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Anxiety: The Dizziness of Freedom—The Developmental Factors of Anxiety as Seen through the Lens of Psychoanalytic Thinking

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Abstract

This chapter explores how anxiety is necessary for development to take place. It explores the link between Soren Kierkegaard's existential views on anxiety with more recent psychoanalytic theories on anxiety as espoused by Sigmund Freud, Melanie Klein and Wilfred Bion in particular. The chapter postulates that an optimal degree of anxiety is more likely to be obtained by access, in early life, to a mind (often a parental figure) that is able to offer a containing and transformative function to the infant's primitive destructive impulses and resultant fears and anxieties. Clinical examples are included to demonstrate the role of psychotherapy in providing an alternative containing presence that can tolerate and transform severe states of anxiety.

Keywords: anxiety, containment, projective identification, persecutory anxiety, depressive anxiety, development

1. Introduction

In 1844, Soren Kierkegaard [1] wrote of anxiety as being the 'dizziness of freedom', the dizzying effect of looking into the boundlessness of one's own possibilities. Without anxiety there would be no possibility and therefore no capacity to grow and develop as a human being.

This chapter will examine psychoanalytic concepts of anxiety, in particular those of Sigmund Freud and key figures in the British School of Object Relations Melanie Klein and Wilfred Bion. It will demonstrate the close links between psychoanalytic theories on anxiety and the existential thinking about anxiety as espoused by Kierkegaard. The chapter will look at how the role and function of anxiety is an important determinant in the development of symbolic functioning, in creativity and most crucially in the origins of thought and thinking.

Clinical vignettes and material taken from psychoanalytic psychotherapy with children and teenagers will be drawn upon in order to extrapolate thinking about anxiety that is in the service of growth and development (possibility) and the unbounded anxiety which undermines and can arrest personality development, potentially leading to psychopathology.

2. Kierkegaard and anxiety as the dizziness of freedom

Mawson [2] contends that 'Anxiety informs us of our being, anxiety being stimulated by contact with primordial truths. It is in relation to anxiety that we are helped by other human beings to bear what is and what we are'. Central to this exploration of anxiety is the idea that if we are able to endure and to stay with painful emotional experience, then we are likely to be able to grow from it. Fundamentally, this process of staying with the difficult charts an ontological journey from a state of 'knowing to being'. On this point, Mawson refers to Bion's [3] memories of homesickness when he was sent away to boarding school in another country as a young boy. Bion described the experience as being akin to a 'horrible impending disaster' with no words to adequately describe it:

One might write an anthology but it would require skill, almost amounting to genius, to begin to recall the absolute dread that comes on those occasions. But I believe it is from one's ability to stand having such feelings and ideas that mental growth eventually comes.

For the purposes of this chapter, our exploration of anxiety begins with Soren Kierkegaard's own interest in the part played by anxiety in the emotional life of the individual. Kierkegaard [1] placed anxiety alongside dread and angst, viewing it as unfocused fear. In his thinking about anxiety, he wrote of a man standing on the edge of a cliff, who when looking over the edge experiences a visceral fear of falling, but what accompanies this fear is also a terrifying impulse to intentionally throw himself off the edge. Kierkegaard posited that this is an experience of anxiety or dread because it puts us in touch with the very nature of possibility, in other words to choose to do one thing or another—in this case to stay firmly rooted to the ledge or to throw oneself off it. What was striking to Kierkegaard was the individual's complete freedom to choose one's options; it is this freedom to choose (even if it is the most terrifying of all options open to us) that creates dread and anxiety. Kierkegaard thus formulated anxiety as being the 'dizziness of freedom'.

