Dr. Eidelberg

Mr. President, ladies and gentlemen! I think we are all grateful to Dr. Brenner for bringing up this problem, which is so interesting to all of us, independently whether the patient we are just treating has anxiety or has no anxiety, because he is only a conversion; or perhaps we can start by using the concrete approach to the problem by using somebody who is a little older than infants, because then the psychological part of the anxiety doesn't have to be guessed, but may be examined.

As you know, in the cases of phobias, which Freud regarded as the best example of study of the anxiety, we do find, to quote Little Hans, that the anxiety connected with the anticipation is connected with the anticipation of the danger. Perhaps we should say, instead of danger, we should say, defeat. Because if the person anticipates only danger and rightly or wrongly assumes that he will over come this danger, anxiety not necessarily will appear. But when he anticipates a defeat, then he develops anxiety.

From a clinical point of view, it has been long recognized that this anxiety might either be what we call a normal anxiety, or a neurotic one. I don't want to enumerate all the factors which differentiate the two phenomena. I want to point out that whereas in the so-called normal anxiety, the ability to fight increases, in the so-called neurotic anxiety, the ability to deal with the problem decreases. This can also

be examined by physiological matter, although do not regard them as being - in quotation marks - objective matter; because without examining the psychological, we are unable to conclude, as Dr. Brenner rightly pointed out, whether anxiety is present at all. If one examines the neurotic anxiety - and it is possible that one and the same patient reproduces a reaction in which the anxiety increases ability to fight, and another which decreases - one is reminded of another normal phenomenon, namely, of the phenomenon of panic or terror. There, the ability to fight does not increase, but decreases completely, and we sometimes find a collapse. It may be that if one takes this phenomenon into account, it is then possible to see that what takes place in a phobia is not really anxiety; or, if one insists in calling this anxiety also the ability to fight decreases. This kind of anxiety is completely different from the anxiety a normal person experiences.

Therefore, some of us suggested many years ago to call that kind of emotion 'Schreck,' or terror, or panic.

Now, a slight theoretical remark, in order to recall the fact that if one examines the complicated phenomenon of anxiety, it is necessary, I think, to recall that whereas the original formulation was based on the first instinct theory, the second concept of anxiety was then based on the second

instinct theory. And perhaps in this connection, I want to remember or to recall that in his latest papers, Freud tentatively suggested that it may be that the anxiety is not connected with the libido at all, but chiefly connected with aggressive tendencies. That, perhaps, would explain the phenomenon that many patients who suffer from damming up of sexual libido, do not have anxiety at all.

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Dr.Hartmann

I think we should thank Dr. Brenner for a very clearly presented, thoughtful paper. It was especially rich, also, in anticipations, I should say, and possibly in validations of possible arguments by opponents. We will see about that later.

I would start by saying that nobody can discuss, of course, in the five minutes Dr. Nunberg is ready to give us, the whole paper, because the paper actually encompasses the whole theory of anxiety. That is a field in which Freud worked for thirty years. We should not, if we give the historical perspective, underestimate the fact that Freud himself has made considerable changes in his approach. Also, I was always very much touched and impressed by the fact that in the last time, when he presented his views, that is, the new lectures in theoretical lectures, he said twice, and with great emphasis, that what he has to present is nothing but a supplement. So, he didn't consider it as terminated, the chapter of analysis, and I am sure that supplements are necessary and will be welcome, if they are valid.

Now, I want to start with a few remarks about actual neurosis, a much discussed topic, not recently, but, let's say, twenty or thirty years ago, as some of you remember. Many of us feel that cases of so-called actual neurosis, that is, neuresthenia and anxiety in neurosis, or hypochondria, are not analyzable, as Freud might have thought fifty years ago. And

this was said rightly by Dr. Brenner, also.

I am not so sure that, for instance, the practice of interrupted intercourse or abstinence can be made a neurosis in a normal individual. But one sees much more frequently the opposite. That is, if an individual is neurotic, which means that he is psychoneurotic, then he can't stand periods of abstinence, and he can't stand coitus interruptus, while the normal ones do much better in these situations.

