Imagining Fear: Attachment, Threat, and Psychic Experience

Arietta Slade, Ph.D.
Yale Child Study Center and The City University of New York

Attachment theory is today considered an integral part of contemporary psychoanalytic theory and practice, and yet the theoretical and clinical implications of Bowlby’s emphasis on fear and the search for safety have been largely overlooked. From Bowlby’s perspective, the dynamic relationship between the experience of threat and attachment shapes the development and maintenance of essential relationships, the organization of psychic structure, and the nature of defenses and adaptation. This element of attachment theory—which alerts us to the ways in which the infant or child is compelled to seek safety when in a state of fearful arousal—is particularly relevant to the clinical situation. It helps us imagine moments of fearful arousal in our patients’ pasts, attend to their manifestations in the present, and understand current suffering in light of the long-term sequelae of adaptations that were crucial to survival. Finally, it helps us find language that brings alive or mentalizes these aspects of the patient’s early experience such that transformation is possible.

... it is certain that the problem of fear is the meeting point of many important questions, an enigma whose complete solution would cast a flood of light upon psychic life.

— Freud (1920, p. 340)

Examination shows... that, so far from being irrational or foolhardy, to rely initially on the naturally occurring clues to danger and safety is to rely on a system that has been both sensible and efficient over millions of years. For, it must be remembered, we have but one life.

— Bowlby (1973, p. 139)

Twenty years ago, attachment theory was all but absent from psychoanalytic discourse. Today, it is an integral part of many elements of contemporary psychoanalytic theory and practice (see Fonagy, 2001; Mitchell, 1999, Slade, 2000, 2008a; Seligman, 2003; Wallin, 2007). Nevertheless, Bowlby’s (1969, 1973, 1980) crucial emphasis on the role of fear in the development, maintenance, and distortion of attachment relationships has been largely missing from psychoanalytic translations of attachment theory. This is unfortunate, as this particular element of attachment

1 The relative failure of psychoanalysis to emphasize this element of attachment theory is particularly surprising given the past two decades’ work on the role of fear in the development of disorganized infant attachment and unresolved adult attachment (Carlson, 1998; Hesse & Main, 1999; Lyons-Ruth, Bronfman, & Atwood, 1999; Main & Hesse, 1990; Main & Solomon, 1990), as well as Lieberman and her colleagues’ work on trauma and early attachment (Lieberman & Van Horn, 2008). Indeed, it was an offhand but trenchant comment by Karlen Lyons-Ruth (personal communication, April, 2003) that first really alerted me to the role of fear in attachment.

Correspondence should be addressed to Arietta Slade, Ph.D., 8 Hodge Road, Roxbury, CT 06783. E-mail: arietta.slade@yale.edu
theory has the potential to expand the way we think about early relational experiences and the development of the mind. Specifically, it alerts us to how the infant or child is compelled to seek safety when in a state of fearful arousal and helps us to understand our patients' current suffering as long-term sequelae of adaptations that were crucial to survival. In addition, it helps us find language that brings alive or mentalizes these aspects of the patient's early experience in potentially transforming ways.

The aim of this paper is to address the importance of thinking about fear and threat as central affects in the organization of psychic experience and in clinical work. I begin with a consideration of the fundamental aspects of Bowlby's thinking about the development and organization of attachment, and particularly the dynamic interplay between attachment processes, fear, and exploration in the development of psychological life. I then briefly review some of the ways his seminal ideas have been affirmed by advances in affective neuroscience and explore various of the reasons for the relative neglect of fear and the search for safety within psychoanalysis. Finally, I discuss some of the implications of incorporating a more complete attachment theory into clinical theory and practice.

THE PLACE OF FEAR IN ATTACHMENT THEORY

Attachment theory is first and foremost an evolutionary theory (Simpson & Belsky, 2008). Bowlby saw the predisposition to become attached as evidence of our evolutionary heritage, namely, the instinct to survive. Without attachments, we would perish, physically and psychologically. Bowlby also saw the detection of threat as evolutionarily privileged. Always primed to sense and respond to danger, the attachment system is mobilized by the child's perception of threat, which leads him to avoid the aversive stimulus and seek safety. In most species, young, and of course in human infants, the experience of safety is usually achieved via proximity to the parent. Thus, except in rare circumstances, the child will seek the protection of his "stronger and wiser" caregiver who is in danger.

