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A case study on neurotic anxiety: A new application of free association

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Abstract

This article primarily focuses on the analysis of a subject exhibiting neurotic anxiety, interpreting the client's clinical symptoms, underlying causes, and self-intervention methods. Subsequently, the article introduces the 'fictionalized' free association technique and utilizes it to analyze the client's unconscious conflicts and motivations. It is hoped that this article will contribute to the ongoing development of free association within the field of psychoanalysis.

Keywords: Neurotic Anxiety; Psychoanalysis; Free Association

1. Introduction

1.1. Neurotic Anxiety

Almost everyone has experienced moments of anxiety, where worries about an anticipated event not going as planned lead to feelings of nervousness, apprehension, or fear. This can sometimes result in physiological changes such as insomnia, sweating, or palpitations—symptoms we collectively term as an anxiety response. In most cases, anxiety is a normal and adaptive reaction to external stimuli, serving a positive function by activating and mobilizing an individual's resources to achieve better outcomes. For instance, a moderate level of anxiety during a competition might encourage better preparation and enhance performance. However, not all anxiety falls within the range of normalcy. In fact, there is no clear demarcation between normal anxiety and neurotic (or pathological) anxiety, as the two can be interrelated, and under certain conditions, may present similar characteristics within an individual.

Clinically, distinguishing between normal and neurotic anxiety involves several key considerations. First, normal anxiety typically arises from identifiable real-world stressors, such as an exam or a job interview, where the individual is fully aware of the source of their anxiety. In contrast, neurotic anxiety stems from unconscious conflicts within the individual, where this negative energy is projected onto the external world in a vague and distorted manner, making it difficult for the individual to consciously recognize the true source of their anxiety. In such cases, the individual might experience anxiety without a clear object or mistakenly attribute their anxiety to a trivial issue, when in fact the underlying cause lies elsewhere. This distinction often requires the clinical judgment of a psychological counselor, who assesses whether the level of anxiety is proportional to the triggering event. Additionally, normal anxiety typically subsides quickly after the triggering event has passed; for example, one might feel anxious before an exam, but this anxiety dissipates soon after the exam is over. In contrast, neurotic anxiety tends to persist over time, regardless of the outcomes of surrounding events. This generalized anxiety may manifest as a pervasive sense of unease in everyday situations, such as feeling anxious while waiting in line for breakfast, stopping at a red light, or waiting for an elevator at home.

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The intervention strategies for normal and neurotic anxiety also differ significantly. When normal anxiety escalates to a point where intervention is needed, approaches such as cognitive-behavioral therapy (CBT) can be effective in identifying and directly addressing irrational beliefs at the conscious level. On the other hand, neurotic anxiety often requires psychoanalytic techniques, which involve exploring deep-seated unconscious conflicts and contradictions, providing a means to address the problem from within. Overall, the diagnosis of neurotic anxiety often depends on factors such as the underlying causes of the individual's anxiety, its duration, and the extent to which it impairs their social functioning.

Furthermore, it is important to note that in clinical psychological interventions, neurotic anxiety is not classified as a specific disorder. Instead, it is a common symptom across various mental illnesses and should not be confused with anxiety neurosis, though it is a core feature of the latter. Analogous to a fever in the context of a physiological illness, neurotic anxiety can manifest during the active phases of many mental disorders, necessitating careful screening and differential diagnosis to avoid misdiagnosis.

1.2. Initial Analysis

1.2.1. The Client

This case study is derived from an actual case handled by the author. To protect the client's privacy, all relevant details in the following content have been anonymized. The disclosure of information presented in this case study has been approved by the client with informed consent.

The client is a 35-year-old male, an educator by profession, unmarried, with no children, and generally in good health, though he occasionally experiences gastrointestinal dysfunction. Medical examinations have ruled out any serious physiological or organic diseases. The client has no prior experience with psychological counseling, although he has studied some psychology during his university years. He reported feeling increasingly anxious over the past three months, which has led to symptoms such as difficulty concentrating, decreased work efficiency, trouble sleeping, increased appetite, and reduced social activity. Seeking to understand the underlying causes and find a resolution, the client decided to consult a therapist.

1.2.2. Exploration of Basic Information

The following content is an excerpt from the actual counseling sessions, interspersed with the therapist's reflective analysis conducted post-session. Due to space limitations, this section focuses primarily on key informational fragments and does not include detailed explanations of relevant psychological concepts, goals, methods, or specific procedures.

Therapist: "When you look back now, when did you start experiencing this anxiety?"

Client: "I don't remember the exact time, probably a few months ago."

Therapist: "Was there any significant real-life event that triggered it?"