We are used to speaking of the actual neurotic core of the neurosis - as you quoted - to which later are added the psychoneurotic symptoms. The opposite is more frequently truer than is a psychoneurotic core, to which are added actual neurotic symptoms. However, I want to make it quite clear that the problem relevant here is not etiology of the actual neurosis, the relationship, if there is one, between the damming up of libido, or, let's say, aggression, and the mechanism by which anxiety originates. I don't think that the actual neurosis can lend the decision on whether there are one or two mechanisms of anxiety production. If we can prove that the damming up of libido will increase disposition to anxiety, this still does not exclude the possibility that this type of anxiety is not automatic anxiety, but signal anxiety. It can be that an Ego finds itself confronted by a great amount of stimuli, which it feels it is unable to master. So from this side, the decision can't come. The importance of the damming up of libido

aggression and the mechanism of anxiety formation, though they are constantly confused in our literature, are two entirely different subjects.

Frustrated libido may well be one factor, but if so, one amongst man, and we don't subscribe to the simplifications most of us quoted. In contradistinction with this, Freud simply moved gradually evermore away from the simple.

You see so far that we had not very much to object to Dr. Brenner's paper, but I come now to the second point where I happen to disagree in some aspect. This concerns the development aspect of the anxiety problem. Freud said in a passage that is too little known - it is one of the most important between analysis and biological aspect that is in the human being - some kind of signal of anxiety would have to be instituted anyhow, because of the survival values, and that question of analysis is not to decide, not to give the reason why there is anxiety in the human, but which will, historically. This anxiety signal which has a survival value, that's actually the aspect of anxiety that is adjusted, comes about, is contrived, and how it develops, the different stages, etc. However, with Dr. Brenner, anxiety starts with the anxiety signal, that is, with the development of the aNticipatory functions of the Ego. Before the time, he says, there is unspecific, unpleasure, but not anxiety.

Dr. Hartmann

Now, the terminological question, we don't care about. However, I feel it is in line with psychoanalytic research and thinking to hypothetically construct the four stages of later specific phenomenon, if this phenomenon can't be recognized at the time a specific phenomenon. You understand what I mean? Even if the child doesn't feel the difference, we have the right to establish a genetic continuity. We know that the Ego, once developed, makes active use for its own purposes of all kinds of more primitive and earlier functions. It precedes the development of the Ego. This is one of the most understatements we can make about Ego functions, and some example of this Dr. Brenner gives in his paper.

Now, many aspects of pre-verbal development psychology. We have had hypotheses exterpolations, constructions about this time, which have proved useful. Dr. Greenacre and Dr. Spitz have worked on the subject, as all of you know. I feel, like Dr. Brenner, that many emotions that might not be at all precursors of later anxiety, are indiscriminately called anxiety in the psychoanalytic literature, which I don't approve. I would just say, among those emotions, there are also those that we determine later predispose to excite; but there are probably many others. Also, the emotions can so far only at a later stage be unmistakably characterized. Still, Iwant to say that we won't give up all hope of establishing the most specific

genetic co-relation. If one were to assume that all unpleasure in infancy is of the same kind, if only of the same tensity, and has the same influence upon later disposition for anxiety, this is certainly also hypothetical. There is no proof for that. I mean, there is no difference between these phenomena. MOst of the phenomena we can at the present time not distinguish, if we assume that all of them work in the same way as the later anxiety phenomenon. This would also be a hypothesis, and certainly not better proof than Freud's hypothesis.

To summarize this, I don't see any reason to avoid tentative reconstructions in this respect, because it would be helpful integration of our data, and it also points to research, directed research of direct relationships of Ego development, and so on.

There is one parallel to this discussion which is going on, a theoretical discussion, and that is,this is a criticism that has been voiced against analysis, when Freud extended the term of ( ). It was said why we could easily agree if only he would speak of sexuality, but would say the child, before the phallic or genital phase, experiences.pleasure. Why shouldn't we speak of pleasure? Then we avoid all conflicts. Still, I think that this is connecting earlier pre-phallic stages with later ones, proved especially helpful in analysis, and I think the same could be true of such hypothesis about anxiety.

