

WORK-IN-PROGRESS (MARCH 29, 2013) PARALLEL CHART FOR

Chapter 10 — Worries, Dreads, Obsessions, and Anxieties

*of The Mind at Mischief:
Tricks and Deceptions of the Subconscious and How to Cope with Them*
(1929)

by
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Sources for Chapter 10, in the order in which they first appear

- (1) Tom A. Williams, M.B., C.M., *Dreads and Besetting Fears* (Boston: Little, Brown, and Company, 1923)
- (2) William S. Sadler, M.D., F.A.C.S., *The Truth About Mind Cure* (Chicago: A. C. McClurg & Co., 1928)
- (3) William S. Sadler, M.D., F.A.C.S., *Worry and Nervousness: Or, The Science of Self-Mastery* (Chicago: A. C. McClurg & Co., 1914, 1923)
- (4) Edmund S. Conklin, *Principles of Abnormal Psychology* (New York: Henry Holt and Company, 1927)
- (5) T. W. Mitchell, M.D., *Problems in Psychopathology* (New York: Harcourt, Brace and Co., Inc., 1927)
- (6) Paul Bousfield, M.R.C.S., L.R.C.P., *The Omnipotent Self: A Study in Self-Deception and Self-Cure* (London: Kegan Paul, Trench, Trubner & Co., Ltd., 1923)

[Note: Sadler probably used the American edition, published by E. P. Dutton & Company, New York, in 1923.]

Key

- (a) **Green** indicates where a source author (other than Sadler) first appears, or where he/she reappears.
- (b) **Magenta** indicates an earlier Sadler book.
- (c) **Yellow** highlights most parallelisms.
- (d) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (e) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (f) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.
- (g) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
- (h) **Red** indicates an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source.
- (i) **Gold** highlights key words or themes which will be discussed in the analysis of the chapter.

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VIII: OTHER COMMON PHOBIAS (Williams 90)

As regards of **the dark**—perhaps the **commonest** all besetting fears—there is an obvious source in the fact that in darkness one does not know what may be surrounding one (W 92-93).

Additional food for terrifying imagining exists in the current superstitions descending from **our forest-living ancestors**,

to whom the dark was the home of **wolves** and bears and the terror they inspired (W 93).

Few things are more conducive to the breeding of fears than to indulge the fancies of children with idle tales of apparitions, **haunted houses, witches, etc.**, which always afford them such intense and exciting interest (W 94).

X — WORRIES, DREAMS, OBSESSIONS, AND ANXIETIES

10:0.1 IT is impossible, in a single chapter, to enter into a full discussion of fears and phobias. **Elsewhere I have made a more thorough study of these subjects.** [**The Physiology of Faith and Fear, and Worry and Nervousness*. A. C. McClurg & Co., Chicago.]

10:0.2 One of the **most common** fears met with is the dread of **the dark**.

There is, no doubt, a good biologic background for this fear.

Our forest ancestors

had reason to look upon the dark, with all its unseen dangers, as something to stand in terror of.

The dark meant **wolves** and a hundred and one other dangers.

In our own day, however,

children are needlessly frightened and made afraid of the dark by means of ghost stories, tales about **haunted houses, witches, etc.**

SOURCE

[See *The Truth About Mind Cure* 10.]

One of the commonest fears is of **water** (W 90).

The source of this kind of fear is to be sought in maternal influence, a fear of drowning inculcated very early in the life of all children by solicitous **mothers**.

The prohibition is evaded by the adventurous lad who persists surreptitiously in frequenting the “swimming hole”; while the child who is credulous towards his elders continues to fear the water (W 90-91).

Sometimes the fear must originate when the child, unable to balance, is **submerged and stifled**, which stifling causes the most fundamental of all fears,—that of choking (W 91).

Sometimes, however, the fear of water is due to the **infant's** terror at the **loud spluttering** as the water runs into the bath being prepared for him ... (W 91).

10: THE MIND AT MISCHIEF

Experience goes to prove that children are absolutely unafraid of the dark if they never have suggestions of fear, with reference to night, made to them.

10:0.3 Fear of the **water** is another common phobia.

I have a patient, a woman forty years of age, whose husband wants to go to Europe this summer, but she simply will not go. She has never even been in a row-boat on a small pond. She has lived in Chicago all her life, but has never been out on Lake Michigan.

These fears of water are probably suggested by **parents** who so early warn the children to stay away from the water.

Of course, boys sometimes overcome this fear, go into the water, and learn to swim.

It is highly probable that our fear of water comes from an early bath, in which we were **submerged and half strangled**,

and that the fright so produced has led to a fear complex associated with water, from which we never fully recover in later life.

Someone has suggested that

the fear of water in our day may be induced by the **sputtering sound** heard when water is turned on in the bathtub, a sound which may have a terrifying influence on young **infants**.

SOURCE

Fear of **stifling** is even more frequently experienced (W 91).

[Others have a comparable fear of **closed places** (Conklin 114).]

[Some people are afraid of **microbes** and make life a burden to themselves and everybody else by going around disinfecting the house, and trying to make sure the food is not contaminated by germs (*The Truth About Mind Cure* 103).]

[See 24:4.5.]

[Also it is undoubtedly true that **many of our fears** are first suggested to us in dreams—dreams that were very realistic at the time of their occurrence, but which were subsequently entirely forgotten (*TTAMC* 160-61).] [See also 8:5.6.]

10: THE MIND AT MISCHIEF

10:0.4 The fear of **stifling** is another common phobia—

the fear of **closed places**.

I know a woman who, when a child of six, was locked up in a closet by her nurse as punishment; she never forgot the experience. It required over a year of persistent training for her to reach the point where she could sit with comfort in a theater or ride in a closed car. She was all right when riding in an open car, but in a closed car she was seized with panic, fear, and a suffocating feeling.

Victims of this phobia cannot go into a church, a restaurant, a shop, without suffering.

10:0.5 Some people are afraid of **microbes**,

and wash the door-knobs every time a visitor comes;

I have a patient now who will not eat food unless it comes in the original package, and she must open it herself; whether it is a box of soda-crackers, or a box of oranges, she must take the food out of its original package.

10:0.6 I have come to believe that **many of our fears** are suggested in dreams.

SOURCE

[We may wake up in the morning, after having had a dream of a frightful nature. By the time we are fully awake we entirely forget the dream. But it may have left a lasting fear impression upon some part of the mind (“We’re All Afraid of Something,” by William S. Sadler, M.D., *Collier’s* for June 15, 1929).] [See also 21:2.4.]

The **eugenic** movement has caused many individuals to be beset by fears that they might transmit to their offspring undesirable qualities.

I have been consulted by a number of people about the desirability of their **marrying** in face of the undesirable qualities which they supposed they had (W 102-03).

Fear of **insanity** is one of the commonest reactions of an individual when the mental clearness is interfered with in bodily conditions created by infectious disease similar in chemical pathology to those in the delirium of typhoid fever.