In Kierkegaard's thinking, anxiety informs us of the choices we have at hand. He takes as his starting point the biblical example of Adam who was faced with the choice as whether to eat from the forbidden tree of knowledge in the Garden of Eden or to refrain. Adam was not aware of good or evil, right or wrong, but Kierkegaard emphasises that anxiety is born when Adam, knowing of God's prohibition about eating from the tree, still chooses to eat from it. Kierkegaard recognised the damning nature for mankind of Adam eating from the tree but also asserted the positive value of the idea that anxiety informs humankind of the choices we have at hand. This infers growth in the form of an opportunity to become self-aware, the need for personal responsibility and the potential for learning and growing from experience. What is pivotal to the more contemporary study of anxiety is how Kierkegaard viewed anxiety, as an opportunity for growth from a more self-centred need for immediacy to a more self-reflective, self-conscious state. Kierkegaard [1] wrote:

'Whoever has learned to be anxious in the right way, has learned the ultimate... Anxiety is freedom's possibility, and only such anxiety is through faith absolutely educative, because it consumes all finite ends and discovers all their deceptiveness. And no Grand Inquisitor such dreadful torments in readiness as anxiety has, and no secret agent knows as cunningly as anxiety to attack his suspect in his weakest moment or to make alluring the trap in which he will be caught, and no discerning judge understands how to interrogate and examine the accused as does anxiety, which never lets the accused escape, neither through amusement, nor by noise, not during work, neither by day or night'.

It is the idea that through anxiety not only can the individual become truly aware of their potential but that anxiety can also lead to an awareness of one's own true identity and sense of freedom. Kierkegaard's philosophy of anxiety is a useful point of origin to the later thinking of Sigmund Freud, and more contemporary psychoanalysts, on the subject of anxiety. The subject of anxiety has occupied a central place in psychoanalytic thinking and practice from its inception. Mawson [2] goes as far as to suggest that the principle premise is that from the beginning of life, it is in relation to anxiety that we are helped to bear the painful nature of reality and truth.

2.1 Psychoanalytic perspectives on anxiety

Freud placed anxiety at the centre of psychic¹ functioning and in so doing described anxiety as the greatest burden we face as a species. His proclamation was that because of the inexorable conflict between the life and death instincts, feelings of anxiety were inevitable. Freud's inherent belief was that development and growth can only occur with a degree of psychic pain and anxiety. His early theories centred upon the various means by which the mind defended itself against unbearable levels of anxiety, which if left unchecked became a state or experience of profound 'unpleasure'. He initially believed that anxiety was due to the build-up of internal tension, of instinctual impulses (often sexual in nature), that were unable to be released (expressed), often transforming into psychosomatic disturbances. Freud's view was that the inherent motivation of the individual is towards the discharge of such instinctual tensions. We can see this in the example of a 16-year-old female, who I will call Jess. Jess came for ongoing psychoanalytic psychotherapy due to severe self-harming behaviours and suicidal ideation. During the early part of our work, she spoke of the unbearable emotional pain that built up and threatened to overwhelm her. She described the pain coming from inside, building up into a crescendo, whose only relief was through cutting and self-harm. She once explained that physical pain was much more bearable than the inside, emotional pain, which appeared to lessen when she could feel pain in her body.

Jess's material captures the essence of the need not only to defend against overwhelming internal states of anxiety, dread and despair but also the strong desire to discharge this tension by any means possible. Freud posited that the human nervous system had a strong propensity to flee from anything painful. An important function of psychotherapy can be thought of as providing a therapeutic space for the patient to begin to put unthinkable thoughts into words and to begin to bear or tolerate unbearable emotional states. It is this process that can offer an alternative to the 'acting out' of such feelings in repetitive or compulsive ways and an alternative to a propensity to flee or discharge emotions in self-destructive or depriving ways as with Jess above. Anxiety is, as Kierkegaard reminds us, the awareness of a freedom to choose, which in itself can lead to a growth in self-awareness and self-reflection. This is only possible if anxiety can be borne by both the patient and the therapist and by both mother-figure and infant.

In 1926, Freud [4] put his second theory of anxiety forwards. In this theory he described how anxiety acts as a danger sign to the ego² alerting it to the impending

¹ Psychoanalytic theory uses the word psychic to describe a dynamic internal state or reality, which can be at odds with external reality. Psychic or psychical is therefore pertaining to the internal world of the individual.