In their seminal paper on the role of fear in the development and organization of attachment, Hesse and Main (1999) noted that the attachment and fear systems are fundamentally and irrevocably tied to each other, operating "cohesively and in tandem" (p. 494) to promote and ensure survival. "The attachment system must necessarily be closely intertwined with the fear (or "escape") system... for the primate infant, the attachment figure is the single "location" which must be sought under conditions of alarm" (p. 494). As a result, the child is primed to detect threats to this relationship:

Whether or not attachment behavior is displayed at a given time, the young attached individual must at some level continually attend to the safety versus threat implicit in current conditions, while simultaneously monitoring the location and accessibility of those attachment figures upon whom its survival depends. (p. 494)

As Bowlby emphasized repeatedly, the search for safety leads not only to physical safety but also to the safety that comes through relationships. Relationships, after all, are a basic remedy for fear—of loss, of annihilation, of psychic emptiness—and offer us the deepest expression of
our humanity. Ideally, both proximity and safety in closeness are easily and readily achieved. When they are not, the child must adapt in whatever ways are necessary to achieve and maintain such proximity; in this, he will do what is necessary to survive. These adaptations form the essential contours of his psychic life. Adaptation, of course, plays a crucial role in evolutionary theory. As Darwin repeatedly emphasized (Darwin, 1871/1981), without the capacity to adapt, survival would be impossible. Indeed, Bowlby (1969) noted that “not a single feature of a species’ morphology, physiology, or behavior can be understood or even discussed intelligently except in relation to that species’ environment of evolutionary adaptedness [emphasis added]” (p. 64). Thus, the development and organization of human physiognomy, anatomy, and mental life can be understood as emerging as a lawful function of the individual’s adaptation to the exigencies of his actual, lived relationships.

Fear and threat detection shape not only an individual’s ways of seeking safety and closeness but the expression of exploration as well. Like the proclivity to find comfort in others, discovering the world of people and things plays a key role in our survival; it is how we come to make sense of the world around us. To a great extent, fear is also a necessary guide for exploration—without it, infants would be in great danger once they became mobile. Optimally, fear is diminished by the attachment figure, grounding exploration in a feeling of safety, authenticity, and freedom. Ongoing fear, however, disrupts exploration and modifies the child’s natural discovery of the world.

There is yet another dimension to the complex interactions between attachment, exploration and fear: the caregiver’s response to them. Bowlby described the “caregiving system” as reciprocal to the child’s attachment system. Like the attachment system, it is evolutionarily selected and insures that the parent will protect the child when he is in danger. But of course, as Bowlby noted (and psychoanalysts know all too well), the caregiving system can become quite distorted and disabled, such that parents can fail to protect their children or be dangerous to the child themselves. In fact, much of the second volume of his attachment trilogy, Separation (Bowlby, 1973) focuses on the ways in which parental actions as well as wishes, fantasies, and projections can make the parent–child relationship quite unsafe. In light of this, it is important to emphasize that from the child’s perspective, the representation of threat and its outcome invariably incorporates the caregiver’s response to his fearful arousal and need for safety.

Lieberman, whose work on the impact of fear and trauma on early attachment has dramatically shaped contemporary attachment theory and practice, put it simply:

Young children’s inner lives are rich and complex, organized around their primary emotional relationships, and governed by a logic only dimly accessible to adults. The affective tones of their experience . . . become embodied in who they become, shaping their sense of self, their trust in others, and their confidence in learning about the world. The momentum toward healthy development is built on the foundation of parental protection (Bowlby, 1969; Ainsworth, Blehar, Waters, & Wall, 1978). Babies and young children thrive when they feel secure in their parents’ care as they experiment with their bodies, relationships, and physical environment. When the child cannot feel safe because the parent is consistently unavailable, unpredictable, or frightening, the basic conditions that promote early mental health are severely undermined. (Lieberman & Van Horn, 2008, p. 1)