But there are many states of exhaustion when **feelings of strangeness** are conspicuous and in which the inference that the mind is being lost seems legitimate (W 103).

10: THE MIND AT MISCHIEF

We dream about some terrifying experience, wake up, forget the dream, and yet subconsciously retain the fear that it aroused;

this dream-fear becomes attached to the mind, and we transfer it to some later idea which arises in the consciousness, and thus a new fear is born in the mind.

SOME COMMON WORRIES

10:1.1 Of late years we are coming to meet with **eugenic** fears.

Young people read books on heredity and become obsessed with the fear that they are not worthy to **marry** and reproduce themselves.

Of course, the fear of **insanity** is always present with us.

What is more natural, when the mind is not working right and the **feelings are vague and bizarre**, than to think that we are going crazy?

It should be remembered in this connection that it is only sane people who feel they are going insane. Those who are really “off” mentally never fear it.

SOURCE

10: THE MIND AT MISCHIEF

They may think the rest of us are crazy, but they always believe themselves all right.

IX: PHYSICAL CONDITIONS AND FEAR (Williams 108)

10:1.2 And then we have patients who complain of difficulty in

The sensations [accompanying cenesthesopathic disturbances] are often peculiar in that, although within, they cannot be reconciled with the usual feelings and the accustomed concept of the patient's selfhood (W 123).

identifying themselves with themselves.

They sometimes walk down the street and are seized with the strange feeling that they are not themselves.

XI: FEAR BY INDUCTION (Williams 147)

Familiarity with the mechanism of terrors of children enables one to interpret [a certain] boy's case as a phobia against being alone,

There is the very common fear of being alone—

produced by the foolish anxiety of the mother (W 149).

a fear largely due, I think, to the tendency of mothers to keep their children too close by their sides.

When children are young and helpless, of course, they must be looked out for; but when they grow older the mothers must see that they are taught to stay alone without fear. Kidnaping stories also contribute to the nourishment of this fear.

X: HEREDITY AND FEAR (Williams 126)

In another case a boy was kept constantly by his mother's side, indeed scarcely allowed out of her sight, so that he was inevitably dubbed "Sissy" by his playmates (W 135).

[Compare W 137-38, re two girls, both of whom were "of a gangling and awkward build." One was encouraged to engage in outdoor sports and became known for her poise; the other was kept back by her family from outdoor activities and became very self-conscious.]

[Compare W 127.]

So, too, it has been almost axiomatic that the unwillingness of chickens to enter the water is an instinctive fear. But even in this so simple a tropism the general impressions appears to be ill founded (W 126).

This is proved by the famous experiments of Pawlow (W 142).

[contd] In investigating the factors which influence digestion, Pawlow found that the flow of gastric juice could be induced ... by the mere sight of food.

10:1.3 We must remember that the sissified boy is largely a product of training. He was not born that way.

He grew up that way because of being tied too close to his mother's apron strings.

In this connection it is well to remember that awkwardness is largely the result of being kept out of society.

Allow children to grow up with plenty of people around them, and they will not be awkward or easily embarrassed.

10:1.4 Let it be emphasized that fear is suggested to the growing child; he is not born with it.

Even little chickens are not born with the fear of water. They learn that after they are hatched.

Professor Pawlow clearly demonstrated this conditioning of fear by training his dogs by means of his famous sham feeding,

so that

he could obtain a certain sort of digestive juice merely by showing the dogs food,

Furthermore when the ringing of a bell invariably accompanied the giving of food, Pawlow observed that ultimately the mere **ringing of the bell** would cause gastric juice to flow (W 142).

The environment plays a part in this also. For instance, in **New England** self-consciousness dreads occur often, while in **Western** America this fear is not reported; there, on the other hand, **cyclones** play a large part in the fears of children, and only there are mentioned fears of starvation, of train-robbers, and of sleeping on the porch (W 144).

VII: FEAR OF **CROWDS**, **OPEN SPACES**, ETC. (Williams 74)

A woman of thirty-three was unable, unless accompanied, to cross a wide street or to remain in a church or theater without an intense emotional disturbance, showing itself as **palpitation**, facial **pallor**, **chilliness**, moisture and cyanosis of the extremities, **rigidity** and **pain in the neck and back**, **nausea**, the sensation of great weakness and **dizziness** (W 74).

or even by associating food with the **ringing of a gong**.

That fear is largely suggestive is shown by the fact that

while people living in the **West** are afraid of **cyclones**, those in the **New England** States are not.

10:1.5 One of our common dreads is the fear of **crowds**, or of large **open spaces**.

There are any number of persons who will not go across an open place at night—some even dread doing it in the daytime; others, when they get into a crowd, show severe terror, not only by their expressed fears, but by certain physical symptoms,

such as **pallor**, **chilliness**, **palpitation**, muscular **rigidity**, **pain in the back of the neck**, **dizziness**, and even **nausea**.

VI: OCCUPATIONAL PHOBIAS (Williams 65)

[*Compare:* A man had been unable for one month to write his name clearly on account of a tremor.... Investigation showed that the first time he trembled was when he returned to work after a surgical operation before he was fit to do so. The bank did not recognize his signature, and *apprehension* of this caused him to tremble thereafter when attempting to write (W 65-66).]

10:1.6 We have many occupational fears or phobias: people become afraid of certain things connected with their occupations.

I remember the case of a man who was compelled to sign his name to a very important document in the presence of a large assemblage of business men, at a time when he was very tired. He became very self-conscious just before attempting his signature, and his hand grew so stiff and cramped that he was barely able to complete signing his name. Immediately a fear complex was mobilized in his mind, and for fifteen years he was never able to sign his name in public. If he attempted it, he was always seized with cramps that made it impossible to carry through the undertaking.

IV: FEAR AND STAMMERING (Williams 39)

10:1.7 Stammering belongs to this same group.

[Compare W 39, re those who flush.]

Most people who are troubled with stuttering also blush easily: both are manifestations of the same disorder.

This kind of stammering is sometimes only one manifestation of a general hyperconscientiousness ... (W 49).

Most stammerers are also hyperconscientious,

and they are sometimes best helped, not by some of the many apparently successful stammering cures, but by concentrating the attention on improving oral mobility—

[*Letter from a stammerer:*] The cure was to learn to control my excitable nature and to learn the correct way of speaking. In this connection he gave me some exercises for **relaxing** the **jaw** and the advice to talk slow and “taste the flavor of my words” (W 42).

VIII: OTHER COMMON PHOBIAS (Williams 90)

Two Vermont ladies were so obsessed with a fear of **dirt**

that they **made themselves and every one about them miserable** (W 101).

VIII: CRYSTALIZED FEAR AND DEFINITE DREADS (*Worry and Nervousness* 95).

The dread of dirt (misophobia) has grown vastly in recent years, and is closely related to microphobia (the fear of **microbes** or germs) (*W&N* 98).

