

## Healing of Anxiety Neurosis

We have discussed the serious consequences of the fact that in the vicious circle process of anxiety neurosis, the symptom produces the phobia and the phobia fixates the symptom. We also came to the conclusion that above all the underlying anticipatory anxiety of the phobia must be curbed and eliminated, since it maintains the 'vicious circle' process. Additionally, it also impedes the development of selftranscendence since it compels the patient to continually dwell on what is dreaded. How can anticipatory anxiety be deactivated, at least for a few salutary moments? An optimal way for this is the paradoxical intention developed by Viktor E. Frankl. It rightly represents the

arguments between the noetic and psychic dimensions of human beings, a dialogue between the two. A psychic weakness will be viewed from a 'meta' position as if with mental wings. Specifically, this is done through a mental acrobatic act, by longingly looking forward to what is psychically (emotionally) dreaded, precisely with paradoxical intention. Fear and wish mutually impede and neutralize each other. For instance, it is simply impossible to have anxiety about an approaching event and at the same time fervently wish for it. This results in a 'reciprocal inhibition', the negative of dread and the positive of wish neutralize themselves.

Certainly, it is not quite so simple to wish for what is dreaded. This can succeed only by drawing on the strong powers of the capacity to self-distance and humor from the reservoir of the 'power to defy' and mobilizing them. Let us consider the patient with the subway phobia. Just by getting on the subway he trembles with anxiety about nausea that could emerge, and promptly it appears. Let us turn the table around. In the future, he deliberately wants to have problems

paradoxically while riding the subway, therefore entering the subway station he says to himself: "A pleasant, minor nausea on the subway could actually be beneficial. The most favorable result would be that I might faint at once, then a seat would be certain and I could catch up on lost sleep; hopefully I will feel something soon ..." What will happen under the 'confidence' of this paradox? When in fact, the patient can summon the power for such a insane wish, nothing will happen, absolutely nothing; not even a hint of queasiness will occur. When one actually wants to get nauseous then it is not at all easy to pull off. Since tension and cramps do not develop, not even a temporary anemia in the brain could be produced. Yet, when one can internally smile about the nonsensical imagination of a 'modest leisurely fainting spell with pleasant dreams' and find its absurdity comical, then the process is stable as never before, since one is incredibly relaxed and miles removed from a nausea reflex which is psychically conditioned.

As soon as anticipatory anxiety is as good as paralyzed through paradoxical intention, the symptom no longer appears. From that moment on, the circle process runs in the reverse direction. Since symptoms no longer appear, the patient can take hold of courage, has reduced anxiety and can parody his remaining feelings of anxiety more easily. He will gain self-assurance; he no longer anticipates that anything serious will happen; he stops avoiding anxiety-filled situations and soon can go about anxiety-free.

The art of skilful application of this astonishingly simple and just as amazingly effective method is not to be underestimated. Correct paradoxical formulas must be found for each individual patient. The 'grumpiest' mannered patient should be induced at least to a smile and the biggest coward should be dared to at least risk surrender to his (paradoxically beloved) symptom. This requires the right intuition and special feeling on the part of the therapist. The patient will not be ridiculed, instead he will laugh at his own overblown part ('tiny self') of his irritated world of feelings that wants to frighten him with predicting catastrophes. He ought to play it composed according to the motto: "No power to the tiny self, let the announced catastrophe

come . . . I am very curious about it. Finally, there is some variety in my monotonous life. What has happened to the catastrophe? One can no longer depend on anything nowadays even one's own anxiety. It too does not keep its word ..."

In order to help a patient to such an impressive position, to be in total command of the situation, it is recommended to accompany him into the critical situation. For example, to go with the patient and mutually ride the subway together and remind him regularly that a short fainting spell was due and that he should not neglect the opportunity for a nap. At the beginning the patient will have a constant suspicion, despite adequate instruction, that what is dreaded could reappear. Disbelief and willingness to attempt paradoxical intention quarrel with each other internally. The presence of the therapist will calm and support the patient until he repeatedly has the experience that nothing will happen and has the self-assurance to defeat his 'tiny self'.