When this occurs, the “internal and external dangers” that are part and parcel of everyday life move from “stress to trauma” (p. 13), derailing development in a myriad of ways. The caregiver’s projections and attributions (Lieberman, 1999), her “ghosts in the nursery” (Fraiberg,
Adaptation, Fear, and Attachment Organization

Over the past 35 years, attachment research has affirmed the idea that the experience of safety in both closeness and exploration leads to secure attachment, while the inability to feel safe in either closeness or exploration leads to insecure attachment. Bowlby and Ainsworth, who elaborated his work in a number of crucial ways (Ainsworth, Blehar, Waters, & Wall, 1978), used the term “secure” attachment to refer to the degree to which a child feels secure in the knowledge (often implicit) that he will be protected and his fear regulated. By contrast, “insecure” attachment referred to the child’s insecurity about his caregiver’s availability in the face of threat, and the degree to which needs for safety and closeness must be defended against or distorted so as to preserve whatever relationship is possible with the caregiver. Thus, attachment organization provides a way of describing how an individual has adapted to his caregivers’ ability—or lack thereof—to provide a haven of safety and respond helpfully to fear. These adaptations—more inflexible and defensive in insecure organizations—ultimately define crucial elements of an individual’s character and internal experience.

Ainsworth (Ainsworth et al., 1978) first described two types of insecure attachment: the avoidant and resistant patterns of attachment. Later, Main & Solomon (1990) were to make a distinction between these “organized” patterns and what they termed the “disorganized” category of attachment. Rather than the more strategic efforts to achieve safety typical of avoidant and resistant patterns, disorganized attachment develops when the child is not able to find an effective way of seeking safety in the face of threat. This is most likely to occur when the caregiver is either frightened or frightening; when this occurs, the “attachment figure . . . is at once the source of and solution to its alarm” (Main & Hesse, 1990, p. 163). This insoluble dilemma has the effect of immobilizing or dysregulating both the attachment and exploration systems, leaving the child without a coherent and effective way to defend against threat and fear, and prone to dissociation, dysregulation, and disorientation (see Lieberman & Van Horn, 2008; Lyons-Ruth & Jacobvitz, 2008).

It is important to emphasize that while disorganized attachment certainly reflects the most disrupted forms of careseeking and caregiving, the threat detection system has been distorted in all three insecure patterns. Contemporary attachment theorists and researchers have been inclined, as the phenomena are so dramatic, to focus on the role of fear in disorganized attachment organization, rather than in insecure attachment more generally. But as Hesse and Main (1999) pointed out, insecure children, in general, have no choice but to “continuously attend to the safety versus threat implicit in current conditions” (p. 494). As a consequence, the child’s experience of threat—in both organized and disorganized forms of insecure attachment—is necessarily intertwined with his caregiver’s experience of and response to his fear and need for comfort.

Recent literature on stress reactivity and attachment (see Cassidy, Ehrlich, & Sherman, 2013; Lieberman & Van Horn, 2008) supports the notion that while insecure babies’ adaptations may ensure proximity of one limited sort or another, they do not eliminate fearful arousal (e.g., Cicchetti, Rogosch, Gunnar, & Toth, 2010). Insecure infants show heightened stress reactivity from very early on (Gunnar & Quevedo, 2007), presumably as a function of the absence of the type of sensitive maternal care that would buffer stress reactivity (Cassidy et al., 2013). That is, in all three insecure adaptations, the threat detection system remains—to a greater or lesser extent—in a state of activation, inadequately or maladaptively regulated by the caregiver. What distinguishes the organized and disorganized insecure patterns from one another is the
degree, intensity, and relational quality of the threat. That is, there are the large and traumatizing impacts of frightening caregivers (that lead to disorganized attachment), as well as the more chronic distortions of the fear system (that lead to more organized forms of insecure attachment). Both, however, lead to a considerably less elastic and flexible stress regulation system and what are likely significant implications for a range of later developments. As Cassidy and her colleagues (2013) put it, "Understanding the child’s response to threat is fundamental to understanding virtually all aspects of the child’s well-being, including social, emotional, cognitive, and physiological functioning, as well as the development of psychopathology and physical disease" (p. 126).