Sitophobia is the dread of **food** ...(*W&N* 96).

It has been my observation that practically everybody has a sort of instinctive dread or fear of looking down from great **heights** (*W&N* 96).

on trying to get more completely **relaxed** and vigorous **jaw** action.

EVERY-DAY PHOBIAS

10:2.1 There is simply no end to the fears that can come to obsess the human mind.

I have a middle-aged woman on my hands now who has developed a literal **dirt mania**.

She is **making life miserable for herself and her family, trying to keep things neat, clean, and in order**.

I suppose back of all this in her mind is the fear of **microbes**, the fear of disease.

In this connection we might mention victims of all sorts of **food** phobias—intelligent men and women who have developed a fear complex regarding some class of foods.

10:2.2 Fear of **altitude** is a very common difficulty along this line.

The fear of cats is so great with some persons as to preclude their wearing furs derived from any member of the cat family ... (*W&N* 99).

[*Note: See Theory and Practice of Psychiatry* 464, where Sadler lists fear of being stared at under “Fear of Blushing—Erythrophobia.”]

[Think of the people who are afraid to sit down with thirteen at a table, and who are deathly afraid of Friday the thirteenth (*TTAMC* 100).]

There is aerophobia—the dread of air (*W&N* 95).

Many persons are afraid to climb ladders, to ascend high buildings, or even to stand upon high mountains if there is anything in the nature of a precipice near by.

We know how some people develop a fear of cats, especially of black cats.

I once had a patient who told me that many times she had to tear off her veil in order that she might be able to spit three times before a black cat got out of sight.

10:2.3 Other nervous people develop a dread of being stared at. If anyone looks at them they become inordinately self-conscious, and, of course, sooner or later they are driven out of society. They are unable to appear in public. They simply have to stay at home, because, the moment anyone glances at them, they feel they are being stared at.

10:2.4 We are all familiar with the various hoodoos—Friday the 13th, thirteen at a table,

walking under a ladder, breaking a looking-glass; these are not just jokes with some people, they are real phobias, actual fears.

We have a group of fears that are connected with air.

Some persons are afraid of good fresh air. If it is cool and blows on the face, they are sure they are going to catch cold. They have a draft phobia. Others fear that they are not going to have sufficient air, and that if left alone they might faint or possibly die, and this runs on into the dying spells which we have elsewhere discussed.

SOURCE

Pathophobia is the dread of disease, and many indeed are its specialized forms—far too many to receive consideration here (*W&N* 98).

[It seems that if she would read the health column in the daily paper she would get a new disease. If she dared to pick up an almanac tossed on the front porch, she would have a new disorder (*TTAMC* 122-23).]

[Others are afraid of storms, thunder, and lightning.

A woman recently told me that during storms she would pull the bedstead out in the middle of the room, get all the children on the feather bed, and wait for the end. Think what an influence this had on the children, to say nothing of the effect on the mother—the perpetuation and aggravation of her own fears! (*TTAMC* 103)]

Then we have aichmophobia—the dread of pointed tools or instruments (*W&N* 95).

[Note: See *Theory and Practice of Psychiatry* 464, where Sadler calls fear of changes “anthropophobia”.]

10: THE MIND AT MISCHIEF

10:2.5 Many hypochondriacs fear disease.

They are constantly inventing new diseases, and it is only necessary that

they find a new almanac, read the health column of the daily papers, or get hold of some of our modern health books, in order to be able to dig up half a dozen new ailments.

10:2.6 Others are afraid of storms; thunder and lightning strike terror to their souls.

I know of a nervous mother who, the moment a storm breaks on the community, gathers her children about her and engages in solemn performances that are calculated to fill these young minds with fear of storms for the rest of their lives.

10:2.7 Some nervous individuals develop a phobia about sharp points, scissors, knives, razors, etc.

I recall the case of a man, thirty years of age, who shudders almost with convulsions if he sees one of those wavy-edged bread-knives.

But, like many other fears, these phobias and dreads can be analyzed and in the vast majority of cases banished.

10:2.8 We also have those nervous people who fear changes. When young, they even were afraid of growing up. They dread responsibility; they will not travel unless absolutely forced to move from one place to another.

There has come under my observation a woman, now seventy years of age, who hasn't left the town she lives in for forty-five years. She will not even drive out in the suburbs in an automobile.

[Compare: Like those witless people who live in Buffalo, within easy reaching distance of Niagara Falls, but who waste their years and finally die without seeing that geologic and scenic marvel ... (Bernard C. Clausen, D.D., *Pen-Portraits of the Twelve* [1924], p. 130).]

A case was recently reported of a man who lived so near Niagara Falls that when the wind was blowing just right he could hear the roar of the rushing water; yet he was forty years of age before anyone could induce him to go far enough from home to view the Falls.

10:2.9 And last, but not least, we have

Phobophobia is nothing more nor less than the dread of dreading, and some chronic worriers, it would seem, when they have nothing more definite to be afraid of, are easily able to work up a case of phobophobia (*W&N* 96).

the fear of fear—phobophobia.

Many times our nervous friends wake up to the realization that they are victims of fear, slaves to their various dreads, and even tho they break themselves of many of these phobias, they still live in constant fear of fear.

10:2.10 When it comes to the management of these fears and dreads, they are all dealt with according to certain general principles, which I will more fully outline at the end of this chapter.

RESIDUAL FEARS

10:3.1 There came to me a few years ago an ex-police officer, a big strapping fellow, who would go down a dark alley any night and shoot it out with half a dozen burglars, but who, as a result of a long emotional strain, experienced a partial nervous breakdown.

He was several months recovering, but when he did get well there was one of his many fears that lingered on, behaving after the fashion of a residual fear. He simply would not go anywhere alone. He would find some excuse for getting out of any errand that required him to go anywhere by himself. He had to do considerable traveling for a year or two, and so he hired an old chum to go along with him. Finally he was cured, but it required more effort to conquer this one phobia than all his other fears, and he wasn't cured by reasoning, talking, explanation, or rationalization, as he was of his other fears. This one he had to go right out and defy; he had actually to go through all the misery, and suffer all the physical manifestations, of the fear which accompanied his going any place alone.

[Compare Conklin 117-18.]

10:3.2 I have a case—an army officer, who had a breakdown after the World War. He made a slow recovery; he had little help of a psychic nature, but after two or three years he was fairly well except that he continued to have the fear of crossing bridges or going up in high buildings. For several years after he was really a well man he could not accept a position because he simply would not go up in a high building, and would rather take a licking than cross a bridge; and he happened to live on the North Side of Chicago, which necessitated his crossing the Chicago River to get down town. So years went by and he began drifting back into his old neurotic obsessions; but finally he decided to consult a physician and try to get to the bottom of his trouble. As a result he is all but over his phobia. But, tho he soon reasoned himself out of his other worries, it has taken him about a year and a half to conquer this one.