Dr. Hartmann

What the child at his early stage has, of course, nobody knows. But here again there is a parallel to this. We have actually to sacrifice the phenomenological identification; any sort of phenomenological identification, I mean. I wouldn't think that a child, an infant that has oral pleasure, feels the same thing as an adult person in intercourse. So I would also not insist that this child at the age of two months experiences something we can describe as forces of anxiety, experiences phenomonologically the same anxiety at a later age; and still this is one, I feel, of the characteristics of analyzing things that we first determine in genetic connection. That is, we put things together according to whether they are genetically related, and not because they are close to one another in the inner experience.

Now, in summarizing, I may say that Freud reconstructively established continuity, reaching from later and better known phenomena of anxiety, backwards to the earlier situation of traumatic experience, helplessness, danger situation, loss of object love. I think that these are co-relations not just with unpleasure in an unspecific way, but the specific situations of earliest childhood, as he calls danger situations, or situations of helplessness, is a very fruitful and promising sort, and I don't see any reason to change my views on it.

If Dr. Brenner could accept this priority of the genetic concept formation in analysis, we would already be

very close to it, the one to the other, because whether then we call this anxiety or do not call it anxiety, it wouldn't worry me very much. Anyway, on the basis of such a determined genetic orientation, we will be ready to accept the possibility that besides the signal anxiety, there is, before signal anxiety, there may be other origins of anxiety. And still, I have to add - which is interesting - historically, that the part of the theory that came later to be known, the signal anxiety, as Dr. Brenner said, is to be an essential element of our analytic theory, while the other part of it is over-excitation or stimulation, still remains a hypothesis.

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Dr. Silberpfenig

Dr. Brenner's paper has given so many here fruitful thought. It was especially clearly presented. One generally needs to read a paper like that. It seems to me, I want to confine myself to something very simple; namely, to remind our friend of the differentiation between fear and anxiety, which in German is rather difficult, a sort of awkward word. But we can speak of signal anxiety in English, calling it simply, fear, automatic anxiety. Furthermore, we know that even in adults, feelings are not unmixed when we face a patient who is afraid. He ought to experience his unpleasure. He may be, incidentally, also in pain. The pain can produce anxiety, and that is also true and more so in infants, and sometimes very difficult to differentiate what kind of feelings an adult experiences. And in small children that is sometimes impossible, even in the stages of verbalization. We can, however, following Dr. Hartmann's suggrstion, we can try to reconstruct earlier stages, say, that we can see that small children very small ones who have already acquired certain Ego functions, will, in moments of great tension and need, abandon themselves. A child who has already learned turning to the breast and sucking will, under great excitement, let's say there is something wrong with the milk, suddenly turn hishead back and forth and forget what he is supposed to suck, and so on. And There are countless examples of it; and we can say that most

possibly among other feelings that the child experiences, there must be a precursor of what we later call fear. But since there is no signal, we may call it anxiety, which overwhelms the infant in what we used to call actual neurosis, and I am not going into a discussion of that. There is, according to Freud, a direct transformation of libido, and there is no implication that that libido is the sexual loss. And it seems to me that the so-called anxiety of all the neuroses is not the sexual, it's sexualized and aggressivized; something like that. At any rate, something instinctual is lacking; and in the observation of smaller infants under observation, in situations where he is ready to give up his newly acquired Ego functions, and regressed to an earlier stage, we are confronted with some kind of precursors of anxiety whereby the Ego has given up the sexualized function and the anxiety is fully sexual or aggressive; at any rate, instinctual phenomenon. And if we think of the differentiation, maybe somewhat in those terms, then in this free floating anxiety, where there is no implication of signal, there is a great amount of sexualization and aggressive component, while in the situation, which is a function of the Ego, there is presumably a desexualization; and where such a desexualization does not exist, we are confronted with inability of the Ego to add to the Ego defense; and the function of fear fails as signal.