Client: "Not that I can recall."

Therapist: "Why do you feel this anxiety is different from before?"

Client: "In the past, anxiety usually stemmed from heavy workloads and pressure. But recently, there's nothing really worth worrying about, yet, as you mentioned before, I find myself feeling anxious about almost everything, no matter how trivial. Sometimes, I even worry about getting into an accident while taking a ride. Looking back, it seems ridiculous."

Therapist: "Have you always been someone who worries, or is easily stressed by various things?"

Client: "Yes, I'm the kind of person who pays attention to details and likes to follow plans. When things don't go as planned, I tend to get anxious."

Therapist: "Have you noticed this anxiety getting worse recently?"

Client: "Not exactly; it's just that it's been bothering me for a while, so I thought I should do something about it."

Therapist: "Did your previous episodes of normal anxiety lead to the same symptoms?"

Client: "More or less, I'd have trouble sleeping, my efficiency would drop, and I'd sigh a lot, feeling a bit tight in the chest. This time, there's something extra—I don't know how to describe it—just a sense of internal tension, like things are squeezed together, and I can't fully relax. I can relax occasionally, but then the anxiety comes back unpredictably, which is frustrating. I hope I'm making sense?"

Therapist: "You've described it very well, and I think I understand what you mean. Have you seen a doctor about the chest tightness and tension you mentioned?"

Client: "I get annual check-ups, and there hasn't been anything wrong, so it's probably psychosomatic."

Therapist: "The mind and body are closely connected, especially in the past couple of years, as many people have noticed increased emotional fluctuations due to decreased immunity, which can have a greater impact. You also mentioned gastrointestinal dysfunction earlier; can you elaborate on that?"

Client: "It's not too serious. Sometimes, I get diarrhea, which I think is mostly related to my diet. When I'm feeling down, I tend to overeat, with little self-control over my diet."

Therapist: "Would it be accurate to say that you've been using food to counteract some negative emotions?"

Client: "I suppose so; it feels like my primary coping strategy."

Therapist: "Aside from anxiety and the symptoms you mentioned earlier, have you experienced any other issues or concerns recently?"

Client: "Not really."

Therapist: "Anxiety can often impact various aspects of our lives. On a scale of 1 to 10, where 1 means the impact is negligible, and 10 means it completely disrupts your normal life and work, what number would you choose?"

Client: "About a 6. It's bearable, but overall, it's uncomfortable."

Therapist: "Okay, I'd like to ask a few more questions about the details you mentioned earlier. You said your social activities have decreased recently—how are your relationships with others?"

Client: "They're normal. I'm not really into crowds and have been used to doing things alone for many years."

Therapist: "Do you have any close friends?"

Client: "Yes, but they're not nearby, and we've been in less contact over the past couple of years."

Therapist: "Have you talked about these anxiety issues with your friends?"

Client: "No, they're not professionals, and I don't need comforting words."

Therapist: "How often do you keep in touch with your parents?"

Client: "I video call my mom almost every day to check in on her."

Therapist: "And your father?"

Client: "We don't talk much; our relationship is average, and there's not much to say."

Therapist: "Have you discussed your anxiety with your mother?"

Client: "No, most of the time, I only share good news with her. She can't solve the problem, so why add to her worries?"

Therapist: "Do you think your current anxiety is related to your parents?"

Client: "I'm not sure. But I do know that every time I visit them, it ends up in a disagreement, especially with my dad—we just can't communicate well. But I understand he's getting older, and I appreciate what he's done, so I try to restrain myself, avoid arguments, and accommodate him more. By the way, I just remembered that my dad and his siblings tend to be anxious too. Could it be genetic?"

Therapist: "It's possible. Certain personality traits in the mental health domain can be inherited along with the characteristics of the nervous system. An unstable or overly sensitive nervous system can lead to emotional fluctuations. Looking back, do you think your anxiety is related to your father?"

Client: "It's hard to say there's no connection at all, but I don't think that's the main issue. Although I do get angry at some of his actions, I can usually rationalize them afterward, and since we don't live together, the impact isn't long-lasting."

Therapist: "I see. If you're willing, we can explore your relationship with your family in more detail in future sessions. For now, I'd like to ask: Besides changing your diet, have you tried any other methods to alleviate your anxiety recently?"

Client: "At first, I tried exercising and listening to music, but the effects were minimal. Then I studied some psychology on my own and decided to seek help from a professional."

Therapist: "So, what do you hope to achieve through psychological counseling?"

Client: "The main thing is to figure out what's making me so anxious, and then I hope you can provide some effective ways to alleviate the symptoms."

