined to believe anyone who claimed to be immune to it, but its precise nature and function are by no means self-evident. Is it a symptom of neurosis which would never occur in a person who enjoyed perfect mental health, or has it a positive function? What indeed do we mean when we say that someone is anxious, to what sort of experience or experiences are we referring? If someone says that he feels anxious in crowds, or that he is anxious about his wife's health, or that he is anxious to see some particular film, to what emotion is he referring? Is there indeed anything in common between these three usages of the word?

### **ANXIETY AND APPREHENSIVENESS**

In the first instance, when someone says that crowds – or heights or spiders – make him anxious, there can, I think, be little doubt but that he wishes to convey two things: first, that he feels apprehensive in crowds, tries to avoid them, and, if he ever is in one, wishes to escape; and secondly, that he senses or suspects that his apprehensiveness is inappropriate and that something other and more than the realistic

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danger of, perhaps, being crushed or assaulted, is responsible for it. Or alternatively, if he does maintain that his fear is justified, he will do so defensively, knowing that he is running in the face of the conviction of others that his fear is exaggerated or imaginary. In this case anxiety is a form of fear or apprehensiveness which has been evoked by an inappropriate or inadequate stimulus and which, it must therefore be inferred, is really due to some psychological factor or complex which he does not himself understand. It must also be inferred that crowds, or heights or spiders, have acquired a private, unconscious symbolic meaning, as a result of which being in a crowd means something different to him than it does to someone who feels at ease in one.

Anxiety of this kind is, in principle at least, a symptom, even though it may occur so infrequently and may appear so trivial that it would be absurd to suggest that everyone who has ever experienced it should seek psychiatric treatment. Irrational fears of this kind are indeed almost universal in childhood and most adults will admit to having dislikes and distastes which they cannot justify rationally. In some people, however, anxiety of this kind occurs so frequently and with such intensity as to be almost totally incapacitating, and it is one of the commonest presenting symptoms of those who do seek psychiatric treatment. The situations or objects which provoke such anxiety are legion, but perhaps the most frequent are open or enclosed spaces, travelling, snakes, spiders, heights and thunder. In psychiatric terminology these fears are known as phobias. Psycho-analytical investigation shows regularly that the phobic object or situation has become a symbol for some aspect of the patient himself and that his anxiety really refers to his dread of being confronted with some repressed part of himself.

If all instances of anxiety were of this kind it would be possible to define anxiety as irrational fear and proceed without further ado to the psychopathology of anxiety. But,

as I hope to show, there is really more to the problem of anxiety than this.

#### ANXIETY AND CONCERN

If we turn now to the case of someone saying that he is anxious about his wife's health, it is again, I think, clear that he wishes to convey two things: first, that he is concerned about his wife's health and wishes to do something about it; and second, that there is to his mind something uncertain about either the nature or the outcome of her illness. If we analyse the emotion of concern we find that it resembles apprehensiveness in including fear but differs from it in that the fear is not, directly at least, on one's own behalf but on behalf of someone one cares for. Concern also evokes a wish to take action though the action in this case is not removal of oneself from the situation which makes one apprehensive but alteration of the circumstances that are causing the concern. Anxious concern also resembles apprehensiveness in containing an unknown or undisclosed element but differs from it in that this is not the intrusion of irrational psychological factors but the uncertainty that exists as to what is really the matter and how serious it is. Anxious concern then resembles apprehensiveness in three ways – it includes an element of fear, it provokes a wish to take action and it contains an uncertain element – but differs from it in two others; it is experienced on behalf of another and not of oneself, and the type of action it tends to evoke is not avoidance but alteration of the situation. These differences, however, are not differences in the emotion itself but in the circumstances arousing it and it would indeed be possible to define anxiety and concern in terms of one another, anxiety being concern on one's own behalf and concern being anxiety on another's behalf, the apparent difference between the two being really dependent on a largely artificial distinction between the interests of oneself and those one cares for. If one thinks



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of the way in which many mothers worry about their children's health – and many men about their car or their garden – one realizes that it is often impossible to distinguish between anxiety about oneself and concern for others.

For the sake of simplicity I have so far treated apprehensive anxiety about oneself as though it were always unjustified and anxious concern as though it were always justified. This is, of course, not so, and just as the anxious person may have real grounds for, say, fearing that he will lose his job, so the concerned person may be unnecessarily anxious. Hence the term 'over-anxious' which is used to make the distinction between anxious concern which is appropriate and that which is due to some undisclosed psychological factor. Doctors are as familiar with over-anxious parents and relatives as they are with anxious patients and those who work in Children's Departments and Child Guidance Clinics are often impressed by the frequency with which they have to shift their attention from the child, whose symptoms are the apparent problem, to the over-anxiety of its parents; and many a solicitous mother has at first been indignant, and then later relieved, to discover that the doctor is treating her and not her child as the patient. The over-anxious concern of neurotic parents is in a sense false concern since it is personal apprehensiveness masquerading as concern for others and is an indication not of devotion towards their children but of ambivalence towards them and towards their own parental role.

### ANXIETY AND ALERTNESS

The two forms of anxiety that I have already discussed – apprehensiveness and anxious concern – are obviously forms of fear. But what of the person who says that he is anxious to see some particular film? Is he just speaking loosely, or is he using the word in a way that reveals another aspect of the

problem of anxiety? This question is not a trivial one, since, as I shall describe later, there have been psychologists who have explicitly rejected the idea that anxiety has anything whatsoever to do with fear. Someone who says that he is anxious to go to a film is clearly not frightened at the prospect of going into a cinema and one is indeed tempted to think that he has used the word 'anxious' when a more precise or pedantic person would have said 'keen' or 'eager'. But this would, I think, be wrong, since he is also saying, or at least implying, that he is prepared to exert himself to see the film and that he is alive to the possibility of his having to overcome obstacles to his doing so. The feature common to this eager sort of anxiety and to apprehensiveness and concern is not fear but a state of alertness or preparedness to perform some action, the precise nature of which is as yet uncertain. He will have to find out when and where the film is showing and make sure that he has an evening free from other engagements.

That anxiety is essentially a matter of alertness or watchfulness was the view taken by Shand and McDougall, two of the psychologists who rejected the idea that anxiety is a form of fear. According to them anxiety is not a simple, primary emotion like fear but a complex emotion or mood, which forms the second member of the series hope, anxiety, despondency and despair. These emotions resemble one another in indicating the individual's attitude towards his wish to achieve or acquire something, but they differ in respect of the assessment of the likelihood of the wish being fulfilled; the hopeful person anticipates that it will and does not expect to encounter any serious difficulties; the anxious person expects to encounter difficulties and believes that he will have to make a special effort if he is to overcome them; the despondent person is overwhelmed by the anticipated difficulties but still thinks that there is an off-chance of achieving his ends, while the hopeless person thinks that it is useless to try. On this view, the presence of hope, anxiety,