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Dr. Lowenstein

Mr. Chairman, I hardly have anything to say. Dr. Hartmann said all the things which I was going to say. So I will just add a few remarks, thanking Dr. Brenner for his very clear and beautiful paper, but in which the value of it is to point out all the hypothetic nature or the weaknesses of certain of our theoretical constructions.

Particularly, for instance, when he stresses in Feneschel, certain sentences about the hormone disturbances, where he rightly so says that actually it is a hypothesis about a hypothesis, and which is hinted that it is stated in such terms as if it were facts of observation. But still, I think, like Dr. Hartmann, that the simplification where Dr. Brenner proposes, would, unfortunately, lead to a great deal of loss. I mean, loss, not only theoretical matters, but almost in clinical work.

If we analyze the various types of anxieties, in as much as they are related to the various types of dangers, by stating simply that anxiety is a signal warning, a warning signal about an unpleasure or traumatic situation, one loses very specific gains which one has, and which one can observe in patients; and which, for instqnce, anxiety is always related to castration in one, and the other very typically to loss of love. In another case, very typically, it is centered around the anxiety of losing the object. And in those cases, one can

sometimes distinguish the things which are so difficult to differentiate, the observation of small children, that some of their reactions are of the type of anxiety; others are of the type of rage. We would not be able to lead them genetically to the original situation, if one abandoned this concept of anxiety, as provoked, not by a signal function, but provoked, let's say, by the loss of an object.

Some other clinical facts which we would lose without this hypothesis, I remind you only of the very typical clinical phenomenon of patients who have anxiety . Very typical symptoms. The feeling of anxiety. Therefor the signal function is the fear of the traumatic helpless situation of violent anxiety. Still, it doesn't prove that this anxiety that they are so afraid of, is produced directly. It is not proven. But there are phenomena like fear. The anxiety signal is to avoid traumatic situations of the nature of anxiety we can observe. We could not explain as easily, for instance, the phenomenon of the function of the erotization of anxiety if we did not have this theory. But I mean to say that if we assume for reasonf which Hartmann pointed out, from the genetic point of view, we must assume that they are phenomena in early childhood, although they are phenomenologically difficult to distinguish their anxiety or not; but clearly, what develops

out of them, and the reconstruction which we can make in later life, leading to the situations, one clearly distinguishes there primary forms. or prototypes of which later becomes anxiety. Whether this can be explained in terms of being overwhelmed by stimulus, inner or outer, whether there is a rupture of barrier, these are secondary hypotheses; hypothesis about the hytpthesis, which are far less convincing, and might some day be replaced by some other hypothesis.

But I still believe we have a great gain, and not enough - - a great gain from keeping the old theory; and I don't see any, aside from simplification, which is not enough by accepting Dr. Brenner's theory.

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Dr. Spitz

Dr. Lowenstein, I am agreeable to thank Dr. Hartmann for his systematic presentation of the problems presented by Dr. Brenner's thoughtful and scholarly paper. I have read it briefly, and since I do not need to go into the systematic side of it, I will limit myself to a few little beauty spots which I will choose within the paper with which large parts of which I am in substantial agreement.

In the first place, I would say that if I had read it only, as we so often are inclined to do, the three points of the summary, I would say that I agree completely with what it says, not what it doesn't say; not with what it leaves out, I mean. But there I would say that I am in so complete agreement that I would say that it is substantially usable as a summary for the paper I gave in Detroit, as Dr. Brenner mentioned.

Now, to come to the little beauty spots, of which I would like to speak, they are of course in my particular field. I would like to mention before, something about the actual neuroses. Have you ever thought of the fact that the historic change which occurred since the writing about actual neuroses, that the cultural change makes for seeing very much less actual neuroses than Freud may have seen. Practices used at that time are rare today, and we would have actually used in that systematic way as they were used at that time. How many of you are

familiar with married couples who still use coitus interruptus? I haven't seen one.

DR. BRENNER: You should be in Boston.