Even now he shudders sometimes when going over the bridge, even in an automobile or on the bus, and gets a panicky feeling at the thought that he is on the sixteenth floor of a skyscraper. The worst is over, however, and he is undoubtedly going through to the complete mastery of this residual fear.

DEFINITE DREADS

PREFACE (Williams xi)

Dread is aroused only when a person is faced by a circumstance which experience has taught him to fear (W xi).

10:4.1 Definite dreads are aroused only when we are compelled to face something our experience has taught us greatly to fear,

and we can do much to recondition our emotional reaction to these dreads by carefully analyzing them, and by teaching ourselves not to be afraid of the thing we fear; eventually we can hope to be delivered from such dreads.

I: EARLY ORIGINS OF DREADS (Williams 1)

The explanation of many predilections and dislikes is simply that the taste of the adult is due to pleasurable or painful impressions made upon the child by an individual experience which is long since forgotten (W 4).

10:4.2 Many of the things which we dread in adult life are those which made painful impressions upon our minds in childhood,

but such fears can usually be banished by analyzing and explaining them.

As someone has said,

“A dreadful certainty is better than an uncertain dread” (W 7).

“A dreadful certainty is better than an uncertain dread.”

In my experience, pathological timidity has always been traceable to environmental influences (W 9).

But regarding sex functions there is unfortunately prevalent the obscene attitude which is so pervasive that the child is unlikely to ask questions which he knows will cause him to be looked upon as lacking in decency. In consequence the seeds of a guilty conscience are unwittingly sown by parents who would be the last in the world to permit it did they understand (W 11).

[Melancholiacs have delusions of committing the unpardonable sin and the like, of a nature to correspond to or to explain in a way their depression (Conklin 75).]

[Freud ... places melancholia in this group, which he would like to call the narcissistic psycho-neuroses; for the most salient feature of melancholia is the self-condemnation resulting from the severity of the Ego-ideal towards the Ego (Mitchell 134-35).]

10:4.3 In this connection let me emphasize the fact that

unusual timidity is nearly always traceable to some disagreeable environmental influence,

some situation which was so timed and framed as to take us by surprise or otherwise to upset our normal reactional behavior.

10:4.4 Unwise teaching in childhood often lays the foundation for a chronically guilty conscience.

Victims of such teaching grow up with the idea they are guilty of something—first of this and then of that—and later on they may drift into

melancholia and become so depressed as to think they have committed the unpardonable sin.

Freud thinks this sort of melancholia is a grown-up form of Narcissism.

We first worship ourselves, and later on, when we are cured of that, we get sick and indulge in a sort of glorified pity for ourselves.

SOURCE

[S]ocial disapproval is more serious to a woman than to a man; and to her the disapproval is just as grave when the transgression is essentially trifling as if the offense were fundamentally serious (W 13).

Social dread is ... essentially a fear of criticism or of social taboo (W 12).

II: BASHFULNESS AND KINDRED STATES (Williams 15)

Closely related in mechanism to cases which illustrate dread of responsibility are the cases of young people in school or college to whom reciting in class is terrifying (W 20).

It is one of the causes of children discontinuing their studies and insisting upon going to work, which is merely a pretext for evading the ordeal of the recitation (W 20).

[Compare: It is not the fact of being an only child which distorts the character, but the mismanagement of unwise parents who induce an only child to believe that he is the center of the universe, and who permit themselves to be exploited by his whims (W 25).]

10: THE MIND AT MISCHIEF

10:4.5 Most people dread social disapproval.

Any and all things which might lead to criticism on the part of their fellows they dread to do.

It has been said, "It is better to be dead than to be out of fashion."

10:4.6 Bashfulness is a form of fear, and in most instances it has its origin in unwise management of children during their first years in school

in connection with class recitations.

It is this embarrassment, this fear of reciting, that causes so many children to wish to leave school and go to work.

An only child is always more subject to embarrassment and bashfulness of this sort.

It is a great misfortune to be raised alone.

III: COLLEGE BREAKDOWNS (Williams 26)

The usual cause of the breakdown stigmatized as nervous is a disturbance of the emotions, and a frequent one is some form of **fear** (W 27).

[Compare W 28-35, re the breakdown of a 21 year-old collegian.]

Another of [the 21 year-old collegian's] fears was of herself, as she called it. This began [when she was a child] in the bath on an occasion when she began to wonder who she was; it was the **realization of the ego**, as the psychologists call it. The detachment of herself in thought from herself in the body caused a terrifying feeling of loneliness.

This is not an infrequent reflection, all though life, and has been expressed by many philosophers, but a child in a bath not used to philosophizing found it a terrifying occupation (W 29).

10:4.7 Most **college breakdowns** are due to **fears** and dreads,

often aggravated by loss of sleep from overmuch social activity;

but as a rule the victims of such breakdowns have brought an embarrassment complex with them to college, and the nervous symptoms which later appear are but an effort to get away from their embarrassment and to avoid emotional conflict from the feeling of having run away from school. Getting sick gives them a good reason for retiring with dignity.

Some **college students** are also greatly bothered with the queer and sometimes sudden **self-consciousness of ego**—

a stage which all developing minds go through more or less.

VIII: CRYSTALIZED FEAR AND DEFINITE DREADS (*Worry and Nervousness* 95)

PREMONITIONS (*Worry and Nervousness* 101)

The belief in **premonitions** is based upon superstition, suggestion, and fear. Some people are subject to definite premonitions, such as the dread of a fire, a train wreck, or a street accident. Others suffer from a generalized premonitory state of mind—the vague and depressing fear that **something awful is going to happen** (*W&N* 101).

THE TREATMENT OF DREADS (*Worry and Nervousness* 103)

I help many of my patients over these dreads by telling them that they are practically **universal**; that is, that practically everybody has or has had at some time or other, **one or more of these petty fears** (*W&N* 104).

10:4.8 Some people make life miserable for themselves by indulging **premonitions**. They are always feeling that **something is going to happen**,

and this can, of course, be developed to the point where it is a real anxiety neurosis.

It helps a great many people to overcome their silly phobias and nonsensical dreads to learn how **universal** they are, how many persons are subject to **one or more of these phobias**.

They simply represent fears we have carried over from nursery days. We grow up into a real world, but we have failed to slough off all our cradle dreads.

MOTOR OBSESSIONS

VI: PSYCHONEUROSES: PSYCH-ASTHENIA, NEURASTHENIA, COMPULSION NEUROSES, ANXIETY NEUROSIS. (Conklin 113)

[Not all our mental tension is expressed in psychic fear. Some of it is shown in muscle movement, and these manifestations we commonly call "motor obsessions" (TTAMC 106-07).]

Some have a counting obsession or compulsion and are obliged to be counting something almost constantly, fence posts, telegraph posts, cross lines in anything, so long as it provides release of the impulse to count (C 116).