² In psychoanalytic terms the ego is defined as the part of the self that deals with external reality and is central to the process of integration of the personality as a whole. In the infant the ego is understandably weak and rudimentary in its formation and development and therefore at the mercy of anxiety and internal tension, experienced as something painfully physical or bodily.

endangerment of a traumatic or perilous situation. In this theory Freud emphasises the danger situation as coming from a separation or loss of a loved object. This was to become the basis of Melanie Klein's later thinking on primitive anxiety states in the infant. What is prominent in much of Freud's early thinking on anxiety is the relationship between external and internal sources of anxiety, consonant with both is the survival of the organism, either physically or psychically (internal, emotional survival). The idea is being that the separation or loss of the loved object could be a concrete, external experience which galvanises anxiety or an internal experience, a feeling or thought about loss that is equally anxiety-provoking.

Freud [5] described the infant's experiences of hunger or a feeling of dying as potentially leading to severe states of suffering and anxiety. We might wonder whether Freud was linking this infantile state of hunger and fear of dying with the experience of abandonment, separation or loss of something life-giving. Freud recognised that the infant's efforts to dispel and evacuate such overwhelming fears and anxieties about its very survival (often in the form of cries, screams, bodily evacuations, muscular tensing) were not always possible for the infant to achieve by itself. As touched upon above, the infant very much depends on help from another in managing such anxiety states and help usually provided by the mother or mother-figure. Indeed, Freud saw the basic human unit as that of the mother-infant couple. He posited that it is the mother-figure as an outside helper that provides timely and appropriate intervention to help the infant manage internal states and tensions, which generate overwhelming levels of fear and anxiety for the infant's immature ego to manage alone.

Freud's initial idea of placing anxiety at the centre of the development of the self, along with the concomitant array of defences that the mind mobilises to ameliorate anxiety, was taken further by post-Freudian thinkers, no more so than by Melanie Klein. Klein made more explicitly the role and function of anxiety both in the service of growth and development and also in terms of pathology and mental illness.

2.2 Klein's two forms of anxiety

Freud's theory of the unconscious realm of the mind was arguably his greatest legacy. He postulated that much of our emotional experience, much of our behaviour, did not originate in our conscious or rational mind, but was instead formed in a deeply dynamic, unconscious domain. Freud pointed to dreams; to slips of the tongue; to the transference (attributing to the therapist qualities that belong often to a parent or an internal state of mind, thought or feeling); and to projective mechanisms that particularly occur between patient and psychotherapist as evidence of such an unconscious realm. It is where the perpetual tussle takes place between instincts in the service of life and survival and those inexorably pulling towards stagnation and death.

Such theoretical underpinnings were taken and developed by Melanie Klein, whose work in the 1920s–1940s with children as young as 3 years old led her to conclude, in line with Freud, that anxiety originates from an internal fear of annihilation, fragmentation and falling apart. Klein [6] wrote:

There is in the unconscious a fear of annihilation of life. Thus in my view the danger arising from the inner working of the death instinct is the first cause of anxiety. This source of anxiety is never eliminated and enters as a perpetual factor into all anxiety situations.

In her clinical work as a psychoanalyst working with children, Klein placed the interpretation and understanding of anxiety states in the child at the epicentre of her psychoanalytic method. Klein's work with children illustrated how powerful

a child's anxieties were, anxieties that were often at the core of their difficulties in feeding, sleeping and learning. By interpreting the child's strongest anxieties and fears in the consulting room (while referring back to the earliest objects that populate the child's internal world), Klein found that anxiety could be alleviated. She also observed from her analytic work with children how development that had been heavily impinged upon by such anxieties could gradually become unstuck leading to a more age-appropriate developmental trajectory. Creative mental processes, such as symbol formation and personification, which allow for an 'as if' quality to our psychological world, can be best viewed in a child's play. These are observed as the child undertakes a process of attributing internal states of mind, feeling and cognitive states, to toy figures and animals and to play scenarios, which the lessening of anxiety can set in motion.

Sarah³, a 4-year-old, was referred by her parents for psychoanalytic child psychotherapy due to their concerns about her preoccupation with eating, an inability to separate from her mother and to engage socially with others in an age-appropriate way. The mother spoke of her own considerable battle, following Sarah's birth, with postnatal depression, which she described as at times being quite debilitating.

