

Fear and Courage

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*W. H. Freeman and Company
San Francisco*

A Series of Books in Psychology

Editors

Jonathan Freedman

Gardner Lindzey

Richard F. Thompson

Library of Congress Cataloging in Publication Data

Rachman, Stanley

Fear and courage.

(A series of books in psychology)

"This book grew out of an earlier analysis entitled
The meanings of fear."

Bibliography: p.

Includes index.

1. Fear. 2. Courage. I. Rachman, Stanley. The
meanings of fear. II. Title.

BF575.F2R29 616.8'522 78-464

ISBN 0-7167-0089-1

ISBN 0-7167-0087-5 pbk.

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Printed in the United States of America

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Fear and Courage

For Emily and Tom

Acknowledgments

Because I have discussed most of the matters contained in this book with many colleagues and students during the past few years, it is impossible to acknowledge my debt to each of them by name. However, A. Bandura, P. de Silva, H. J. Eysenck, N. Garnezy, A. George, R. Hodgson, P. Lang, B. Melamed, M. Seligman, and J. Wolpe have been especially helpful. I also express my thanks to the following colleagues for help on specific points and/or general advice: S. Grey, R. Hallam, I. Marks, L. Parkinson, G. Roper, G. Sartory, and H. Shackleton.

A large part of this book was written at the Center for Advanced Studies in the Behavioral Sciences at Stanford, where I was a Fellow in 1976–77, and I am deeply indebted to the excellent staff, the other Fellows, and the Trustees for a happy and productive year. My particular thanks to Dr. G. Lindzey, Mr. P. Cutler, Mrs. D. Brothers, Mrs. J. Kielsmeier, Mrs. F. Duignan, and Mrs. K. Jencks—and back here in London, to Mrs. P. Levine.

June, 1978

S. J. Rachman

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Introduction

This book on fear is the result of recently accumulated information as well as my belated recognition that psychological writings (my own included) on the subject were presenting a lopsided and needlessly gloomy view of human vulnerability. People are much more resilient than most psychologists have implied. Although this work is an expansion of my earlier analysis *The Meanings of Fear* (published in England in 1974),¹ it contains a great deal of new material as well as a new perspective—not only on fear, but on courage.

Although a significant proportion of my working time, both as a research worker and clinician, has been spent on the psychology of fear, my interest in courage is recent. The immediate cause of this interest was the courage shown by severely anxious neurotic patients as they carried out the newly de-

veloped behavioral training programs. Some of these training programs require the patients to exercise considerable persistence in the face of intense fear, and the courageous manner in which these already fearful people cope with the requirements of the task is impressive and thought-provoking.

There was little in the scientific libraries to satisfy my newly aroused curiosity and a search of the *Psychological Abstracts*—the largest repository of psychological references—produced a mere handful of mentions. By contrast, references to fear are extremely common; it is a well researched subject and, in the past 40 years a multitude of laboratory experiments on animal fears, have been conducted. There seems to be no rational reason for this disproportionate scientific emphasis, and one wonders whether it is not merely one more example of our heightened interest in morbid and distressing events, in preference to the common, ordinary, constructive phenomena of everyday life.

Whatever the cause, the fact remains that we have little scientific information on the nature of courage. Because it is a fascinating subject, and one that can be studied with benefit to many, one purpose of this book is to bring the subject of courage onto the scientific stage. I collected and analyzed information from diverse sources, some scientific and other historical, journalistic or anecdotal, in an attempt to construct a workable first view of courage. I was able to facilitate this task by applying some of the new ideas on the psychology of fear. The concept originally proposed by Peter Lang and now known as the three systems model of fear, was especially helpful. If all goes well, interest in courage will increase, and the present imbalance between the scientific interest devoted to fear and that devoted to courage will be corrected.

Because courage, Socrates' "very noble quality," appears to be universally admired, it is pleasing to report that examples of courage are common and easy to collect. Somewhat to my own surprise I was led to the firm conclusion that people are considerably more resilient than is generally recognized. Psychologists in particular have been so preoccupied with fear and anxiety that we have neglected to notice the occurrence of courage and perseverance in the face of stress and adversity. In a small but not insignificant way, examples of human resilience can be seen daily in clinics, counseling centers, and hospitals, as people struggle to overcome their long-standing and severe fears, under the guidance of professional helpers. On a larger scale, people displayed astonishing resilience during wartime, and the courage of ambulance crews, fire fighters, and other service workers was particularly impressive. In all, these observations provide one with a better rounded and more hopeful view of human qualities.