[Have you not known the man who could not put his hand in his pocket without continuously counting the pieces of money contained therein? (W&N 86)]

[Another case of obsession is that of the person who cannot sit in a public auditorium or church without counting ... stripes on the wall-paper ... (W&N 86).]

[Another patient ... would go to church and spend a whole hour counting the pipes in the organ or the figures and flowers in the mural decorations (TTAMC 108).]

Some have an uncontrollable impulse to touch anything and everything (C 115).

10:5.1 When our fears and phobias develop to the point where they lead us to do some act or engage in some motor reaction at the thought of the fear, we call such complexes "obsessions."

The counting obsession is probably the most common of these complexes.

A man goes down the street counting the money in his pocket.

Others count the stripes in wall-paper;

some people count the pipes in the organ at church.

No matter where the victims of this obsession are, they must be counting something.

Some people develop a fear of touching certain things,

and others develop the contrary impulse to touch common objects.

I saw a boy going down the street the other day stopping to honk the automobile horn in every open car he passed.

SOURCE

[It is shown in the case of the small boy, who, while going downtown on an errand for his mother, easily forgets what he was sent for, but in no wise forgets to kick every hitching-post he meets on the way down town (*W&N* 86).]

A person may have one idea, frequently recurrent, that he has some disease, that he has heedlessly committed some sacrilege, that his hands are really dirty and ought to be washed, that he should kill his father, that everything he does is merely killing time, that nothing is certain and must therefore be doubted, and so on (C 115).

Many of the too well-known “kleptomaniacs” fall into this class. They have the impulse to grab what does not belong to them.

They may not need and they may be quite able to pay,

yet they are unable to control the impulse to steal (C 116).

10: THE MIND AT MISCHIEF

I had a playmate in boyhood who always kicked every hitching-post he passed.

10:5.2 Then we have obsessions developed from the fear of committing a sacrilege;

the victims must go through certain motions to make sure they have not committed a sin.

I have a nurse at the present time who is all but driving herself crazy with this sort of obsession. It came over her one day during a church service and has been tormenting her for a number of years.

10:5.3 Probably the impulse to take things, the urge to steal, kleptomania, belongs to this same group.

Individuals who have money in their pockets to buy a thing will steal it, and many times they steal things they don't need.

The whole experience seems to be merely the yielding to an impulse, an obsession to steal.

10:5.4 A few years ago I had my attention called to the case of a young woman, a trained nurse, who had been raised in a splendid Christian home. She certainly had a saintly mother, a devoted father, and her brothers and sisters were thoroughly normal; but this girl was always given to impulsive acts. Her parents early noticed that if she was asked not to do a thing, that was the very thing she wanted to do. If she was walking through a public park and saw a sign "Do not pick the flowers," she never left the place until she had picked at least one. I presume the parents thought it was "cute" when she was very young.

10:5.5 When she was about seventeen this compulsion of thought or obsession took the form of stealing. She developed into a first-class kleptomaniac. There was no connection between her needs and her stealing. She seemed to delight particularly in stealing from the large department stores in Chicago where they have detectives. The greater the risk the bigger the kick she got out of it. There was some sort of supreme satisfaction which she derived from this life. There was adventure and risk, and she seemed thoroughly to enjoy it; but of course she was destined to be caught. The father paid the bills and she was let off, but within a year she was caught again, and again she got off; but by the third time the word had been passed along—her record was card-indexed—and this time she was sentenced to go to jail, but friends secured her parole. The year's probation that followed was spent in intensive psychic training, and it is hoped that this will effect a cure and save her and her family from further humiliation.

10:5.6 I remember meeting a young woman who could well afford to pay for her meals, who liked to go into a certain department store and see if she could get out without paying for her lunch. She kept a record of 136 stolen meals. She got by with these, but on the 137th she was caught. When I asked her why she did this, she replied, "I don't know. There is something in me that just compels me to do it, but I can't explain what it is."

10:5.7 In later years I have come to look upon these cases as specific forms of what would otherwise be regarded as obsessions, and I have been more successful in dealing with them since I have come to accept this view.

[contd from 10:5.3] Occasionally cases are reported of people who have uncontrollable impulses to set fire to something, and they are dubbed **pyromaniacs** (C 116).

10:5.8 We have the same condition in the case of certain types of **pyromaniacs**—unbalanced individuals who yield to the urge to start fires.

They can often give no reason for it. It is simply an obsession.

Certain motor disturbances of an apparently less meaningful nature should also be thought of in this connection. Usually these involve a very small group of muscles and the amount of movement is rather limited in extent: **twitchings** of the shoulders, the arms, the hands, certain of the facial muscles, etc., almost any part of the body, in fact (C 116-17).

It belongs to the same group as do our various tics, **twitchings**, and other minor motor obsessions.

Such phenomena have not of course failed to attract the attention of those who would interpret. **Theories** are many (C 117).

There are many **theories** as to the origin of these motor obsessions.

No doubt the majority of them originate early in life.

It has also been suggested that (2) many of these phenomena, especially the phobias, can be traced to some emotional and disturbing **experience** in childhood, when the individual is so highly impressionable (C 118).

[Janet] points out that people who suffer obsessions and phobias and these mild motor agitations really differ from normal minds in other ways than in the mere fact of disturbance by phobias, obsessions and motor agitations.... More strictly speaking, there is a marked **limitation in the range of willed acts** (C 119-20).

Janet also points to an absence of **decisiveness** in these patients.

They have a somewhat **helpless** attitude or reaction to the whole situation (C 120).

[T]he normal mind may observe ... what approximates the condition which Janet calls psychasthenic when it is **fatigued** nearly to the point of exhaustion.... Janet thinks of this as fundamentally a change in what he likes to call **psychological tension** (C 120-21).

When very young some **experience** makes a profound impression upon the memory and is associated with a high degree of emotional excitement; these fears become the center of a complex involving motor reaction; the whole association, as we grow up, develops into an obsession.

10:5.9 Janet thinks that our obsessions arise from a **limited action of the will,**

a chronic lack of **decisiveness.**

He regards them as most likely to develop in

wishy-washy individuals who allow the mind to get into a **helpless,** passive attitude—

what he calls lack of **psychic tension;**

and he thinks that this, in turn, is the result of stress and strain, or of **psychic fatigue.**

SOURCE

The psychoanalytic school ... argue that the psychasthenic behavior is the consequence of the imperfect repression of some disagreeable wish (C 122).

The whole of the disagreeable wish may be completely repressed.... When there is this complete repression and final expression in an organic form

the expression is called a conversion hysteria (C 122).

Examples of this may be seen in some people who are morbidly devoted to the cause of antivivisection.

Such people are as frantic and irrational in their activities as they are in the acceptance of every and any wild story of alleged mistreatment of animals (C 125).

[See 13:8.3.]

10: THE MIND AT MISCHIEF

10:5.10 Freud thinks obsessions come on as the result of imperfect repression of some wish,

and when the obsession is marked or involves a group of muscles

he is inclined to regard it as "conversion hysteria"—the displacement of the repressed wish or fear.