Sarah's fixation with food was quite overwhelming for her parents, whose trips out as a family were dominated by Sarah's need to know when and where they would eat on their trip. Her day, and thereby the family's day, was organised around when the next meal time would be. She demonstrated a good deal of omnipotent behaviour, dominating and bossing her parents and breaking down into floods of tears if she did not have her needs immediately met. The mother described how she could not do anything at home without Sarah needing to be with her. Sarah found it impossible to play alone with her toys, for example, and dropping Sarah off at the nursery was described as a 'nightmare' situation by both parents. A typical scene was of Sarah clinging to her mother's legs, begging her not to leave her; when she did try to leave, she often ended up dragging Sarah along the floor with her as she tried to get to the door. Sarah's mother did wonder if her own struggles with depression had had an impact on her daughter.

In the consulting room with Sarah, these situations were enacted in her play and her need to have me ever-present in the play with her was striking. After five sessions, Sarah had been able to come into the room on her own, but only if her mother was standing outside the door. Sarah would say she needed the toilet in order to gain access to her mother, so great was the anxiety of separating from her. In this early part of our work, Sarah would implore me to play with her, falling down in a heap when I informed her that I needed to think about what she was doing in the room. She would even announce on the way to the consulting room the order of things we were to do in our session that day, activities that would inevitably involve both of us. The play often centred on food, feeding and making food with playdough and a repeated scene of going to a café. Even in her play, Sarah found it hard to share, and I would need to be the one deprived and left without. Her food was greedily and ravenously eaten, something parents had said was evident wherever Sarah ate her food.

In this example, the intolerable aspects of a young child's anxiety about separation heavily flavour much of the clinical material. The overwhelming need not to leave any gaps or spaces when eating or when playing was palpable. If there was any gap or a lull, the terrifying fear was of her psychically, internally, falling down it with nothing there to break her fall. It was evident how such levels of anxiety,

³ Names and any identifying details of patients in all of these vignettes have all been anonymised for purposes of maintaining confidentiality.

seemingly generated from within and part of her internal unconscious world, have markedly impinged upon her age-appropriate functioning. This was particularly evident in her capacity to play on her own and to share with others. Wanting sole possession of her mother and the anxiety generated by her potential absence was a primary feature, filling the gaps meant avoiding separation. We might think of the preoccupation with food and the need to eat continually as a defence against the painful separation from mummy's feeding presence (the breast/bottle). Indeed, Sarah's behaviours generally appeared in the service of defending against the unbearable anxiety evoked by separation. The omnipotent, demanding, bossy behaviour ensured close proximity to her object, yet such defences had a huge impact on her emotional and social development.

What is crucial to an understanding of this process is Klein's formulation of two different forms of anxiety (persecutory and depressive anxieties), which have as their point of origin the first loved object⁴ or object relationship with that of the mother's breast⁵. Klein elaborated upon Freud's idea of the unconscious realm to view all mental life of the individual as originating from the unconscious. Sexual, aggressive, loving, hating impulses all go to make up the internal world of unconscious phantasy, colouring and flavouring how we see and relate to the world out there as well as the world inside.

Mawson [2] points to Joan Riviere's [7] work on unconscious phantasy to bring descriptive meaning to such a visceral part of the mind:

The inner world is exclusively one of personal relations, in which nothing is external, in the sense that everything happening in it refers to the self, to the individual in whom it is part. It is formed solely on the basis of the individual's own desires towards other persons and of his reactions to them as objects of his desires.

2.3 Persecutory anxiety

According to Klein, the infant's early relationship to the mother is of a part-object nature; the breast or feeding part is seen as the infant's own possession. The breast⁶ can only be related to a binary form—it is a good object when it is present and offering a fulfilling feed or frustrating and bad when it is absent and the phantasy is of it feeding another. We can see how this picture captures the quality of how Sarah is related to her object, for example, in the last session before a holiday break, Sarah took me by the hand and led me to the corner of the room. She said sharply that I was now in gaol and would need to stay there until she comes back from the holiday. Again, it is crucial to understand this primitive form of relating to the object as part of the infant's unconscious phantasy⁷, experienced in primitive terms of bodily pleasure, fulfilment, being filled up or conversely in terms of hunger, pain, emptiness and annihilation when the breast or mother is absent. For Sarah

⁴ In psychoanalytic terms 'an object' can be an internal entity based loosely on experiences of and with external parental/familial figures. Early experiences with parental figures are taken inside (introjected), installed and identified with internally. An internal object is not an exact replica of the external parent-figure as the infant's own unique constitutional makeup will flavour the quality of the object and the way the object is taken in.

