

The Baby Core of the Personality in Relation to Mom: Anxiety, Guilt, and Depression

Overview:

This section is very difficult to speak clearly about without immediately addressing some areas that are quite confusing. So before I even attempt a discussion, I would like to outline some of the areas of confusion.

1 – As we go back to early infancy, mental and physical states are so intertwined that it is not easy to speak distinctly about emotions as differentiated from physiological states. This is particularly true of all of the types of situations around which one uses the word ‘anxiety.’

2 – Melanie Klein was wonderfully astute in her clinical observations, but not particularly concerned about how her theories were bending common usage of psychoanalytic terminology or were internally somewhat inconsistent with her own previous writings. This is especially true of the term ‘depressive,’ as used by Klein, and the term ‘depression’ as used generally in the psychoanalytic literature. Her unique selection of jargon is most problematic with her term ‘projective identification,’ and I will try later to unpack the confusion and argue for the simpler term “projective processes.”

3 – Freud said that every “instinct” had a “source, aim, and object,” and his ‘objects’ were, by and large, the figures of the outside world. Klein tried to use Freud’s terms but they were no longer applicable as she moved beyond Freud’s realm of instinct theory to create a model of an ‘unconscious inner world’ where one lives, which she referred to as ‘psychic reality’ in contrast to ‘external reality.’ This distinction becomes crucial when we talk about a feeling that is felt to be coming from outside the ‘self.’ It could be coming from the outside world of ‘external reality.’ However, more often than not, Klein is referring to a feeling felt to be coming from a figure inside ‘internal reality.’ In other words, something coming from a version of mom or dad in psychic reality is directed at the self. These figures become the ‘internal objects’ of Kleinian literature and is the equivalent of Freud’s ‘super-ego.’

With these three issues in mind, let’s continue our exploration of the infant’s emotions in relation to mom in earliest infancy. We might start with the ones that are most readily identified by looking at infants. Charles Darwin, in his studies of evolution, looked at facial expressions across various species trying to find common denominators. As described in his 1872 book “The Expression of Emotions in Man and Animals,” Darwin arrived at six basic emotional states: Happiness (or joy), surprise, fear, disgust, anger, and sadness.

The Kleinian analyst Wilfred Bion took a somewhat different approach in thinking about the emotionality of humans. He suggested that at a very primitive level – and he used the word “passions” instead of emotions – one could reduce the range of human reactions to their most elemental components of love, hate, and curiosity. These would seem to approximate Freud’s “life and death instincts” and Melanie Klein’s addition of the “epistemophilic instinct.”

Neither of these approaches bypasses the issue of looking into the experience of an organism that has no language yet and very little organization to its experience. These two defining factors compel us to speculate about what it is experiencing. Furthermore, we are going to restrict our focus to the area of emotional reactions the infant has in his or her relationship to the mother. By definition these reactions are going to be very rudimentary. Consequently, our attempts to describe and categorize them are going to use language and the perspective of our more sophisticated and developed ‘adult’ mental functioning, which adds a level of organization that may not be there. And finally, I am arbitrarily going to highlight those emotional states that I think represent the most useful ones for making sense of infant development and mental function. Emotional reactions like Darwin’s surprise and disgust are going to be ignored even

though they are relevant to human experience. Under ordinary circumstances, they are only minor players in an infant's development. This is especially true when compared to the universally crucial issues of love, separation, envy, jealousy, anxiety, guilt, and depression in the infant's developing relationship to his mother.

Physiology versus Psychology:

I would like now to return to the problem of differentiating physiologic reactions from emotions. Envy, jealousy, guilt, and depression are readily identified as primarily mental/emotional states with some physiological consequences, but one would never put the first emphasis on the physiology.

Compare that with 'separation anxiety,' which has a physiological state implied in the name. Likewise, 'fear' is almost always associated with the neurophysiology that defines it. It even has its own midbrain structure associated with it – the amygdala. For this discussion, I am restricting our focus to the context of an infant's emotions that are in relationship to his mother.

There are physiological states that have some emotional component but do not primarily have mother as their object. These would include such physical states of the organism, such as hunger, thirst, nausea, fatigue, drowsiness, intoxication, etc. and reactions to external stimuli in a broad sense. While important to physical development, they would only be profound under circumstances of starvation, maternal addiction during pregnancy, profound perinatal neglect or abuse, etc. and would not be part of the average infancy experience.

So how might we generally define an emotion in a manner relevant to our exploration? Robert Plutchik, in his 1962 book "The Emotions: Facts, Theories, and a New Model," has a definition that I find useful: "An emotion may be defined as a patterned bodily reaction of either destruction or reproduction, incorporation, orientation, protection, reintegration, rejection or exploration, or some combination of these, which is brought about by a stimulus." This takes a minute or two to wrap one's mind around it.

My understanding of Plutchik's definition is that it seems to be meant to include any organism in the animal kingdom that has sufficient cerebral cortex to have a rudimentary emotional reaction that is more than just an instinctive, subcortical response to stimuli. This interpretation offers to bridge the gap between physiology and emotion.

