IRVING M. ROSEN

ABSTRACT: This overview points to large areas of human concern that cannot be bounded by the biomedical, behavioral, and narrowly cognitive approaches that characterize current understanding and treatment of anxiety disorders. I look at some aspects of existential, wholistic, and transpersonal psychology that I have found especially useful in enhancing therapy of the anxiety spectrum.

Much of the current psychiatric writing on anxiety disorders describes biological, pharmacological, behavioral, and cognitive approaches and advances. Valuable progress has been made, but the spiritual aspects of anxiety and its management, a potentially extensive and practical body of material, has tended to be neglected.

I am using the word, “spiritual” to include issues in the wholistic, existential, and transpersonal areas. Spiritual issues constitute an extension of cognitive therapy. I will leave the spirit or energy aspects of spirituality for another time. Hal Ritter’s paper on “Anxiety” in the spring 1990 issue of this journal sparked my interest in further exploring the subject, especially as it applies to the everyday practice of psychotherapy. Ritter cited Freud, who saw anxiety as “frustrated excitation.” Tillich, he reported, saw anxiety in the threat of man’s finitude, of non-being, which required people to face this anxiety with “the courage to be.” He noted that Rollo May saw fear as a response to an objective set of circumstances, while in anxiety a person is threatened without knowing the nature of the threat.

By going further into spiritual issues I think it is possible to become specific enough to provide guidelines to take some of the vagueness and mystery out of anxiety. This would lessen the difference between fear and anxiety. The dangers we face are not as obvious as those in the jungle to which our bodies are programmed to respond; they are more subtle; yet we can become aware in a specific way of their reality.

First, look at the phenomenon of anxiety as a thing-in-itself. It is a signal...
to the ego of danger, of problems. It arouses energy, which may be painful or thrilling depending on our attitude—the difference between an IRS audit and a roller coaster ride. Built into it is a desire to fight or flee and an urge to return to parent and security. There appears to be a built-in tendency for anxiety to escalate, to become a more urgent signal. Since people may not know what the feeling is about, they may feel that the signal is the danger and fall into a vicious circle not only of anxiety triggering anxiety but of each physiological symptom, which is part of the total body’s response, evoking ever more anxiety.

To become really urgent, anxiety often makes us feel that our values are under attack; this really is frightening and may be the final straw in driving the person to seek professional help. I have seen this happen many times. A mother may suddenly feel that she wants to harm her baby. A prudish man gets the idea that he wants perverse sex with his old mother. A law-abiding man believes he committed crimes he reads about in the news. A bright student feels he cannot learn. The patient wonders what kind of a person would feel or think in such threatening, perverse ways. In the case of the mother of the baby, the therapist might at first be tempted to look for hostility toward the baby or in the other cases to search for hidden desires. This approach might well aggravate the anxiety. I have found that the explanation that these perversities are symptoms of anxiety as it tries to become a more urgent signal is understandable and relieving to the patient and can stop a vicious spiral. The patients in the above examples were anxious about problems they were not facing, and these symptoms were diverting them. The Freudian mechanism of displacement is not as frequently adequate or applicable to explain the above phenomena as is the existential explanation.

When we think of people as whole organisms—with perspective instead of with analysis—new, somewhat unfamiliar but helpful issues emerge. The person looked at wholistically is, if on track, a growing, resilient, balanced, goal-oriented entity with constructive beliefs and attitudes. Issues of growth versus stagnation, toughness versus fragility or rigidity, balance versus imbalance and depletion, and non-constructive beliefs and attitudes point to pathologies of the whole person. People, stagnating and in a rut, will develop pervasive anxiety unable to move beyond insecurity, bitterness, guilt, and grief. They may fall into an anxious limbo waiting for external pressures to move them. Freedom is threatening; losses that could be considered liberations evoke anxiety, and they fail to take responsibility to structure time. An excess of rituals, like an excess of anything, may be neurotic, but some planning and ritualizing are necessary to provide a scaffolding to time.

Those who lack toughness or hardiness or resilience will find anxiety blocking even small initiatives. I noticed in a day program that some patients would not venture to come if there were even a light rain. Such people cannot tolerate the pain of breaking habits or risking new behaviors. Patients may