Indeed it is possible that someone is capable of drawing himself out of the quagmire of an anxiety neurosis with this method, without therapeutic assistance. A student of mine who heard about paradoxical intention during the course of studying psychology told:

A dog had bitten her in childhood. Since then, a massive anxiety implanted itself, which persuaded her to cross the street whenever she noticed a dog coming her way. For this reason, she was often teased and had very little confidence to go out with friends because she would not know how to explain criss-crossing the street. After she had become acquainted with paradoxical intention she resolved to apply it. She resolved to stroll past the next dog she would encounter with fearlessness (despite her anxiety) and at the same time hold an inner dialogue with him. "Come on! Bare your teeth, show me what you can do! Such crunchy legs as mine you don't get served everyday!" She had tried it out on a small dog and in imagination continued her dialogue long after the dog had passed: "I am really disappointed with you, you coward, you accomplished absolutely nothing, not even a small bite." Consequently, she resolved to go near bigger dogs and finally an encounter with a Great Dane. In the meantime, her anxiety

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about dogs completely disappeared and she no longer thinks about dogs when walking the streets.

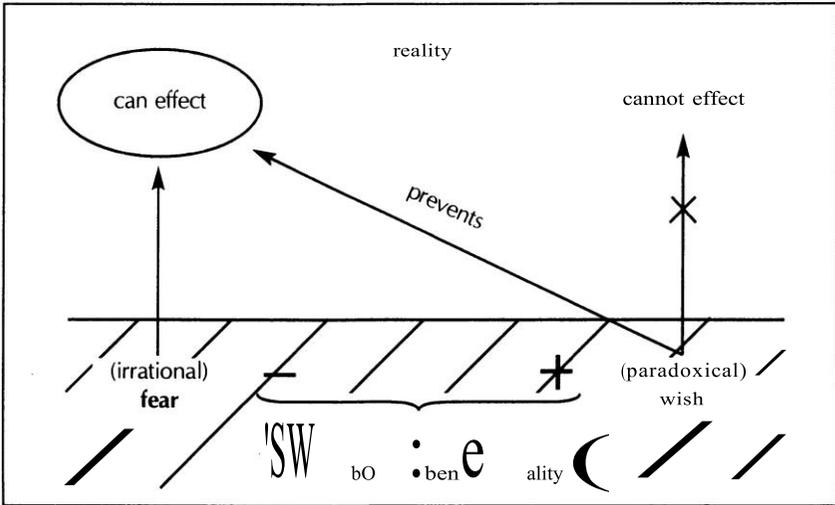
Let us consider what process, establishes beyond doubt, that paradoxical intention cannot affect reality. The internal clash within the patient (with his tormenting 'tiny self') is sort of like 'shadow boxing beneath reality'. On one side, it has to do with an irrational fear that

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is inappropriate to the situation. Although it is fundamentally possible to faint or be attacked by dogs, such occurrences are rather rare in everyday life and ought not to constantly depress the mood of human beings. (In contrast, if a realistic danger appropriate to a situation does exist, paradoxical intention would be out of place. For instance, it would not be advisable to poke one's head into a tiger's cage and at the same time to think: "come on, tear me apart...")

With anxiety neurosis, there exists an irrational anxiety that despite its irrationality effects reality, since it produces symptoms (such as queasiness) and flight behavior (such as criss-crossing streets). On the other side, the paradoxical wish is exactly just as irrational so it could be said that one nonsense is driven out by another nonsense. The paradoxical wish cannot effect reality, but rather it prevents the effects of irrationality in reality. Because of this humorous exaggeration it has no chance to have an auto-suggestive effect. The paradoxical

formulas do not state, "...I will become nauseous" or "...the dog will surely bite me", which would be dangerous, psycho-hygienically. No, they involve an ironic-courageous agreement with the worst means of threat out of the hotbed of rumors of the 'tiny self'; they involve a magnificent act of decision of the noetic dimension to no longer give in to the misplaced anxieties of the psyche and to outsmart them with a humorous trick.



