

INTERACTIONAL PSYCHOTHERAPY OF ANXIETY DISORDERS

BENJAMIN B. WOLMAN PHD

ANXIETY AND RELATED DISORDERS

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BENJAMIN B. WOLMAN, PhD

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Author

Benjamin B. Wolman, PhD

Editor-in-Chief, *International Encyclopedia of Psychiatry, Psychology, Psychoanalysis and Neurology*

Professor Emeritus of Psychology

Long Island University

Brooklyn, NY

Interactional Psychotherapy of Anxiety Disorders

BENJAMIN B. WOLMAN, PhD

Fear is a reaction to danger. Fear is related to a low estimate of one's own power as compared to a high estimate of the power of the threatening situation. A change in the balance of power puts an end to fear. Anxiety is not a fear, it is a *prolonged feeling of helplessness and hopelessness*. Anxiety-ridden people expect an impending doom and are afraid to take initiative. They tend to be irritable, are withdrawn, and avoid close social relationships. The change of balance of power does not put an end to anxiety. Anxiety may or may not be related to danger (Barlow, 1988).

Zinbarg, Barlow, Brown, and Hertz (1992) in their review of anxiety disorders, wrote that “despite enormous strides, development of effective psychological treatments of anxiety has not by and large, been guided by theories about the nature of anxiety” (p. 243). However, the present volume describes several psychological treatment methods based on distinct theoretical systems. This chapter introduces a treatment method based on the *interactional theory* (Wolman, 1982).

One of the underlying ideas of interactional psychotherapy is that the treatment of mental disorders is basically a process of *emotional reeducation* as suggested by Alexander and French (1946). People I see in my practice are mature and reasonably well-adjusted adults who function rationally in *some* areas of life, but they have retained some childlike and irrational attitudes and emotions. Some of my patients are physicians, lawyers, and business executives who have done well in their careers, but they have badly mismanaged their personal lives (Wolman, 1973).

There are three phases in interactional therapy: (1) the analytic phase, (2) the search for identity, and (3) self-realization (Wolman, 1984).

THE ANALYTIC PHASE

In this phase, the patient acquires a good sense of reality, emotional balance, and social adjustment. The sense of reality is a necessary prerequisite for any adjustment to life and any chance of finding oneself in life. People who distort reality, who have exaggerated notions of themselves and of the world, or who underestimate themselves or overestimate obstacles can hardly, if ever, live a successful life.

Emotional balance includes four factors. First, the emotional reaction must be appropriate to the situation. We react with sorrow to defeat and with joy to success. Disturbed people react in a paradoxical way, enjoying their

defeat and finding success unacceptable. Second, well-balanced emotionality is also proportionate. Disturbed individuals overreact or underreact to success and failure. Manic patients, for instance, can be ecstatic about small successes that don't warrant much joy, while in depressed moods, they experience deep sorrow not related to the real situation. The third factor in emotional balance is the ability to control and express emotions. Infants and disturbed people are unable to control their emotions and react in a way that will serve their purpose and help them in attaining their goals. The fourth factor in emotional balance is adjustability. No matter how deep the sorrow is or how great the joy, life goes on and one cannot live in the past. Neurotics live in the past. Well-adjusted adults never deny the past but instead go ahead in life, being aware of the fact that there is just one road in life, and that road ultimately leads to death. This road must be followed with maximum wisdom and maximum courage.

The third achievement in the analytic phase should be social adjustment. People who have undergone psychotherapy should be able to develop a meaningful relationship with one or more individuals, and to form with others a rational give-and-take relationship that would not hurt them and would prevent them from being hurt by them.

THE SEARCH FOR IDENTITY

The analytic phase clears up past difficulties and enables the individual to think clearly and to act in a realistic way, but it does not solve the problem of direction in life. What patients are going to do with themselves, what life should mean to them, what the goals in their lives are— these are the problems dealt with in the second phase of interactional psychotherapy, which is called the search for identity.