DR. SPITZ: I believe that actual neuroses might be seen in cases like those which Dr. Grayson studied. However, that is a minor point, it seems to me, and I think, like Dr. Lowenstein and Dr. Hartmann, I feel that we would lose a good deal if we would abandon the concept of the actual neurosis, which to my mind is not sufficiently exactly examined as yet. I have the feeling that we have a good deal to learn there, particularly in regard to that point which very prominent analysts again and again discover in their investigations of anxiety, and which, it seems to be an unresolvable chore at the bottom of anxiety by some of them intruding, including Dr. Greenacre, who, however, doesn't like the expression, has been called basic anxiety. Whether that is not something which we could understand better with the help of actual neurosis, I wonder.

Now, to come back to the questions which interested me particularly, and that is the question of anxiety in the early infancy, where I find myself in complete agreement with the comclusions which Dr. Brenner draws and in complete agreement with the method he tries to get at them, I will say we know a good deal more about infants today than Dr. Brenner

assumes. It is not so that we do not know when the infant starts to have visual perceptions. I mean, there are probably earlier ones than we know of. But we certainly know and can demonstrate visibly that an infant hasvisible perceptions somewhere between one and two months; and that the way in which an infant can deal with its locomotor activities is one which goes far back with his limbs, which goes far back behind the third month, is also certain.

I always feel, when such statements are made - - I don't know - - some discomfort, thinking back of the psychologist, Margaret Kurting, who started her book on psychology with the statement about this and this and this psychologist, and ends up by saying that you cannot discuss with psychoanalysts because they only read what they write themselves, and don't read what psychologists have investigated. Well, from this point of view, I think that the question of how this develops, and how one can investigate these phenomena in infancy, is rather important, when we think of disproving Freud's assumption that the helplessness situation in infancy provokes anxiety. I think that you will find, that, as Freud put it, a physionomical criterion is decisive there, and that this physionomical criterion is not a facial expression, but it is a behavior picture; and that when I speak of light reactions, for instance, I actually mean the infant turning around and running away, so

to say; not running his locomotor as an adult, but sort of rolling away from what the infant fears. And I think that, because Dr. Brenner feels that the actual neurosis anxiety - - or, as perhaps it would be better to put it - - the quantitative anxiety, is not proved, we should abandon also the question of anxiety produced in the infant through the situation of helplessness. I think that that is incorrect. You are arguing from the wrong end. Let's argue from the infant; and if you look at the infant and don't bother about whether we need this for the proving of the quantative anxiety, then we will be able to observe actually in the infant these phenomena of anxiety. However, I have to put in one qualification. We are speaking here all the time of the infant, and of the little child, and of the very little child; and these things are phenomena that have very exact ages and should be dated according to these ages. We should not speak in these generalizations - the child, the infant, or the little child. This is a question of actually months; weeks, sometimes.

I will end this discussion by thanking Dr. Brenner for his raising again that importnat issue of the actual neurosis, and encouraging us not to neglect the investigation of this problem which I think is very, very important.

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Dr. Stern

I, too, thank Dr. Hartmann for his courage in tackling so difficult a problem.

Freud always traced back to Signal anxiety, anxiety at birth, and he did not replace this by the anxiety produced by missing ( ) in the lectures he stated that the fear of missing the mother in relation to this, there is no need to reject the idea that these conditions for anxiety fundamentally repeat the situation. They do.

I want more to follow Dr. Spitz, because here we are in the realm of facts, and I think that just the research of the last year brought a highly fascinating configuration of Freud's theory about anxiety; and I think here is mixed up between the biolgic reaction of anxiety and the psychic experience of anxiety, what Freud thought was repeated in automatic anxiety, was not some psychic experience, he explained himself. This is doubtful. But it was not doubtful that as he explained himself, in anxiety in historic events, binding to afferent and efferent excitations of anxiety.