⁵ I am using the term mother to describe one of the primary figures in this mother-infant relationship, but it could also be a mother-figure in the shape of a father, partner, grandparent, etc.

⁶ The breast or the bottle is interchangeable here, and the intention is not to promote breast-feeding as superior to bottle feeding. Breast is therefore interchangeable in this chapter with bottle.

⁷ Phantasy with 'ph' in psychoanalytic thinking denotes an unconscious process and idea, whereas fantasy denotes a thought, idea and day-dream that we are more conscious of.

putting me in gaol was a way of keeping me (the breast) away from other children whom I might see in her absence, she could lock me, having exclusive access to me when she needs a therapeutic feed as it were.

From the work with young children, whose anxieties were such a strong feature of their challenging presentations, Klein developed the concept of projective identification. This is a seminal concept that underpins much of the work and understanding of unconscious aspects of relationships in psychoanalytic theory and practice. It is a concept that links back to Freud's idea of the infant who expels unbearable pain, anxiety or fear. Klein believed that it was the breast or the mother-figure who would be the recipient or receptacle for these unwanted experiences of the infant. The cries, screams and bodily expulsions are the means by which the infant projects into the object, but for Klein the process of evacuation of such unpleasurable sensations does not conclude this process. The projection of unwanted states, thoughts, feelings and experiences is not solely consigned to the infant; it is a defensive process that we all adopt at times of high anxiety in particular. Klein, however, observed that an object that is projected into is changed and can be affected by the content of what is projected into it. For the infant, the primitive experience of such a projection into the breast of its frustration, hatred, anger and aggression (because of its absence) is that the breast or object now becomes identified with such feelings. It takes the form of an angry, aggressive, vengeful breast, thus turning suddenly into a terrifying entity that is hell-bent on revenge. We could argue that for Sarah when the breast or feeding mother or adult figure was present, it was a benign, safe, fulfilling object, but when absent it was not just a withholding object but a terrifyingly bad and insidious object that wanted to starve her to death. The anxiety this generated in Sarah was to such a degree that certain areas of her psychosocial and emotional development were arrested.

This anxiety Klein [5] termed is 'persecutory anxiety'. It has a strong paranoid flavour, defences in what she called 'paranoid-schizoid phase' of development, including the splitting of the object (breast) into good and bad, the omnipotent projection into the object of unwanted emotional and physical sensations and a fervent denial of reality. This phase is one of the self-concerns of the undifferentiated states with the mother or mother-figure perceived only as an extension of the infant's self. Persecutory anxiety is therefore of a very primitive nature, archaic in that it reaches back to a time of an unintegrated internal state, the self or ego is disparate, easily fragmented and as Freud perceived, needing the help of another to hold it together when it is present. When it is not present, anxieties are heightened, and as what we saw with Sarah, the good object now becomes a bad, hating the one that can destroy and annihilate the self.

Klein [8] sees the importance of anxiety in this phase as being the origins of curiosity⁸ which broadens outwards from the self-orientated preoccupation with the first object (the mother and the insides of her body) to objects in the outside world. It is the very fear of the persecuting objects that we have attacked in phantasy that impel us to seek solace in objects further afield. These outside objects become symbols for the original objects they stand for, for example, the mother's breast and her insides. There is a growing interest in new objects, but Klein argued if anxiety is too great, there is no symbolic replacement of one with another. As with Sarah, the incessant need for food and her preoccupation with food in our sessions was not standing for the mother's breast but was in her mind the concrete equivalence of her mother's breast (feeding capacity). I suspected that what enabled her to be present in the consulting room, without her mother's actual presence, was some capacity to play at making food or eating food, thus keeping her mother present in her own

⁸ Klein called this the epistemophilic instinct—the desire to know.

mind through the symbolic representation of her mother. What was evident was how precarious this capacity was and how easily symbolic functioning (her play) could break down when anxiety levels became intolerable. At these moments the substitute for the mother was not enough she needed the reassurance of the physical presence of her actual mother.