What I particularly like is that it is both broad and allows for the array of confusingly concrete mind/body reactions to emotions, which are so well-catalogued by Klein. We will look at those in detail in the second half of this module when we explore the "coping/defensive" maneuvers of the infant to manage its emotional states. Additionally, Plutchik's definition will be more obviously useful when we talk of denial, splitting processes, and especially projective processes.

Returning to the issue of poor differentiation of mind and body and trying to define the term "anxiety" – is it an emotion or a physiologic concomitant of an emotion? My Webster's dictionary has the following definition: "A state of being uneasy or worried about what may happen." That sounds useful, but it still leaves us with the need to accept that 'anxiety' is on the borderline of being both physiological and emotional such that we will have to leave it as both.

Here is my attempt at a definition of anxiety: Anxiety is a fundamentally unpleasant physiologic reaction concomitant to the experience of a negative emotional state of mind. This experience may be conscious but is often only unconscious.

Klein's Fundamental Anxieties:

This definition can now take us into Klein's world of discovery of the most elemental emotional states that she saw in her clinical work with very young children. Like all babies and small children, they had extreme emotional swings, which had recognizable patterns as they went back and forth between intense positive and intense negative feelings, particularly in relationship their mommy.

Klein's key observation was that these states of mind created a generalized state of emotional and physiological response that had discernible patterns. These patterns of response were related to the valence of the emotion and the origin of its source.

If the emotion was predominantly hostile, the object of the hostility was imagined to be hostile in response. If the emotional reaction was connected to love, then the object was imagined to be loving in response. We can combine the two to create a third situation in which the child is momentarily hostile toward someone that he or she loves. This adds a layer of mixed feelings toward the same object and creates a state that can be characterized as ambivalence.

Klein discovered that these primitive emotional responses were inextricable tied to what the infants and children imagined they were doing to mom. In turn, these phantasies about what the baby or child and mom were doing to each other were concrete and involved what they were "taking from" each other and/or "putting into" each other. To put it in jargon, these phantasies were connected to the projective and introjective processes with which these infants and small children navigated their daily relationships to the mother and all other people.

Klein began to see patterns of emotional responses that were elemental and universal, and invariably connected to these concrete projective and introjective phantasies. I will highlight these patterns as follows:

1 – Evacuation of unwanted states of mind/body leads to a phantasy that the world outside oneself is now containing those unwanted elements and becomes a source of anxiety that those unwanted elements will in some fashion harm one back in retaliation. Klein gave this general state of mind the name "persecutory anxiety." The implicit idea is that something had been projected outside oneself and now was coming back at the self with whatever quality and motive had been involved in the original projection, only intensified in those same realms. [Note: See following sections on the Paranoid Schizoid Position and Projective Identification for elaborations of this point.]

2 – As the infant matures and can hold on to both positive and negative feelings toward the same person, he is subject to situations in which he can momentarily feel "mean" toward a person and want to hurt them, but then also realize that he loves that person and therefore wishes to fix the imagined damage while feeling mean. Klein gave this the unfortunate name of "depressive anxiety." It is not linked to depression. To the contrary, it is a very constructive state of mind in which concern for the welfare of the other leads to loving, constructive, reparative urges. [Note: See following section on the Depressive Position for elaboration of this point.]

With these concepts, Klein created two modifiers that can now be used in any emotional situation to potentially differentiate (1) whether the feelings are felt to come from inside or outside oneself, and (2) whether they are felt to be positive/constructive or negative/destructive.

This new distinction is very useful in the realm of the critically important emotion – guilt, separating it into (1) persecutory guilt, and (2) depressive guilt. [Note: Both of these are covered in detail in the sections on the Depressive Position and Manic Defenses.]

1 – "Persecutory guilt" feels like one is being attacked from the outside by someone who wants us to feel guilty. It is often accompanied by a belief that the situation is unfair in some way there is often a sense that the guilt could be evaded by the "self" if someone wasn't blaming from the outside.

2 – “Depressive guilt” is more akin to guilt in its proper sense. It implies more of an ownership of and responsibility for whatever damage is imagined to have been done to the object that is now in need of repair in order to restore the object to its proper, healthy state.

The issue of locating the source of the anxiety related to projective processes can have an additional layer of complexity that is very tough for the beginning mental health professional to sort out. I stated that persecutory anxiety is experienced as coming from outside the self. But that does not have to literally mean that it is coming from outside the body of the individual who is feeling the persecution. While it is true that projections are usually into an object outside of one’s physical self, they can also be into an object that is inside one’s body in one’s own internal, psychic, unconscious, inner world.

Remember in Module One we discussed a model for the composition of the unconscious inner world as being usefully pictured as populated by a handful of rather permanently fixed pairs of relationships. These relationships are imagined to be between a part of self and for the most part, a good or bad version of mom or dad.

In Freud’s terminology, these versions of mom and dad create what he referred to as the “super-ego.” According to Klein, while not explicitly described as such, these versions of mom and dad form one’s “internal objects.” So the layer of complexity that we can add is that the infant or child can project into these figures who are not “self” but are “inside” one’s body in one’s internal psychic reality structure – one’s “unconscious internal world”- or to use another common term – “psychic reality.”