For many years, attachment researchers tended to think of attachment organization as solidifying during the second 6 months of life, with the child seeking care and safety from the caregiver in increasingly organized and patterned ways. The consolidation of attachment representations was thought to coincide with the emergence of purposeful crawling and walking, and with increased exploration. It was also thought to coincide with the first overt manifestations and expressions of fear, which serve both as the triggers for proximity seeking and to the caregiver. While it is indeed the case that, except in cases of severe trauma (Gaensbauer, 1982), children tend not to display fear until they are around 8 or 9 months old, recent advances in the study of threat detection make it evident that the threat detection system is in place from the earliest days of life (Gunnar & Quevedo, 2007; Hoehl, Weise, & Striano, 2008; Porges, 2011; Striano, Stahl, Cleveland, & Hoehl, 2007), as variously measured by the activation of the HPA axis, cortisol levels, heart rate, and the assessment of attentional strategies. What this suggests, which of course makes perfect evolutionary sense, is that we are primed, from the beginning of life, to assess risk to our survival. These assessments are automatic and not reflective, and—as they occur in primitive form from birth onward—are not mediated by the frontal cortex. Although they certainly will become an aspect of later representations of self and other, the assessment of and response to threat takes place within the limbic system, notably the amygdala (LeDoux, 1996). As neither are mediated by cognition or language, and become—as it were—embodied, they are highly resistant to change. LeDoux (1996) noted that "not only is fear conditioning quick, it is also very long lasting. The passing of time is not enough to get rid of it" (p. 145).

The work of Porges (2011) is particularly relevant to the question of attachment organization and fear. In his polyvagal theory, Porges used the term "neuroception" to describe how "neural circuits distinguish whether situations or people are safe, dangerous, or life-threatening" (p. 11). In the absence of threat, a series of neurophysiological responses occur that facilitate prosocial behaviors (i.e., smiling, maintaining eye contact, vocalizing, etc.) and allow for "immobilization without fear." Thus, in the absence of threat, an individual can relax fully in the presence of the other and be open to social engagement. The detection of threat, however, provokes "defensive behaviors such as fight, flight, or freeze" (p. 11), which are manifested in posture, gaze, prosody, and affect tone. The most severe danger provokes what Porges referred to as "immobilization with fear." Often described as the "paw of the lion," it is a form of physical collapse in which lowered heart rate and blood pressure mimic death in the face of unspeakable fear. The link Porges made between the perception of danger to primitive defenses is remarkably concordant with the resistant (fight), avoidant (flight), or disorganized/disoriented (freezing) patterns described by attachment researchers. As Porges aptly noted, again echoing Bowlby, these adaptations ensure safety.
ATTACHMENT, FEAR, AND PSYCHOANALYSIS

For a number of reasons, Bowlby’s attention to the place of fear and the search for safety in psychological development has been largely overlooked in the integration of attachment theory into psychoanalytic metapsychology (but see Holmes, 2009). Today, within psychoanalysis, “attachment” has become a global term used to refer to the importance of early relationships, and to the deleterious effects of their disruption. While not incorrect, this interpretation is incomplete. In particular, it effectively softens the radical, paradigm-shifting elements of Bowlby’s contributions, and in particular his efforts to reformulate aspects of psychodynamic theory and practice in accord with evolutionary theory and other aspects of contemporary science and ethology, a position that inherently privileged fear and the search for safety in the development of psychic life.