For Sarah, as with any 4-year-old, we would not expect her to be able to manage such severe anxieties by herself. However, we would think that in Sarah's case she was still stuck in Klein's paranoid-schizoid position and finding it very difficult to move forwards into the more developmentally mature phase or position which Klein [9] termed the depressive position.

2.4 Depressive anxiety

Halton [10], succinctly, describes Klein's idea of the depressive position and the central anxiety which emerges. He suggests that the anxiety here is as a result of a profound fear that the aggressiveness of the earlier paranoid-schizoid position has irreparably damaged the good object (mother-figure), leading in phantasy to the death of this life-giving source. This phase is flavoured, therefore, with feelings of guilt and remorse and a depressive form of anxiety which galvanises a need to repair the damage done to the object in phantasy. Halton suggests that the depressive position is characterised by a process of ego integration, of bringing different experiences together and of giving up the simplistic state of self-idealisation. It faces the growing self with the complex nature of internal and external reality, for example, that it is the same mother that fulfils that can also frustrate and withhold. The shift, we could say, is that from concern for the self to concern about the other.

Klein [11] emphasises the importance for the psychological well-being of the individual of reaching this developmental stage of the depressive position and how the anxiety of having damaged something precious stimulates a desire for work and creativity in the process of trying to repair. For Jess, a long and challenging therapeutic process exhibited a growing capacity to tolerate anxiety states. There was a growing ability to find more creative, symbolic ways of managing internal pain, namely, by giving words and language to it. With this articulation came a growing curiosity about how her mother battles with alcohol abuse, her father's early abandonment of the family and an ability to see the impact of past events on her present emotional experience. The need for self-harming behaviour diminished as she recognised she had more 'choices' to deal with the internal pain.

We see the importance Klein places on tolerating anxiety and the shift to 'depressive anxiety' in the development of the personality. In terms of the individual's capacity for thinking, for functioning symbolically and creatively, the ego has to develop a true relation to reality and to be able to '... tolerate the pressure of the earliest anxiety-situations. And as usual it is a question of a certain optimum balance of factors concerned. A sufficient quantity of anxiety is the necessary basis for an abundance of symbol formation and of phantasy: an adequate capacity of the ego to tolerate anxiety is essential if anxiety is to be satisfactorily worked over ... [8].

In both Jess and Sarah, we might argue that at the outset of the work, there was a limited capacity for tolerating anxiety. There was a greater need to 'act out', to evacuate and to get rid of the overwhelming levels of anxiety or to find sustenance and relief from the needed actual presence of the mother-figure. This acting out was often apparent in the therapeutic work, Jess at one point even harming herself in the clinic prior to her session with myself. Bearing my shock, my disappointment, my anger and my thinking about such feelings was an instrumental factor in the therapeutic process. Jess, at this stage of our work, could not tolerate and acquire for herself an 'optimum degree' of anxiety—the mind of another was still needed

to provide this for her. This leads us onto the seminal work of Bion and his concept of container/contained. Bion recognised the importance of the openness of the mother's mind to understanding her child and the similar important quality of the psychotherapist's mind to the understanding of that of their patient's.

2.5 Wilfred Bion's concept of a container for the contained

It was the work of Bion that was instrumental in highlighting the need for another to manage anxiety, an idea initially conceptualised by Sigmund Freud. Mawson [2] comments on how Freud pointed towards not only the infant being unable to manage anxiety alone but that anxiety can be made bearable by '... the timely intervention of the mother, orienting herself not only in the realm of the satisfaction of basic needs but, crucially in the domain of anxiety'. Mawson reminds us that the prototype for all anxiety is one based upon helplessness in the face of destructive forces from within, which the intervention by the mother is essential in helping to manage. It could be said that the infant's continued psychological existence depends heavily upon the mother's intervention in assuaging such primitive anxieties as those discussed above.

Bion [12] was able to recognise that the role of the mother surpassed the necessary provision of basic needs—feeding and physical comfort. Crucially, it also provided a containing function for the infant's anxiety. Bion took this initial idea further and saw that the containing experience of the mother might also be the kernel for the development of thought, thinking and learning. According to Mawson [2], Bion experienced this primary containing function of the mind as a 'dynamic living system'.