Quite often, toward the end of the first phase, patients feel an abundance of energy; they feel that so much more could be done with their newly acquired energy that has been liberated from inner conflicts. They crave self-realization and fulfillment, and they search for meaning and purpose.

SELF-REALIZATION

The third phase of interactional psychotherapy should enable individuals to decide where they are going to direct their energy, and how they are going to utilize their intellectual and emotional resources. In this phase, patients should find the meaning of their lives.

No human being can always achieve or always do something that pleases him and others. No human being can always be successful. No human being can reach the sun and stars every day, but to have goals and to go in the right direction gives meaning to one's life. Not to have achieved, but

achieving; not arriving at the inn, but walking toward the inn; not resting on one's laurels, but moving toward those laurels and putting one's talents to the most constructive use.

INSIGHT AND GUIDANCE

Interactional psychotherapy with anxious people who intentionally albeit unconsciously fail in stage performance, exams, tests, job interviews, public appearances, and intimate encounters should be conducted on two levels. The first task of the therapist is to unravel the hidden motivation of the self-defeating person. One cannot solve a problem unless one understands it and actively participates in its resolution (Langs, 1976).

The insight gained in therapy should help to substitute the feelings of inadequacy and helplessness by a realistic appraisal of one's abilities and potential risks. Seeing things as they are and learning to face problems by adequate assessment and mobilization of one's resources enhances one's self-confidence and self-esteem (Craske & Barlow, 1991).

But insight is not enough; one must reinforce the insight by action. Avoidance of dangers does not enhance one's courage. One must force oneself, within reason, to do things one is afraid of. Every effort contributes to one's self-respect, and every victory paves the road for a next and a bigger victory. A combination of *insight* with a *conscious effort* is likely to produce

best results (Bandura, 1986).

Interactional psychotherapy is a process of constructive interaction. In most cases, the therapist must offer positive guidance and encourage the patients' conscious efforts and productive activities. If individuals are faced with a threat that their house may be burglarized, they may sit and wait for the burglars to come; but if they put heavy locks on the doors and install an alarm system that connects their apartment with the police, their productive action increases their morale and reduces their feelings of helplessness. Doing things in a purposeful way requires a great deal of self-discipline and it counteracts anxiety and disinhibition. Goal-directed behavior counteracts regression into infantile dependency, because the individuals take their fate in their own hands and do not wait for someone to take care of them. Productive activity leads to an increase in their belief in themselves and reduces their anxiety.

Productive action has a priceless value in cities war-torn by revolution or destroyed by a flood or earthquake. Productive action can produce miracles in group morale. When people, instead of hiding in their houses or shelters, begin to do something to improve their situation, whether by digging trenches against possible attacks by the enemy; by joining the firemen, civil defense units, or medical corps; or any kind of productive action, their actions reduce their anxiety. Giving people productive tasks that can counteract the

danger improves their morale, increases their ability to withstand stress, reduces anxiety, and is an important contribution to their mental health.

No one can stand alone, and the more allies, associates, and friends one possesses, the better are the chances for survival. To belong to a group and to interact with other people increases one's feeling of security and reduces anxiety. Loneliness is one of the main sources of anxiety. Lonely people often fear that their enemies will overcome them and no one will come to their aid; the feeling of anxiety is greatly increased by being isolated from other individuals.

In childhood, the attitude of parents, their acceptance and protection, gives the child a feeling of security. The feeling of security is the feeling that one is strong enough to cope with whatever dangers may occur, and this feeling may be fostered by parental attitudes. Karen Horney (1950) was right when she stated that people can renounce their security.

PRINCIPLES OF GUIDANCE

1. Admit to yourself that you are facing a challenge that requires a mobilization of your resources and, most probably, of the total personality.
2. Don't take challenges lightly. Prepare yourself thoroughly. It is better to be overcautious than undercautious. A solid

preparation increases the chances for success and reduces the feelings of helplessness and depression (Wolman & Strieker, 1990).