Experiments at the Viennese Institute for Psychology under the leadership of Giselher Guttman provide a further approach for an explanation. The Vienna laboratory of brain research is equipped to detect and differentiate a few micro volts of fluctuating tension from a physically healthy scalp of a person. This allows observations of the cerebral cortex as an indicator at a particular level of activation. What this points out is, that an increase of negative electrical potential is accompanied by phases of greater capacity to perform. Simply stated, when the potential of a person begins to shift in the negative direction, it invariably increases the efficiency of the person (in this regard 10-20 micro volts make an enormous difference).

Independent from this, it is known from ergo-psychometry that the capacity to perform varies in very non-uniform ways in real life stress situations. Some human beings under-compensate and their performance falls off; while others are really spurred on by stress to succeed. Those human beings that have a loss of performance under pressure can mockingly be called 'training champions', since they are similar to athletes who produce maximum performance under non-competitive conditions, but when it counts in competition, fail.

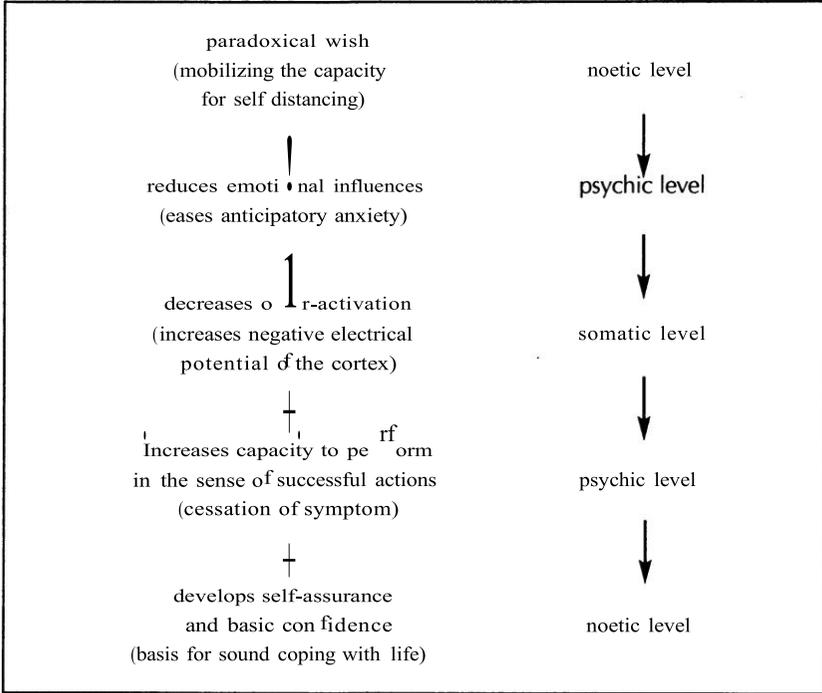
We encounter them not only in sports but also in schools and careers. They are not easily discovered with the usual psychological testing. Conventional tests are usually carried out under quiet conditions (nobody would think of taking an

intelligence test after a sleepless night) . . . . If we repeat a test under pressure, we can experience surprises, so it happened to us at the Vienna Research Institute more than ten years ago (ca. 1980) under very realistic stress . . . . The chief conclusion was extremely amazing and had serious consequences. We found persons who, in comparison to normal performance, faded under pressure, but, in addition, those who came to full form under stress, and performed far better than under calm conditions. (Guttman, C)

Within the frame of the cited series of research, it was further proven that the drop in performance of 'training champions' is caused through an uncontrolled over-activation of their cerebral cortex. This over-activation in turn is conditioned through emotional influences that are activated through anxiety. Inversely, when it succeeds to leave  
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anxiety out of account on short notice (with a trick), then this over-activation diminishes and the negative electrical potential increases. In this situation the capacity to perform increases and reduces the reason for anxiety. This is exactly the salutary 'chain' that is initiated with the

application of paradoxical intention.