So when Freud said someone had a “harsh super-ego,” we could translate that in Kleinian language into saying someone has “persecutory internal objects.” In other words, the feelings of guilt are not coming from self, but from internalized versions of mom or dad – rather than an external figure in the world outside one’s physical body.

Thus far, we have largely given anxiety the significance of being the physiologic, primitive counterpart of more elaborated emotional situations. We have differentiated anxieties so that those outside the self are not necessarily outside the body, as projections can be into objects in the outside world and/or into objects in the internal psychic world.

We then used this distinction of inside or outside self to differentiate the origin of the emotion of guilt as coming from inside oneself or outside oneself, the former representing guilt in its more proper sense. The persecutory guilt may have some depressive guilt connected with it, or it may be more related to manic defenses as will be explained later.

This now segues to our final topic for this section: Depressive anxiety. This will require that we differentiate it from the related term that is actually quite opposite Klein’s meaning even though both have similar sounding names.

Depressive Anxiety versus Depression:

If Klein opened a can of worms with her unfortunate use of the term “projective identification” in her 1946 paper “Notes on Some Schizoid Mechanisms,” she made a similar mess with her earlier choice of the term “depressive position.” It is more confusing than it is complex.

The first issue is that Klein’s intended use of the word “depressive” is good, and should not be confused with the emotional state of depression, which is evidence that something has gone awry and has become problematic. When Klein uses the word depressive – for instance in the term “depressive position” – she means something closer to idea of “concern for the welfare of the object.”

This will be discussed in detail in the following section on the Depressive Position. What needs clarification here is that if one is concerned for the welfare of one's objects, whether they are in the outside world or represented in one's internal psychic world, caring about their welfare, and trying to make repairs – if they are felt to have been harmed by one's thoughts, feelings, or actions, this does not lead to depression.

This caring may lead to guilt in its proper sense (i.e. Klein's depressive guilt), and the guilt may be very painful, but that is not the same as depression. Depression is a large, complicated topic, but for our purposes in this section, it can be simplified in a manner that I find clinically useful. Whenever I see someone who is depressed, I assume that it is at least in part a failure to marshal a concern for the welfare of the object or relationship felt to have been damaged. In Klein's terms, it is a failure to move to a posture of concern for the welfare of the object, an inadequate amount of depressive concern.

The reason for this failure can be developmental, deeply unconscious, and complex. But the essential point is that there is one or more relationships and/or individuals in one's internal world that are in a state of neglect, damage, or complete destruction that are not being faced or dealt with constructively. I will try to categorize a few such situations to make the point more recognizable:

1 – Sometimes this is a traumatic, developmental event from early infancy that is unrecognized but results in a permanent, sad or negative stamp to the personality because of that individual's unique response to the situation. Prematurity, adoption, colic, a premature weaning from the breast, a sibling born too soon after the older infant, and early separation from mom or depression in mom, etc. might all represent situations in which the infant could feel harmed his object and cannot repair the damage. He may have no idea consciously how to even think about his states of mind, much less recognize and try to remedy his harm to an object.

It is important to note that all of the above-mentioned situations could have resulted in some emotion other than depression. They could have resulted in sadness, or guilt, or various anxieties, without depression. It is each individual baby's or child's phantasies about the situation and reaction to those phantasies that matters.

2 – While the situations listed above are very early events, any of them may predispose the personality to depression without actually leading to depression in early childhood. It is sometimes that a later event opens up the earlier can of worms that was held in check despite its potential to become problematic. So events such as the parents divorcing later in the individual's childhood, the death of a parent or sibling later in childhood, a divorce or loss of a job later in life, a parent or sibling's death later in life, etc. can bring back to the surface the earlier issue that was never addressed or resolved.

The essential point to be made here is that Klein pointed out that any difficult or traumatic event later in life will overlay and reawaken all earlier similar issues. The successful resolution of the current situation will require attending to and at least partially addressing the earlier ones.

3 – More severe emotional disturbances all have something in common: Violence in the emotional response of the infant. That tendency to violence becomes an equal opportunity offender. It gets directed everywhere, at the object, at the self, and even at the mental apparatus capable of experiencing it all.

This brings us to a class of depression that is a result of destructiveness, whether out of a lack of frustration, tolerance, out of unconscious envy, or whatever may predispose that individual's internal world to be populated by damaged figures who are not repaired. This is the realm of serious chronic depression, psychotic depression, homicide, and suicide.

To a lesser extent, any of these is possible in a more ordinary individual, often as a result of a relationship with a parent or sibling that has not been addressed or fixed, and may have a significant component added by the other individual's unreasonable or problematic behavior.

To summarize, Klein's depressive concern for the welfare of the object leads to attitudes and behavior that are constructive and do not result in an internal situation where harm has been done but not addressed and repaired. Depression is the exact opposite situation. Harm is imagined or actually being done but not owned, addressed, and repaired. The internal world then contains damaged, depressing objects and the situation is ripe for a clinical depression.