3. Don't assume that you must always be successful. No one can win all the time, especially in competitive tasks where other people may have an edge.
4. You may lose several skirmishes and still win the war; a lost battle is not necessarily the end of the war.
5. The worst fear is the fear of fear. Before taking a chance, you need to clearly analyze the stakes. Testing reality counteracts anxiety. Can you lose what you don't have yet? There might be another chance and other opportunities.
6. You may suffer several defeats, but you should not allow yourself to lose self-respect. You must act in a way so that you could say to yourself: I did everything possible; I have never given up.

The treatment of anxiety in states of emergency should follow the following principles:

1. *A realistic appraisal* of your resources and of the external threats. Such an appraisal reduces anxiety and enables you and the group to seek realistic ways of coping with problems.
2. Directing your reaction of anger *against* external threat. Anger tends to mobilize your resources and increases your power and your estimate of your own power.

3. *Productive* action. Inaction increases anxiety and feelings of guilt. Goal-directed action aimed at reducing the danger (building shelters, erecting fortifications, having air-raid alerts, etc.) reduces the feeling of guilt, increases self-discipline, counteracts the realistic threats, and improves the morale of the group.

4. *Strengthening* of intragroup ties. The feeling of power is increased by having allies, whereas loneliness reduces it. Thus, cementing group unity and fostering interpersonal relations among the members of the group substantially enhances its combat efficiency and morale.

Here is an example of a case. A patient of mine, Dr. H., who applied for a teaching position in sociology, expressed profound anxiety: "I made a mistake. I feel panicky. I don't know what to do," he said. "Who needs it? What for? I applied for a teaching position—I worry they may reject me and I worry they may accept me. I am sure I'll make a fool of myself. The students will find out my ignorance and I will be exposed. Either way, I feel hostile. I better withdraw my application." Dr. H. had received his Ph.D. with distinction. He was a gifted young man, highly qualified in his field. His former professors wrote glowing letters of recommendation, and he had a good chance to be appointed to the faculty of the university.

"Let's check all this against reality," I said. "We can't predict the future, but we can explore the possibilities. Should they turn you down, still there

will be no reason for despair. There are more than 50 schools of higher learning in the metropolitan area. If you were the dean, you too would have probably chosen the best qualified candidate. If you are the best one, they will hire you; they may, however, hire someone who is a better-qualified candidate. Should they turn you down, it is not rejection; one cannot lose what one has not got, and you will apply to other schools. If they hire you, you will have several months ahead of you to prepare yourself. You can't predict the future, but you can do your best to prepare yourself for what could be reasonably expected. There are no assurances for either success or failure, but a realistic appraisal of a situation improves the chances for success.”

REFERENCES

- Alexander, F., & French, T. (1946). *Psychoanalytic therapy*. New York: Ronald Press.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice-Hall.
- Barlow, D. H. (1988). *Anxiety and its disorders: The nature and treatment of anxiety and panic*. New York: Guilford.
- Craske, M., & Barlow, D. H. (1991). *Mastery of your anxiety and worry*. New York: Graywind.
- Horney, K. (1950). *Neurosis and human growth*. New York: W. W. Norton.
- Langs, R. (1976). *The therapists interaction*. New York: Aronson.
- Wolman, B. B. (1973). *Victims of success: Emotional problems of executives*. New York: Quadrangle, New York Times Books.

Wolman, B. B. (1982). Interactional theory. In B. B. Wolman (Ed.), *Handbook of developmental psychology*. Englewood Cliffs, NJ: Prentice-Hall.

Wolman, B. B. (1984). *Interactional psychotherapy*. New York: Van Nostrand Reinhold.

Wolman, B. B., & Strieker, G. (Eds.), (1990). *Depressive disorders: Facts, theories and treatment methods*. New York: Wiley.

Zinbarg, R. E., Barlow, D. H., Brown, T. A., & Hertz, R. M. (1992). Cognitive-Behavioral approaches to the nature and treatment of anxiety disorders. In *Annual Review of Psychology*, Vol. 43, pp. 235-267.