10:5.11 Another group of obsessions is illustrated by those individuals who become possessed of some idea which they pursue almost to the point of monomania.

Take, as an example, the antivivisectionists.

They become so obsessed with this idea, that

they will believe any stories of cruelty to animals that gossip may pass along,

especially if they involve a doctor or a medical student.

Unquestionably some highly neurotic reformers in other fields allow their pet ideas to develop into obsessions; this statement, however, is in no wise intended to belittle the motives which underlie these otherwise queer reform complexes.

THE MANAGEMENT OF THE FEAR COMPLEX

XIII: THE UTILIZATION AND MANAGEMENT OF FEAR (Williams 159)

[Compare W 176.]

Panic-stricken men have trodden down women and children, seeking egress from a building on fire; they have deserted the helpless on vessels at sea by strength or craft, absconding with the only means of safety....

But the selfishness engendered by fear need not be strictly personal for it is even stronger in parents in regard to their offspring ... (W 159-60).

Fear is the greatest stimulant to foresight. Therefore it is the mother of prudence, and it is the prudent who survive and the foolhardy who perish (W 166).

[FORETHOUGHT VERSUS FEARTHUGHT (W&N 51)]

10:6.1 No matter whether we are dealing with generalized fear, definite dreads, or the anxiety neuroses, the methods of management are fundamentally the same.

10:6.2 Fear, if long entertained and overindulged, engenders selfishness, and when it actuates crowds it may induce panic,

as is so well known in case of fires and shipwrecks.

An effort should be made to explain to the victims of fear that

the purpose of this animal emotion is to lead us to forethought and prudence,

to make us realize the difference between fearthought and forethought.

XIV: THE DISPELLING OF FEAR
(Williams 176)

It is impossible to overcome fear by direct opposition (W 176).

The child who hears its guardian say, “Now don’t be afraid” thereby receives the suggestion that there is real cause for fear (W 177).

The affirmation “I am not afraid” carries with it its own negation (W 176).

[See 9:8.5-7.]

[Compare W 190.]

[The removal of a phobia of storms in a Western business man was effected ... when he was made to realize that “he did not amount to much anyway” ... (W 183-84).]

It is impossible to overcome fear by direct opposition.

Scolding by parent, teacher, or physician is of no avail.

Affirmation on the part of the patient is equally useless. It does no good for the patient to say “I am not afraid” when his psychic censor tells him he is.

10:6.3 The best method of managing fear is to take the following course:

10:6.4 1. Explain the fear in detail. Analyze the complaint. Show that it is without foundation, and explain to the individual’s mind exactly how he came to build it up; clearly point out to him the fear factors in his dreads or anxieties,

and then quickly, suddenly—

10:6.5 2. Laugh heartily at his fears and get him to join in the laughter. Ridicule is the master cure for fear and anxiety. If possible without hurting his feelings, make a direct and pointed joke out of his specific fears or general anxieties.

10:6.6 3. Follow up surprise and ridicule with an effort to reassociate the victim of fear with society as a whole.

Judiciously try to debase his ego a little.

Make him less sensitive or susceptible to the opinions of the rest of the world.

SOURCE

In the few cases where these principles do not succeed, recourse must be had to the principle of **contempt**. In some cases contempt for the [feared] audience may furnish the key to the dispelling of dread ... (W 188).

But even when there is occasion for dread, it may be **cast out by means of a great passion** (W 184).

[Most people who perform before others, such as musicians and actors] have learned by experience that the timorousness ceases as soon as they become absorbed in the performance itself (W 186-87).

We are led from this to the principle which is most potent of all to dispel fear. It is the **saturation of the mind by the sense of obligation to right** until it becomes second nature, so that the motives for cowardice do not enter the mind (W 189).

10: THE MIND AT MISCHIEF

Suggest a bit of **contempt** for that which has made him so much trouble.

Let him look down on it with disdain.

The management of fear is all summed up in surprise, ridicule, and then contempt.

10:6.7 We must not, of course, overlook the possibilities of substitution on the one hand, and so-called sublimation on the other.

Minor dreads can easily be **swept out of the mind by greater and superior passions**,

as is so well illustrated in the case of stage fright

which is overcome by the desire to perform before others and to receive applause.

When **the mind is saturated with the desire to do right**

and is dominated by a love for truth—both superior complexes—it is equipped to sweep out fear.

XIII: THE UTILIZATION AND MANAGEMENT OF FEAR (Williams 159)

[Being respectful to others out of fear of social disapproval] may develop into Aristotle's perfect virtue, *i.e.*, good behavior pursued for its own sake, expressed elsewhere as, "the perfect love which casteth out fear" (W 167).

XIV: THE DISPELLING OF FEAR (Williams 176)

The popular expression, "looking at the bright side", has a real psychological foundation (W 196).

No matter which of these cases has to be dealt with, mere exhortation is useless (W 200).

To effect a transformation of mental attitude with the object of changing affective reactions, hard conceptual labor must be performed by the patient (W 202).

There is that "perfect love which casteth out all fear."

10:6.8 All victims of fear must learn to travel on the sunny side of the street;

to look on the bright side of things;

but they must not forget that

merely wishing is useless.

The mind must engage in logical thinking. There must be produced an actual psychic reaction.

There must be bona fide conceptual work done

in the task of recognizing the psychic factors that compose the fears, and then the patient must indulge in the logical reaction of ridicule and contempt, must laugh at himself for having been so foolish as to be made sick and unhappy by such psychic fictions.

10:6.9 If it be suggested that this leads to introspection, **let me explain that**

To this dictum [*viz.*, “It is through reflection that the roots of thought penetrate the mind most deeply”] the objection is often made that the patients **already introspect** overmuch;

neurotic patients are **already victims of introspection.**

They have been spying on themselves for years. They are experts at listening in on their own feelings,

but the objection is misstated; for it is not the fact that they introspect that is deleterious, but the matter of the introspection which hurts (W 204).

but there has been an introspection of illogical fear and self-pitying anxiety.

What they need now is to sublimate it, exalt it into fearless self-analysis, accompanied by a passion for the truth, a willingness to face the facts, and a determination to be logical and sane in their reaction to these fears when once they are explained.

VII: FEAR OF CROWDS, OPEN SPACES, ETC. (Williams 74)

And in this connection, it might be well in our social contacts with neurotics to find some other form of salutation to take the place of

[*Letter from a patient:*] ... The casual greeting “**How are you?**” sometimes sets up, in a sensitive person, a train of thought that brings with it a whole list of physical ills not thought of before (W 82).

the common “**How are you to-day?**”

Of course, we might train the neurotics to treat this as

[See W 192, re “a mental and **moral gymnastic** in social adaptation”.]

a **moral gymnasium**

and react by saying, "Fine, absolutely fine; couldn't be better."