In the above dialogue, the therapist primarily explored the client's core symptoms, their possible causes, and the self-intervention strategies the client had attempted. Regarding the primary symptoms, if physiological or organic issues are ruled out, from a psychological functional perspective, based on the client's responses and their scores on the Hamilton Anxiety Scale and Life Events Scale, the client appears to exhibit symptoms of neurotic anxiety. During the exploration of symptom causes, the therapist found that the client has a good logical thought process and strong self-reflection abilities, with no significant conscious-level factors that would cause pronounced anxiety. From the current counseling content, potential major conflicts between the client and their family of origin may stem from the relationship with the father. Given the client's current reluctance to delve into this topic, it might be better to explore it further once the therapeutic relationship has matured. Another issue is the client's lack of an effective social support system, which hinders their ability to manage and release stress when psychological issues arise. The therapist should further investigate the client's interpersonal relationships and the primary reasons behind this relational pattern.

Furthermore, in discussing the causes of anxiety, the client mentioned the anxiety-prone personality traits of the father and his siblings, raising the possibility that genetic factors may contribute to the client's anxiety tendencies. This aligns with the client's daily behavioral patterns, suggesting that genetic predisposition might need to be considered in subsequent interventions. An additional point of concern is the client's disordered eating patterns, where they tend to use food as a way to regulate emotions during periods of emotional distress. While this coping strategy is frequently used, it tends to be negative and could have adverse long-term effects on the client's physical and mental health. Currently, the client's body is well-proportioned, and their weight is within normal limits. Upon further inquiry into their diet, it was found that the negative impact remains minimal. The main reason appears to be that the client's food intake, in terms of quantity and type, remains mostly within a normal range, indicating that this form of food regulation is still under control. It also suggests that the client's self-discipline and self-awareness are largely intact. Nevertheless, the possibility of worsening in the future cannot be ruled out, so the therapist should explore whether safer, alternative coping strategies can be identified during subsequent interventions. Finally, based on the client's responses and feedback during the sessions, the client exhibits strong motivation for self-growth and change, high levels of engagement, and realistic goals for counseling. Overall, the client's situation meets the criteria for psychological counseling, and the therapist has decided to proceed with further counseling sessions.

1.2.3. 'Fictionalized' Free Association

When considering the knowledge structure and psychological issues of the client, the therapist and the client mutually agreed to use psychoanalytic therapy to explore the client's unconscious conflicts and the core of their anxiety. Within psychoanalytic theory, free association is a common technique employed to probe the unconscious. The goal is to assist

the therapist in uncovering hidden clues within the client's unconscious by encouraging the client to freely express any thoughts, feelings, and images that arise in their mind. The development of free association can be seen as a substitute for hypnosis, as hypnosis is not always effective, and client responses under hypnosis can be unstable and difficult to sustain for long periods. Free association allows the client to bypass the ego's defense mechanisms while fully conscious, enabling the expression of repressed emotions and thoughts without the constraints of social norms or self-censorship.

However, traditional free association has some drawbacks. Given its high degree of freedom, the initial content clients perceive is often superficial, requiring a gradual connection to deeper clues, with unconscious conflicts slowly emerging through long-term practice. Additionally, due to the lack of a concrete medium during the association process, the focus may easily shift towards the self, potentially leading to resistance, where the client unconsciously censors or avoids critical content to evade the pain or fear brought about by the conflict. Consequently, traditional free association can be time-consuming, requiring repeated training of the client by the therapist. Moreover, entirely purposeless free association may not be conducive to clients lacking imagination or initiative, leading to frustration in the early stages and potentially resulting in resistance or rejection.

In the author's practice, based on the characteristics and advantages of traditional free association, and considering the traits of contemporary clients, I have experimented with a structured form of free association, referred to as 'fictionalized' free association, to explore unconscious content. This method has also been employed by certain psychoanalysts in practice, such as Jacques Lacan and Donald Winnicott, who have extensively explored the role of language, symbolism, and narrative in psychoanalysis. Lacan, in particular, emphasized the significance of language and symbolism within the psychic structure, while Winnicott investigated "transitional objects" and "transitional phenomena." Researchers have found that the stories created by clients in such fictionalized exercises are fictional, but their cores often contain deep-seated unconscious conflicts, desires, and emotions. In other words, the essence of the story represents a symbolic manifestation of the individual's unconscious projection. Especially, common features extracted from different stories can reveal the internal dynamics of the client's unconscious. Although not mainstream, this approach has been applied in some clinical cases and theoretical discussions within the field.