Now, when Dr. Brenner cuts out the automatic anxiety and wants only to admit that anxiety as an anticipation of danger, then we have to ask what is danger. Danger is just the automatic anxiety. He calls it a traumatic moment. Freud explained that the traumatic moment is automatic anxiety, being flooded with excitations which can't be discharged. This is

the point where modern science has confirmed Freud's hypothesis in the research into the stress reaction and the biological alterations of the body in the stress reactions. I, personally, am for some years interested in the shock reaction, and we are to be very grateful to Dr. Ribellig, who has paid special attention to this shock reaction in early infancy. We know that shock reactions, as expressions, biological expressions of automatic anxiety, are present in the infant until the third year. Dr. Ribellig says shock is physiological in the post-natal period. Now, from this we can further conclude that what is underlying every anxiety process - that means the somatic process which goes on - when anxiety is experienced on a psychic level, is the shock reaction, shock and counter-shock defense reactions. I have called, in a paper which I read some years ago in Israel, I have called this the automatic shock; and I wanted to differentiate from this what in my mind is the infantile sexual trauma. I cannot now explain the whole idea, but I think this would give a clarification to the problems of actual anxiety and of traumatic neurosis.

When we examine more closely what goes on in this process of the shock reaction, then we realize that the original process is part of the whole shock reaction, and we can't say that what is observed in the automatic responses in the post-natal period, that this is not specific.

Dr. Stern

Dr. Brenner mentioned pain and rage. Pain is just, as anxiety, a breakthrough of the stimulation. Pain is only accompanied by the same reactions, as anxiety, when it is overwhelming pain. Rage is part of this complexion. Now, in fright, for example, in panic, we have a revival of this shock reaction in adults; only that this shock is immediately followed by strong shock defense reactions - breating and the stimulation of the heart, and so on.

And I want to conclude with this: That what is commonly looked at as anxiety, is not the real thing. It is a defense. It is a defense against what Freud has called the traumatic factor. It is a defense against the shock reaction. It is a counter-shock. And only when this defense mechanism is insufficient, we arrive at what Freud had called traumatic anxiety.

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Dr. Blau

I want to thank Dr. Brenner for bringing the subject up for discussion in the society, not only because he has presented a very clear paper, but that he has had the courage to bring up this subject to the society. I and a number of other members of the society have talked about the subject of anxiety and have been warned that this is a dangerous subject to discuss, because it is one that Freud worked on for 30 years and did not solve. So how can a young man bring it up to the society and expect to add to it? But the fact is, hat Freud himself recognized that this is an unsolvable problem in psychoanalysis and psychiatry; and, in fact, encourages further thinking in relation to anxiety.

In connection with the discussion, and also with Dr. Brenner's paper, I find that a common error is made: that anxiety is not defined. It's taken for granted. And there are a number of different forms of anxiety that should be differentiated. Dr. Hartmann brought up the problem and dismissed it, that the terminological problem is not one that we need to bother with; but it is a very important one, because when we talk about anxiety, are we talking about physiological anxiety, or are we talking about the affect of anxiety, or are we talking about the language of anxiety, the semantics of anxiety, or are we talking about the objective behavior which we interpret as anxiety. And each of these has a different

meaning. Particularly, we have to differentiate between what is psychological anxiety and physiological anxiety.

In connection with the actual neurosis, I think there we see the tendency has been to dismiss them because of Freud's original idea that it was connected with damming back sex. But what we understand today as actual neurosis, is connected with actual physical symptoms, as we see it in neurasthenia, where not only do we see anxiety, but we also see fatigue, which is also real, actual. And the anxiety in the actual neurosis is physiological anxiety, and must be differentiated from neurotic anxiety. And physiological anxiety, of course, cannot be analyzed and it's related to normal anxiety.

Dr. Brenner, as many others, does not attempt to - - - particularly in recent years in talking about the traumatic neurosis - - - does not differentiate between the war neurosis and Schreck neurosis; that in the war neurosis we do see that they follow the pattern of neurosis in general, or are reactivations of old neuroses; but that we see less often. But there are cases of actual Schreck neurosis in which anxiety is the most prominent symptoms; and these, too, should not be confused; and these two should not be.

A third point in relation to the comment about anxiety

in infants, I would agree with Dr. Brenner, that it is difficult to determine whether the young infant experiences anxiety. Now, if we mean by anxiety the affect of anxiety, as we understand it, later in life, or the name, anxiety, or the feeling that is given the name, anxiety, I would agree. But whether you call this unpleasure or not, it is a disturbance which is genetically related to what we later learn to call anxiety, and what we later learn to connect with certain affects which we recognize within ourselves, subjective reactions in selecting the ( ).