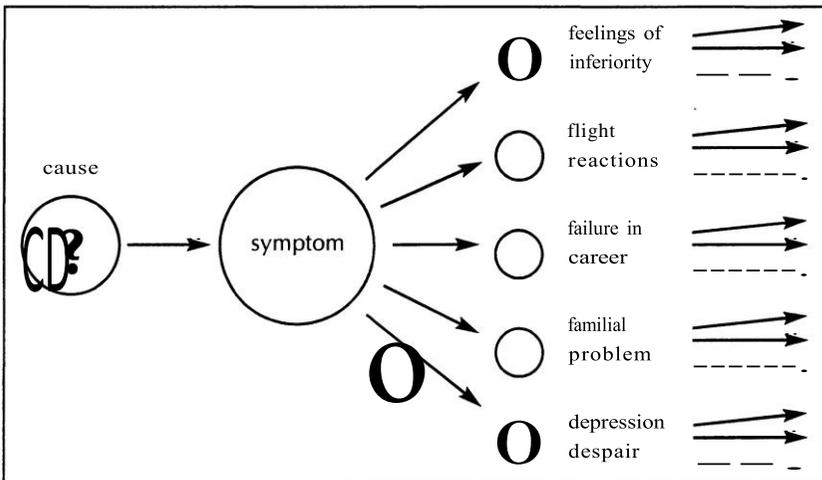
In parallel to the salutary 'chain', the figure illustrates the interactions between the three dimensions of human beings. Out of this figure we can see that logotherapy applies its methods at the noetic level, which cannot become ill. It needs to be mobilized in order to strengthen the human spirit from within by working through the functionally affected dimensions, each in turn, to accomplish healing of the whole in the end. The paradoxical wish though should not be brought into consciousness too late. As long as the patient is in the initial stages of his problem, he still has the power to deal with it. However, when he is already in the middle of it, the elements of interference out of the psychophysicum could overwhelm him. The power to distance oneself is incredibly powerful but not unlimited.

Finally, a fundamental concept. We established that the application of paradoxical intention surpasses an irrational anxiety of a patient for a certain time, which is sufficient to eliminate the

symptom as well. Consequently, does it deal with a method of symptom reduction? If yes, is there not a risk for symptom substitution?

None of the numerous American longitudinal studies of the effectiveness of this method have found that symptoms were substituted. There are two reasons for this. First, the patient learns to implement paradoxical intention himself and can therefore help himself at anytime, should irrational anxieties occur again. Second it questions whether