There is at least as much courage as fear, and at least as much resilience as there is vulnerability. Fears do arise however, and that is the main subject of this book. It contains a discussion of *human fears*, their range, genesis, fluctuations, and nature. Although little direct reference is made to the vast literature describing research on fear in animals, my conception of human fears is considerably influenced by such work, particularly where it pertains to the induction and the avoidance of fear. J. A. Gray's interpretation, *The Psychology of Fear and Stress*, is an admirable guide to much of this research and has been of considerable help.

Although the word *fear* is used without difficulty in everyday language to mean the experience of apprehension, problems arise when it is used as a scientific term. It cannot be assumed that people are

always able or even willing to recognize and then describe the experience of fear. In wartime, admissions of fear are discouraged. Similarly, boys are usually discouraged from expressing fear. In surveys carried out on student populations, it has been found that the admission of certain fears by men is felt to be socially undesirable.

The social influences that obscure the accurate expression of fear complicate the intrinsic difficulties in recognizing and describing of our own experiences or predicted experiences. For instance, it is regularly found that many people who state they are fearful of a particular object or situation are later seen to display fearless behavior when they confront the specified fear stimulus. Subjective reports of fear also tend to be of limited value in assessing the intensity of the experience because of the difficulties in translating such expressions as "extremely frightened," "terrified," and "slightly anxious" into a quantitative scale with stable properties.

The Three Components of Fear

For these reasons, among others, psychologists have extended the study of fear beyond an exclusive reliance on subjective reports, by including indexes of physiological change and measures of overt behavior. It is helpful to think of fear as comprising three main components: the subjective experience of apprehension, associated psychophysiological changes, and attempts to avoid or escape from certain situations.

When the three components of fear fail to correspond, as they commonly do, problems arise. People can experience subjective fear but remain

outwardly calm, and, if tested, they show none of the expected psychophysiological reactions. We also receive reports of subjective fear from people who make no attempt to escape from or avoid the supposedly frightening situation. The existence of these three components of fear, coupled with the fact that they do not always correspond, makes it helpful to specify in scientific exchanges which component of fear one is referring to.

In our everyday exchanges we rely, for the most part, on people *telling us* of their fears, and then we supplement this verbal information by interpreting the significance of this information and mixing it with clues given by their facial and other bodily expressions. Unfortunately, when made in the absence of supporting contextual cues, these interpretations can be misleading. Moreover, the value of observations of facial and related expressions is limited to certain categories of fear, particularly those of an acute and episodic nature. Diffuse and chronic fears are less visible. So we may without difficulty observe signs of fear in an anxious passenger as an aircraft descends, but fail to recognize the fear in a person who is intensely apprehensive about aging.

Although there are many types of fear, certain categories such as neurotic fears have understandably been studied more intensively than others. Among these varieties, a major division can be made between acute and chronic fears. The acute fears are generally provoked by tangible stimuli or situations and subside quite readily when the frightening stimulus is removed or avoided. The fear of snakes illustrates this acute type. A less common type of acute fear is the sudden onset of panic, which seems to have no tangible source. It can last for as long as an hour or more and often leaves a residue of discomfort. On the whole, the chronic fears tend to be

more complex but, like the acute, they may or may not be tied to tangible sources of provocation. The fear of being alone is an example of a chronic, tangible fear, but examples of chronic and intangible fears are by their very nature difficult to specify. One simply feels persistently uneasy and anxious for unidentified reasons—it is a chronic state of aching fear that has been described better by novelists than by psychologists.

A distinction is sometimes drawn between fear and anxiety. Then fear refers to feelings of apprehension about tangible and predominantly realistic dangers, and anxiety to feelings of apprehension that are difficult to relate to tangible sources of stimulation. The inability to identify the source of the fear is usually regarded as the hallmark of anxiety, and in psychodynamic theories, the inability is said to be a result of repression; hence the cause of the fear remains unconscious. Although this distinction between fear and anxiety is not without its uses, it will not be retained in this book. The division between tangible and intangible fears relates to another distinction that has proven to be clinically useful, that of focal versus diffuse fears. Generally, focal fears are more easily modified despite the fact that they often are of long-standing duration.