Incidentally, the same criticism that he applies to infants can be applied to animals, too, because animals we can never know about the affects of anxiety; in animals or in young children; because in animals, the only way we know about affects is by speech. The individual has to tell us about it. We can only guess.

Now, it's wrong useage to say that a dog feels angry. He may act what we think is angry, but we don't know if a dog feels angry. All we know is, in a human, when he identifies a certain feeling he has within himself, the affect is anger. Now, there is no question that this original reaction in the infant is very definitely connected with the reaction we recognize later as anxiety, and to which we give the name, anxiety, and which we teach the child to recognize the feelings within himself as anxiety.

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Dr. Sperling

I want to thank Dr. Brenner for this most interesting and clarifying paper. I would say that it is very logical and perhaps too logical. I think it is true, in his criticism on the actual neurosis, he has pointed out that we might be able to explain, in a psychological way, some of the phenomena; but still, it seems to me interesting that actual neurosis is a very specific phenomenon which we can observe, and which was especially convincing to Freud, because these cases were cured with psychoanalysis, just by the advice to change their sexual habits.

Now-a-days we are inclined to interpret the anxiety which appears in these cases from another point of view. Perhaps we would not see in them physiological anxiety, but I don't doubt the fact that there is something like physiological anxiety. We cannot forget that there are, for instance, as a result of the injection of adrenalin, we see anxiety. That is not a psychological anxiety. As a result of certain physical diseases, certain functions, we see anxiety, not as psychological, but as a physiological anxiety. So it is from the beginning not completely to eliminate the possibility that disfunctions of sexuality might lead to some physiological anxiety, even if we cannot prove it now-a-days.

Another point is this: It is true that in the usual explanation of the breaking-through of the stimulus barrier, and the massive excitement or the massive stimulus is emphasized.

as if really the quantity of the stimulus would be the signs for breaking through of the stimulus. I think that has been misunderstood by Reich and by Fenechel, and is not really what Freud means. Freud himself has given examples of the very specific breaking-through of the stimulus, which is not a powerful stimulus.

You remember, for instance, that Freud mentions, when an infant sees a woman, let us say, approaching, he expresses expectation of pleasure. But if in seeing clearly the features of the woman, he recognizes that it is not the mother, then this child reacts with anxiety. This would not be a very powerful stimulus. It is a specific stimulus which can break the stimulus barrier; and similar experiments have been done with animals. If you have read, perhaps, about experimental neurosis by Gant, Gant had his dogs exposed to explosions, nearby explosions, all kinds of very strong stimuli, and they did not acquire any traumatic neuroses. But when the differentiation of the stimulus became too difficult, when the dog was not able to solve theproblem, then anxiety occurred and then it was a full-fledged neurosis.

Now, in a similar way we see in war neurosis and it in civilian traumatic neurosis. It doesn't have to be a very powerful stimulus. It is the specificity of the stimulus which breaks the stimulus barrier; and I think Dr. Brenner has seen

that quite clearly. But still, I think that it is of value to differentiate between what he calls automatic anxiety, and the anxiety which is a defense mechanism. I think that Freud is here thinking in a similar way as in the theory of the conditioned reflexes. We have conditioned reflexes and we have, later, unconditioned reflexes. Now, it might well be that later on, in human beings or in animals, we see rarely unconditioned reflexes. But still, we cannot understand unconditioned reflexes without knowing and assuming that they have been there first, or that there are originally unconditioned reflexes. And in the same way, as it were, anxiety.

If we see in the patient, whom we are treating, mostly anxiety, which is, for example, Ego anxiety, anxiety which is Ego mechanism, a signal anxiety, it does not preclude the existence of an original anxiety which is parellel to the unconditional reflex.

Now, I think that better observation of infants can come to better results in the differentiation of the different affects, and I think that it is really possible to differentiate rage and anxiety in infants. Mothers who observed their infants, have a very good insight, and know exactly whether the child has anxiety or has rage or any other emotion. And if we observed the infant carefully enough, we can see the differentiation.