In practice, the therapist invites the client to co-create a novel. The genre of the novel is unrestricted, ranging from romance to science fiction, historical fiction, or urban fiction, depending on the client's preferences. The client is first asked to establish the tone and framework of the novel, such as whether it is a comedy or tragedy, the worldview, the protagonist's identity, and their goals. Based on this foundation, the therapist continually guides the client by asking more questions, while the client fills in the details, gradually enriching the narrative world. Throughout this process, the therapist refrains from interfering with or directing the client's choices, allowing the client to fully control the development of the story.

In applying this form of free association, several key features have been observed. First, it does not require extensive pre-training or guidance for the client, allowing them to quickly engage. Second, this method provides the client with a sense of enjoyment early on, as they feel like they are creating a world, where the release of narcissistic energy can easily bring forth impulses repressed by reality. Third, the novel provides a safe medium that prevents excessive ego involvement and avoids the conscious mind's self-censorship from filtering out unconscious thoughts and emotions. This allows the hidden impulses in the unconscious to bypass defense mechanisms and project into the novel. In the novel's world, the client, as the author, finds their repressed desires irresistibly tempted to integrate into the protagonist's actions and behaviors. This inevitability can be explained by object relations theory, which posits that an individual's survival and development necessitate continuous connections with external objects, and the development of the subject-object relationship requires an anchored reference point. The novel provides a secure passage for the subject-object connection. More importantly, this projection is covert, akin to a projective test, making it difficult for the client to conceal their true desires. Finally, in the process of designing the worldview within the novel, various domains such as economics, military, technology, and humanities can be incorporated. Through the construction of the novel's world, the therapist can gain a more comprehensive understanding of the client's conscious characteristics. This includes the client's knowledge structure, interests, and hobbies, as well as any irrational beliefs or logical inconsistencies that may be present. It is undeniable that this form of free association, like the traditional method, requires the therapist's extensive experience to be effective. Ideally, when conditions allow, it is beneficial to engage the client in the creation of multiple novels. By analyzing the commonalities across these narratives, the therapist can more accurately capture the underlying conflicts within the client's unconscious.

1.2.4. In-depth Exploration of the Unconscious

In the process of exploring the unconscious of the client in this case study, the therapist employed the 'fictionalized' free association method mentioned earlier. Over the course of several sessions, under the therapist's guidance, the client

created three distinct novel worlds, each with a different theme: science fiction, romance, and xianxia (a genre of Chinese fantasy). Although the genres varied, there were notable commonalities in the structure and content of the three novels.

First, the protagonists in all three novels are transported into a new, fantastical world. This indicates the client's rich imagination, but more importantly, the concept of transportation can be interpreted as a projection of the unconscious desire for a possible change in their own circumstances. This suggests a lack of attachment to the real world, or rather, that the client's goals and desires cannot be fully realized within reality. On another level, this implies that the client harbors a degree of world-weariness and a sense of helplessness in their real life.

The second commonality is that the protagonist gains the original inhabitant's memories during the transition, allowing them to know what will happen in the near future. This detail hints at the client's lack of confidence in their abilities, with the unconscious belief that even in a new world, they would require additional, almost cheating-like assistance to achieve their desired outcomes. The characteristic of foresight also highlights the client's underlying feelings of anxiety and a lack of control, as foresight represents certainty—a form of reverse projection of the unconscious anxiety.

The third commonality is that the relationships in the novels, whether romantic, friendly, or professional, are depicted as rigid and simplistic, lacking dynamic evolution. This reflects the client's desire for intimate relationships but also reveals their lack of interpersonal experience and difficulty in managing complex relationships.

The fourth point is that the primary motivation behind the protagonist's actions in each novel is to become the leader of a group and acquire territory. Notably, the focus is not on accumulating wealth but on gaining power, respect, and even admiration from the group. This highlights the motivational characteristics within the client's unconscious. Although the client may outwardly appear to prioritize material needs such as food, the core desires are actually rooted in the need for power and respect on a psychological level. This also reflects a sense of inadequacy in the real world, where the client feels disrespected, unable to express their power motives fully, and experiences an unfulfilled sense of aggression, indicating an underlying spiritual deficiency.

2. Conclusion

Psychoanalysis is characterized by its emphasis on identifying and guiding the release of unconscious conflicts and motivations. As a critical method for exploring the unconscious, free association can be applied with different emphases depending on the context. This article utilized the 'fictionalized' free association technique to conduct an in-depth exploration of the unconscious in a client experiencing neurotic anxiety, successfully uncovering several deep-seated causes contributing to their anxiety. However, it is important to acknowledge that misinterpretations can occur during the analysis. Therefore, therapists must continually accumulate experience and, with the support of a strong therapeutic alliance, continuously adjust and deepen their understanding of the client.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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