THE ANXIETY STATES

V: ANXIETY STATES (Williams 51)

[contd] Anxiety is merely **chronic** fear (W 51).

10:7.1 When fear is translated to **dread**, and when it becomes **chronic** and severe, we may speak of it as an anxiety state.

Because anxieties are usually the fruition of other and preceding chronic worries and dreads,

The **sources** of the anxiety are not always apparent to the patient. There are several reasons for this. One is the **complexity** arising from the failure of the circumstances which arouse the anxiety to lend themselves readily to a clear grasp of their import (W 51).

and because there is often such a **complexity** of factors,

together with the unwillingness of most anxiety patients honestly to seek to discover and face the facts, it is often very difficult to run down these anxieties to their original **sources**.

A second reason militating against an understanding is the patient's reluctance to face honestly what he feels might be **discreditable**.

10:7.2 So few people are willing frankly to state to the physician and to admit in their own consciousness those experiences which they regard as **discreditable**,

A third is a tendency to be carried away by the **feelings**

and they are also so largely enamored of their own **feelings** and fears,

and a lack of power to pause for a **logical judgment** (W 52).

that it is hard to get them down to **logical reasoning** about the possible causes of their trouble;

SOURCE

10: THE MIND AT MISCHIEF

but when we do get to the bottom we nearly always find that

[contd] To this tendency is given the name of **suggestibility** (W 52).

they were **suggestible** to some sort of influence, that they were vulnerable to some trifle of their environment.

Many a man of highest acumen in the scientific world or in **business** is the easy prey of the suggestions of the salesman or of the medical **charlatan**.

10:7.3 It is remarkable how many people who are sane, sensible, and logical in, say, their **business** life,

are easy of deception in other domains of their mental existence.

The present vogue of **spiritualism** is a striking instance of the muddled reasoning of thousands of persons who in daily life conduct their affairs in a tolerably intelligent fashion (W 52-53).

I know of an efficient engineer who is, nevertheless, utterly useless at a **spiritistic séance**.

[See 3:4.1 and 16:1.1.]

He hears and sees everything the medium hears and sees.

I have a friend, an attorney, who is logical and altogether reliable and sensible when pleading before a jury or addressing the judge, but who, when he is home and has an ache in his stomach or toe, is subject to any sort of quackery that the most blatant **charlatan** might propose. He is always trying out some new fake remedy or shyster cure.

It is hard to understand how human beings can be so sane at one time and so silly at others.

Self-preservation is fundamentally the strongest of motives ...

That is why the bodily functions are so frequently the center of preoccupation in states of anxiety (W 53).

One person may shiver along the spine, another may palpitate, another choke, another urinate, another vomit, in another the hair may stand on end, in another the skin may be suffused with a flush in some of the body or face.

The mouth may become dry, the intestinal movements may stop, the secretion of the gastric juice may be arrested, a cold sweat may break out, the patient may tremble,

he may even drop to the floor, or become unable to move or speak, with thinking almost arrested (W 53-54).

[See 10:8.8, below.]

10:7.4 Since self-preservation is the first law of nature,

it is only natural that human beings, when they have strange feelings in the stomach, or when the heart flutters, should be inclined to stop and inquire into the cause of these disturbances.

It is natural, therefore, that the victim of a neurosis should feel anxiety when he is seized with such spectacular manifestations

as palpitation, shivering, frequent urination, vomiting, exaggerated flushing of the face,

a dry mouth, cold and clammy sweating, not to mention the more serious nervous manifestations, such as accelerated intestinal action,

hysterical fainting, unconsciousness, and even catalepsy—muscular rigidity of the entire body.

Little wonder that the mind becomes hypochondriac and more or less preoccupied with these nervous symptoms;

and still more do we have trouble with anxiety if the religious nature becomes involved.

THEORY OF THE NEUROSES
(Mitchell 119)

The prototype of danger to the Ego is found in the experience of birth, the experience of utter helplessness on being separated from the mother. This causes the first anxiety-reaction ...

A similar situation—separation from the mother—is repeated on many occasions through the child's life (M 136-37).

The Ego anticipates danger from the loss of a love-object, or from punishment (e.g. castration) for libidinal wishes ... It therefore sets up defences to guard itself from these dangers, and these defences sometimes issue in the establishment of a neurosis (M 137-38).

[It is a sort of vital seepage—there is a constant leakage of nervous force and muscular energy (W&N 89).]

10:7.5 I believe that the roots of most of our anxiety states are to be found back in childhood.

Many of them can be traced to the child's first separation from the mother,

an event which should be so staged as to prevent the generation of inordinate anxiety.

Still later anxieties are started in connection with unwise methods of punishment for trifling misbehavior.

10:7.6 Anxiety neuroses more often appear in the case of those individuals who are hereditarily and constitutionally inferior, and this state of anxiety, with them, can very soon become habitual. Along with this mental anxiety will usually be found more or less continuous muscular tension, which often persists during sleep.

10:7.7 These obsessions, tensions, and anxieties constitute an extravagant waste of nervous energy and vital strength.

SOURCE

[Some unfortunate souls have got into a chronic habit of “being constantly rushed.” ... It makes no difference where or when you meet them, they are “simply rushed to death” ... (W&N 90).]

VIII: THE IRRITABLE TEMPERAMENT (Bousfield 87)

[contd] Irritability ... in its fullest sense ... means over-sensitiveness to unpleasant stimuli, followed by over-reaction of any kind whatsoever (B 87).

This irritability or over-sensitiveness may apply to material things or to purely mental ones (B 88).

When Narcissism leads to an extremely sensitive body, it reacts to pain of every sort, however mild, as though it were acute. The omnipotent mind cannot bear to have its body disturbed (B 88).

The reaction which takes place whenever the Narcissistic element is hurt, almost always takes the form of a regression (B 91).

10: THE MIND AT MISCHIEF

Anxious people are always in a hurry, always “rushed to death”; they have all but forgotten how to relax.

In time, the body comes to reflect the psychic state. An anxious mind is reflected in a tense body—at least for a time; later on there may appear fatigue, brain fag, and exhaustion.

10:7.8 Then we have those highly sensitive souls, those easily irritated temperaments, that suffer such exquisite torture at the hands of the rest of the careless and indifferent world.

They habitually overreact to all the unpleasant stimuli of human existence.

Their suffering may be mental or physical, or both.

They just can't bear the idea of being hurt, they will not endure the thought of suffering pain—not even of the slightest degree.

If conditions are at all unpleasant,

these sensitive souls are wont immediately to withdraw to the seclusion of their grown-up nursery,

Some Narcissists ... use expletives of various kinds, which correspond in every way to the magic words which a conjuror whispers over his tricks when he performs the apparently impossible (B 93).

Another form of regression largely due to Narcissism is that of alcoholism (B 94).

Exactly the same thing may be said of drug-taking (B 95).