Through his clinical work with psychotic and schizophrenic patients in the 1940s–1950s, Bion developed further Klein's idea of projective identification⁹ extending it beyond the need to get rid of unwanted emotional states or parts of the self. Projective identification in psychoanalytic terms is seen as an important process of maintaining an emotional equilibrium. It could be seen as a mechanism for releasing tension caused by anxiety that builds as a result of destructive feeling states from within. By placing these outside the self, attributing them elsewhere, the external object acts as a repository for them. Bion [12] felt that clinically projective identification by the patient could also be a useful tool for the psychotherapist in terms of it acting as a form of communication. Unthinkable, intolerable, emotional elements and parts of the self projected into the psychotherapist could be a useful tool to gain insight and an understanding of the patient's internal world. It could lend meaning to the patient's emotional experiences which were so intolerable and overwhelming that they needed to be expelled and forcefully put elsewhere.

Bion [13] describes the process of the mother accepting the infant's projective identifications, acting as a willing container that offers flexibility and a transformational process to the infant's anxieties around its own survival. It is the earliest form of communication as the mother receives the baby's distress, mulling it over in her mind to understand what the baby, through its distress and the impact on her, is letting her know. A simple example is the baby whose distress has made an impact on the mother, who in her containing function applies her own thinking as to why the baby might

⁹ As discussed earlier, projective identification is an unconscious process, whereby unwanted emotions or parts of ourselves are split off, projected and now located in the other. The other is changed by this projection and is now seen as the embodiment of the anger, aggression, envy or other aspects that have been got rid of. It is the other that is angry, aggressive, frightening or envious, not our self. Good qualities/attributes can also be projected and left in others, often as a means of keeping such good aspects safe and away from destructive internal elements of the self.

be distressed. Working this out and meeting the babies need at that moment leads on a proto level to the baby feeling understood. To Bion's mind, it was the origin of the process of thinking and thought as provided by the thinking mind of another.

Bion [13] writes that the infant's projective identifications '... arouse in the mother feelings which the infant wishes to be rid, if the infant feels it is dying it can arouse fears in the mother that it is dying. A well-balanced mother can accept these and respond therapeutically: that is to say in a manner that makes the infant feel it is receiving its frightened personality back again, but in a form that it can tolerate- the fears are manageable by the infant personality.

Bion is suggesting that it is the capacity of the mother, repeatedly, to bear the infant's unprocessed, unthinkable thoughts and intolerable feelings projected into her (the mother's processing of them and returning them back in a more tolerable form) that will eventually lead to the infant themselves taking in this containing capacity to think about and to reflect upon. Initially therefore, the mother is a 'thinker for the thoughts', until the infant develops the capacity (through repeated experiences of this process being provided by the mother) to think about the thoughts for themselves. This is the process of internalisation of an experience.

If the mother/mother-figure can tolerate the infant's projections and thereby provide such a containing function to the infants intolerable anxieties (without recourse to sending these projections back unprocessed and unmodified), then the infant will later become more able to tolerate, to stay with and to refine states of anxiety. Of course, Bion is saying much more than this. He refers more explicitly to the quality of this containing function of the parent as being essential for emotional, cognitive and psychosocial development. He also pointed to the dire consequences for development as a whole, if the parent is unwilling or unavailable to receive the infant's projections. This would therefore lead to an intolerance of difficult feelings and to increased levels of projection. Behaviour will be motivated by a greater need to expel, to avoid or to evade mental pain than to stay with and modify. Bion [13] turns to Keats when describing the role of the mother/therapist's capacity to tolerate the intolerable. Keats [14] described a concept of 'negative capability' ... that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason'.

We might wonder if Jess and Sarah had received a consistent enough experience of such a containing transformation of early anxieties. It should be kept in mind that these were parents who themselves struggled with their own very significant mental health difficulties, often in the absence of meaningful support from others. However, unlike their parents, both Jess and Sarah had come into contact with the containing presence and function of ongoing psychotherapy. Over time, Jess's self-harming ceased; she was better able to empathise with her mother's own difficult history as opposed to resorting to attacking and blaming her mother for her shortcomings. Jess found the potential within her to complete her studies and go onto university. Sarah did eventually find it easier to separate from her mother, to engage in creative and imaginative play and to share her play with her peers. The most pleasing for the parents was the broadening of her interests to include swimming and gymnastics, which signalled a shift away from her fixation with food and eating. This psychotherapeutic function corresponds with that of the mother-figure, of providing a mutative, containing function for the patient, a feeding back in a more processed form, through interpretation, those intolerable anxiety-ridden states. This process makes such states more bearable; it is a curative process that can lead to symbol formation, creativity and thinking. I can think about and put words to my worst fears and anxieties rather than acting them out in a ritualised or repetitive way.