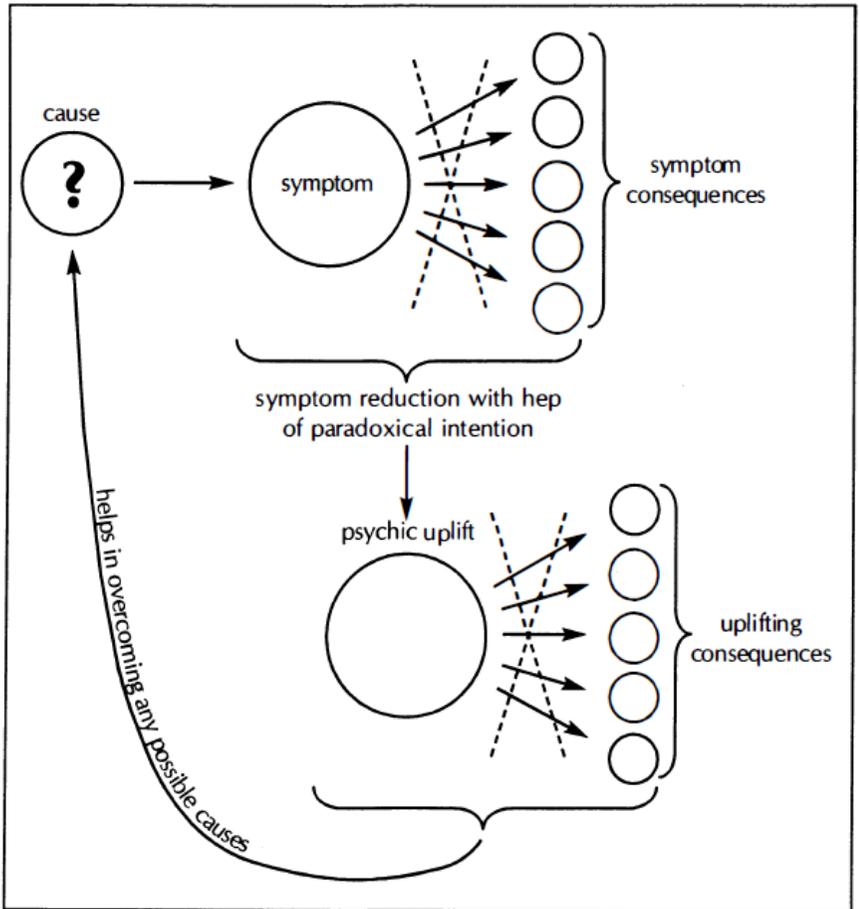
the hypothesis that symptom reduction necessarily brings about symptom substitution is correct at all. The model, which claims that a single comprehensible cause leads to a particular symptom, and that the symptom cannot be removed without removing the cause, is antiquated. We know that today things are essentially more complex, that psychic dysfunctions mass together into a web of causes and that every fresh disorder becomes the cause of many and diverse subsequent disorders. A few such subsequent disorders such as failing careers, familial problems, and despair ... are listed in the illustration below.



When a patient can bring his symptoms of anxiety neurosis (or compulsive neurosis) under control by means of paradoxical intention, the consequences of symptoms disappear as well. This grants him a

psychic uplift and this uplift has consequences, there is a gain in self-confidence, career normalization, family stabilization ... and so on. All this can contribute to finally overcoming the possible causes (suffered traumas) that once might have triggered the disease. In any case, it is more promising than attempting to 'reappraise the past' during the acute phase of an illness, when the patient feels totally depressed and sad anyway. The reduction of symptoms not only has the value of 'first aid' in psychotherapy, to restrict negative consequences of symptoms on the spot, but can indeed turn out to be a medium that co-remedies the cause of the disease under certain circumstances.

METHODS



Nevertheless, paradoxical intention is more than the treatment of symptoms. With the aid of humor, the patient elevates himself beyond the self. He no longer submits the self to his psycho-physic impulses, he rather experiences the self as strong, he evidences courage, seizes 'the bull by the horns', and faces anxiety filled situations intentionally and deliberately. All this introduces an inner growth that would never be attainable through mere rational fighting against anxieties. He alters his general attitude toward life and regains basic confidence. This cultivates the best protection against any neurotic upset wherever the roots may be located.

The psychophysical facility, beside the vital facility, the social situation, altogether constitute the natural attitude of a human being; but ultimately it is not decisive. Ultimately decisive is rather the spirit person - the personal attitude toward the natural position. Whenever it is about an attitude, an existential re-adjustment is always possible. Logotherapy fundamentally works towards that end. With that, however, it turns itself not to the initial cause, but instead to the

ultimate cause of suffering. It does not concern itself about the unreal cause, specifically not about conditions, (conditiones),

but rather about the real cause, the true 'causa' of an illness.

This true 'causa' however, lies in the attitude toward all

(internal as well as external) 'conditiones' of the patient, and it is toward this attitude as the ultimate authority, who has the last, the decisive word, to which logotherapy refers and appeals. (Frankl, 25)

The extent to which an 'existential readjustment' may be possible in the course of logotherapeutic treatment is illustrated in the drawing of a patient who permitted it to be published. He suffered for years with extreme anxiety neurosis and obsessive-compulsive moods, which allowed him only a very restricted life, until he succeeded to face his anxieties as is presented in the picture (paradoxically intentioned).