VI: PSYCHONEUROSES: PSYCH-ASTHENIA, NEURASTHENIA, COMPULSION NEUROSES, ANXIETY NEUROSIS. (Conklin 113)

Anxiety neuroses are a group which cannot and need not be extensively discussed here.

where they can nurse their injured feelings and ponder over the inconsiderateness of the cruel world.

10:7.9 Such persons, when in the least irritated, are quick to utter expletives and indulge in oaths.

They are also prone to resort to alcohol

or drugs in an effort to soothe their wounded feelings.

THE ANXIETY NEUROSES

10:8.1 Unquestionably the anxiety states may become chronic. The state of continuous apprehension may be carried to the point where we are justified in making a diagnosis of

real and established *anxiety neurosis*.

10:8.2 Not long ago I came in contact with the case of a trained nurse from Michigan who was a typical victim of an anxiety neurosis.

For years she had been given to worry. She was hyper-conscientious respecting her professional duties. She had worked hard, trying to support her aged parents and assist her brother through college, and while struggling along with these manifold burdens she experienced a severe emotional shock, a disappointment in love. She collapsed, and was almost a year in recovering from this nervous breakdown. When she returned to work, she seemed well, but her strength did not hold out. A few days' work completely fatigued her, and she began to worry about her future. Instead of worrying about some specific problem, as she formerly did, she now began to be affected by

They are in general a condition of nervous irritability associated with a rather vague general anxious expectation or apprehension (C 128).

a profound and generalized anxiety, a vague and indefinite apprehension

that all was not going to be well with her.

This anxiety gradually grew worse, and had been in progress almost three years when I saw her.

[Compare: [In the depressive phase of manic depression, the] patient may sit for hours, incapable of any effort, with shoulders bowed, head dropped forward, tears slowly dropping from the eyes and rubbing or wringing the hands in the well-known gesture of distress....

She would clasp her hands, sometimes even wring them, and in the most pathetic manner give expression to her profound but vague anxieties.

One thinks that she has committed the unpardonable sin ..., another has merely hypochondriacal ideas and is sure that he will never get well... (C 96).]

The most definite expressions that could be secured from her were: "I know I shall never get well.

I know something is going to happen. I feel absolutely certain that I am going to get worse. I know you can't do a thing for me. I appreciate your trying, but I know my case is hopeless." It required over a year of patient explanation and careful guidance to help this nurse, and even when she returned to work it required another year before she was anything like normal.

This, of course, was a rather exaggerated case of anxiety neurosis. The average case merely presents anxiety regarding some physical symptom or group of symptoms.

10:8.3 The anxiety neurosis is an entirely different picture from melancholia. There is not that profound depression, altho there may be an almost equally hopeless outlook. In the anxiety states the patient is afflicted with a more active form of apprehension as compared with the passive slump of melancholia; when allowed to run on for years, it is very difficult to help these cases.

10:8.4 In most cases of anxiety neurosis we have a very scrambled, tangled state of the emotions, sometimes impossible of complete analysis. They represent the more advanced chronic form of emotional mix-up. If the earlier emotional sprawls may be compared to isolated temperamental sprees, then this anxiety state is more in the borderland of emotional delirium tremens. It represents the cumulative miseries of long continued misadaptation and emotional conflict.

10:8.5 I recently saw one of these cases, a woman about forty years old, whose continuous wailing consisted merely in saying over and over, in one form or another: "I will never get well now after all I have done. It was all a great mistake. If you had taken hold of my case sooner, there might have been some hope, but now I am sure you will never be able to help me."

10:8.6 She was up and about the house, more or less active, but kept up a continuous stream of conversation, working her hands, and crying off and on; she constantly looked forward to getting help in spite of her pessimistic expressions. She was always appealing to be taken to a different doctor or some new sanatorium. While there was not much in common with the picture of melancholia, she was all but melancholic in her outlook, more especially in her day-by-day expressions. These anxiety cases are always appealing for help and are ever ready and willing to take treatment or follow out medical suggestions.

10:8.7 Here is another case, a woman fifty years of age, who presents this restless anxiety, but on examination is found to be suffering from arteriosclerosis. She has high blood-pressure, and while mental medicine has afforded her a little help, it does not cure her. In her case the nervous symptoms are in the main due to underlying physical and organic causes. The possibility of organic disease in the background of these anxiety states must be borne in mind.

10:8.8 I recall a middle-aged woman who developed an anxiety neurosis which was really of a religious order. She maintained that her soul was not right, that her relations with the Supreme Being were disturbed, but she was never able to explain this matter until we discovered that she was always made worse by going to church. Presently the fact was uncovered that about ten years previously she had experienced a profound emotional shock while attending service one Sunday morning, and thus a vague but very definite association of ideas grew up around religion, churches, and her whole spiritual life; it was not until this experience was uncovered and explained to her that her anxiety was in the least relieved. Up to this time no amount of reasoning, no effort to explain the foolishness of her anxiety, was of any avail. From this time forward, covering a period of about six months, she continued to improve and gradually overcame her anxiety.

10:8.9 I have many times seen the milder form of the anxiety state grow up out of adolescent bashfulness from the aggravation of the ordinary reticent, retiring type of personality.

10:8.10 A university teacher came to me not long ago, who, through over-conscientiousness about her work and all-around emotional suppression, was headed straight for a real anxiety neurosis. After the true nature of her trouble was explained to her she immediately began to improve. In her case the matter was taken in hand sufficiently early to avoid years of psychic misery and physical suffering.

10:8.11 A few years ago a business executive, about fifty years of age, became restless and apprehensive. He had enjoyed the best of health all his life; had never been particularly nervous; was unmarried; had been a hard worker; had never enjoyed much self-expression. He had largely devoted himself to supporting his parents and making a home for his two spinster sisters after the death of his parents. Within six months he had developed a full-fledged anxiety neurosis, the strangest of its kind I have ever seen. He resigned his position, and after spending two or three years traveling around, trying this and that, at last settled down to a program of emotional analysis and readjustment. He determined to master the art of living with himself as he was, and with the world as it is, and he has been largely successful; but he made little headway until we induced him to go back to work. His was one of those rare cases in which an anxiety state grows out of the gradual accumulation of the residue of continuous **generalized emotional suppression.**

[Compare W 74-77, re a thirty-three-year-old woman who suffered intense fear when crossing a wide street or sitting in a church or theater. Examination revealed hyperthyroidism (exophthalmic goiter).]

10:8.12 A business woman, thirty-three years old, was sent to me with the diagnosis of an anxiety neurosis. The history seemed to point in that direction, and she certainly was exhibiting a continuous over-anxiety about herself in particular and the world's affairs in general; but her examination had not progressed far until it was discovered that she was suffering from exophthalmic goiter. While the thyroid gland showed little or no enlargement, her metabolism test, pulse rate, tremors, etc., all pointed clearly to toxic goiter. No amount of mental medicine would cure this patient. A surgical operation restored her to normal health within a few months.