Although it may be of little practical value, the distinction between innate and acquired fears is an intriguing one. The impact of early Behaviorism, with its massive emphasis on the importance of acquired behavior, led to the interment of the notion that some fears may be innately determined. Even the possible existence of such fears in animals was only reluctantly conceded. In recent years, however, the possible occurrence of innately determined fears in human beings has once more come under serious consideration. One of the more prominent and prom-

ising accounts of the inherent determinants of fear, M. Seligman's theory of preparedness, is discussed in detail, in Chapter 7.

The fluctuations of fear are of some interest, especially their emergence in early childhood followed by a general decline in frequency and intensity during middle to late childhood. This rise and fall of fears raises questions of causation. What is the cause of fear? Or, to be more precise, what are the causes of fears? The inevitable subsidiary question is, why do fears decline and disappear?

In an introduction, it is possible to give an oversimplified summary of the major causes of fear. Nevertheless it is important to point out the following causes: exposure to traumatic stimulation, repeated exposures to subtraumatic sensitizing situations, observations (direct or indirect) of people exhibiting fear, and transmission of fear-inducing information. For a considerable time, theories of fear acquisition were dominated by the conditioning theory that emphasized the importance of exposure to traumatic stimulation. Recent recognition of the fact that fears can be acquired vicariously, and by the direct transmission of information, has helped to produce a richer and better balanced account of the causes of fear.

Controllability

A more general observation has been the functional connection between our ability to control potentially threatening situations and the experience of fear. If in the face of threats we feel unable to control the probable outcome, we are likely to experience fear. By

contrast, if in the same threatening situation we confidently expect that we will be able to control the likelihood of an unfavorable outcome, we are unlikely to experience fear.

Although the concept of controllability is important and enables us to make sense of a considerable amount of information, it is not without difficulties, and a critical examination of its present status is undertaken in Chapter 16 of this book. The idea of controllability is also implied in Bandura's new theory of the basis of behavioral change;² the cornerstone of this theory is that modifications of fear are mediated by changes in "perceived self-efficacy," which is an elaborated version of the "sense of controllability." The concept is also prominent in Seligman's theory of learned helplessness. Although this theory is designed primarily to encompass the phenomena of depression, it incorporates aspects of the genesis of fear. In the original statement of the theory published in 1975, he claimed that helplessness, and therefore depression, resulted from an acquired sense of futility: "Helplessness is the psychological state that frequently results when events are uncontrollable."³ For purposes of his theory, Seligman offered the following view of controllability. He said that when "the probability of an outcome is the same whether or not a given response occurs, the outcome is independent of that response. When this is true of all voluntary responses, the outcome is uncontrollable."⁴ He then goes on to postulate that the expectation of uncontrollability "produces fear for as long as the subject is uncertain of the uncontrollability of the outcome," and this may in turn produce depression.⁵

If people perceive that they are in a position to control the outcome of an event, their anxiety is reduced. Although the theory will be gone into pres-

ently, at this point it is worth drawing attention to two aspects of Seligman's conception: First, the person's sense of whether or not he can control the situation is a more important determinant of fear than the objective likelihood of his asserting or failing to assert such control; second, although it is not explicit in the theory, it would appear that a perceived absence of control is likely to lead to fear only when the outcome is expected to be aversive. It seems improbable that an absence of control over a desired outcome is likely to induce fear. In short, the absence of perceived control in a potentially aversive condition generates fear, whereas the acquisition of a perceived sense of mastery reduces fear. Repeated experiences of either of these types may have a cumulative effect, as Seligman maintains. "I suggest that what produces self-esteem and a sense of competence, and protects against depression, is not only the absolute quality of experience, but the perception that one's own actions control the experience. To the degree that uncontrollable events occur, either traumatic or positive, depression will be predisposed and ego-strength undermined."⁶

The sense of controllability is related to *predictability* and Seligman presents persuasive evidence to indicate that in most circumstances, people prefer predictable events to unpredictable ones.⁷ There is of course a logical connection between predictability and controllability,⁸ and the two often coincide. The concept of controllability would seem to entail predictability, but of course there are predictable events that are beyond our control.

Leaving aside these theoretical questions for the present, we can regard the preference for predictability, and the striving to achieve it, as an early stage in the process of attempting to achieve increased con-