Widening our focal point slightly, we might wish to turn to experimental psychology and in particular the seminal work of Yerkes and Dodson [11], Yerkes-Dodson law, to further illuminate Sarah and Jess's struggles with anxiety. As Kierkegaard [1] writes of the 'right kind of anxiety, the Yerkes-Dodson law suggests that there is a need for a 'right'-level of physiological and mental arousal (anxiety) for us to optimally perform certain tasks. The law suggests that challenging or cognitively demanding tasks may require lower levels of arousal in order to optimise concentration levels, whereas tasks that need physical stamina and perseverance may need higher levels of arousal. We might therefore wonder if the capacities of these two young people to develop both cognitively and emotionally were impacted upon by inappropriate levels of arousal given the areas of development under consideration. This is an interesting concept and one that as a psychotherapist it is worth considering in terms of the quality of therapeutic interventions. A therapeutic intervention might inadvertently serve to increase arousal levels in the patient when what is needed for the task is an intervention that offers the opposite. It is consistent with the idea that at times the patient needs the therapist to hear and understand (and not help the patient make sense of their experience) which may lower arousal levels and increase performance levels regarding focus and concentration, whereas there are other times that what is needed by the patient is for themselves to understand their internal/external experiences or states of mind with the help of the therapist which may be helped by an increase in arousal levels.

3. Conclusion

The emerging theme of this exploration of anxiety is that in order to allow ourselves the experience of Kierkegaard's [1] 'dizziness of freedom'—a freedom to choose, to have options, we must first have in place a capacity to tolerate overwhelming degrees of anxiety that are powerfully present in those earliest moments of life. As we have seen, this capacity is not the one that we can acquire alone. In such moments it is necessary that we are in the presence of a willing and curious mind that can offer reverie to our most primitive fear and anxieties often originating from within.

As we have seen, Klein [9] speaks of the importance for development of being able to reach the depression position. With the advent of this phase come the experience of depressive anxiety and an inclination for reparation, which psychoanalysts argue that is essential for the development of our creative capacities. When Kierkegaard wrote of those having learned to be anxious in the 'right way', we might think he is referring to those who can tolerate and be able to modify states of high anxiety without recourse to expulsion through action and doing, without prematurely reaching out for 'fact or reason'.

This chapter has explored those seminal, early experiences between mother and infant that are elemental to the binding and transforming of anxiety and thus creating anxiety of the 'right kind'. The right kind of anxiety is that which has been worked upon, made optimum in its intensity, yet whose presence I have argued is paramount for processes of sublimation, symbolisation and expression (through language, writing, art or music) to take place. We have explored what the consequences for development are for those whose anxiety has been left unbound— anxiety which subsequently overwhelms and stultifies development. For those who have not had conferred on them the early experience of a reposeful mind of a parent-figure, we should not feel too despairing as there are interventions that can make a difference. Anxiety states can be optimised; development can become unstuck when there is access to a mind that can contain, tolerate and transform the intolerable and the unthinkable.

With the current prevalence of patients presenting with anxiety to mental health clinics throughout Europe, we might draw upon Bion's idea of container/contained to understand, or indeed question, Western societies communal approach to the containment of anxiety as it has been explored in this chapter. Bion was keen to emphasise that it is not simply the mother or parent-figure that provides such a process of containment—this is also facilitated by the family, the school, the place of work and indeed the society as a whole. With current epidemic levels of anxiety in our society, we must wonder if institutions, organisations, government and our society as a whole provide enough containing function to its citizens in order to help ameliorate such primitive anxieties as have been explored in this chapter. Or perhaps worse still—do we increasingly live in societies whose values only serve to increase anxiety and arousal levels through its noncontainment?

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