The reasons for the relative failure of psychoanalysis to take up this element of Bowlby’s theory are complex. As it began to take shape, Bowlby’s focus on attachment directly challenged Freud’s emphasis on the primacy of libidinal and aggressive drives, long the “sacred cow” of psychoanalysis. Bowlby’s focus on the role of real experience in the organization of psychic life also ran contrary to Freud’s rejection of the seduction theory. Bowlby believed strongly that these aspects of classical psychoanalysis (within which he certainly included Kleinian theory) were contrary to evolutionary theory (where environmental influence is profoundly linked to every aspect of development), as well as biology and ethology. He also felt that the emphasis on “neurotic anxiety,” namely, anxiety in relation to one’s own impulses, and in particular one’s aggression, had led psychoanalysts to overlook the impact of real fear on development. While Bowlby’s “new” instinct theory was largely scorned within psychoanalytic circles, it had in fact been foreshadowed by Freud’s (1926) own final theory of anxiety in Inhibitions, Symptoms, and Anxiety, in which he addressed the profound impact of fear of the loss of the mother on psychic development. While this late shift in Freud’s work was not to have as much impact as it might have on psychoanalytic theorizing of the time, it was in fact quite concordant with many of Bowlby’s views. And, interestingly, although Klein’s (1932) notion of the schizoid and depressive positions inherently recognizes fear of annihilation as intrinsic to the child’s earliest experiences, her failure to locate such fear within the framework of the mother–child relationship as well as her insistence on the primacy of aggression ensured the schism between her work and Bowlby’s.

Aside from his reservations about the lack of a scientific base for classical psychoanalysis, certain elements of it made little sense to Bowlby clinically, who spent his formative years working with antisocial adolescents and with children and their families in community guidance clinics. What he saw in these situations were individuals whose psychic lives were profoundly affected by reality, and particularly by disruptions in their earliest relationships. This clinical experience combined synergistically with his scientific orientation as well as his observations of children separated from their parents in wartime, leading him to place early relationships at the center of his theory and to emphasize the crucial role of fear and threat detection in preserving and protecting these relationships. In this, he reversed Freud’s (and Klein’s) emphasis on the aggressive and sexual drives as triggers for anxiety, and instead privileged fear as the trigger for aggression and

---

3See Breger (2000) for a discussion of how these aspects of Freud’s theory may be seen as adaptations to his own early relational experiences, and in particular his history of loss and trauma.
distorted sexuality (see also Slade, 2008a, 2008b). In addition, he became one of the key voices in British object relations theory.

The psychoanalysis against which Bowlby rebelled, and from which he was expelled (Holmes, 2014) is no longer dominant. Both relational and contemporary Freudian approaches place great emphasis on the impact of the child’s earliest relationships (Seligman, 2003), and offer a pluralistic and complex motivational and developmental theory (Pine, 2006) where sharp distinctions between external and internal, fantasy and reality, anxiety and fear are no longer as rigid as they once were. Trauma and its many sequelae have become a part of the language of psychoanalysis (Bromberg, 1998; Davies & Frawley, 1994), and analytic clinicians now have ample experience with trauma and with challenged populations of the sort Bowlby described (Lieberman & Van Horn, 2008). In a myriad of ways, the positions and populations that defined classical psychoanalysis in Bowlby’s times and evoked his calls for change have evolved dramatically.

**IMAGINING FEAR**

This core principle of attachment theory—that psychic life is organized around the attempt to achieve safety from threat and in connection to others—has great relevance for clinical work. It is far more relevant, for instance, than identifying an individual’s attachment classification. Attachment classifications reflect dynamic efforts to regulate fear and anxiety, and it is these dynamics rather than the categories themselves that deserve our clinical attention. In point of fact, because defenses are invariably destabilized by the treatment process, the notion of well-demarcated categories is of little utility clinically (Slade, 2008a); attunement to the dynamics of attachment, fear, and exploration is, by contrast, enormously useful.

This attunement begins, on our part, with the attempt to imagine our patients’ experiences of fearful arousal in the past and attend to their dynamic efforts to regulate fear and threat in the present. For example, when I imagine an adult patient’s past, I try to imagine early threats to her safety. What happened when she was fearfully aroused, threatened, or needy? What did she find in the eyes and minds of those she most relied upon? Did she have to adapt the expression of her needs in a way that minimized the threat of losing the protection of even the most limited or barren intimacy? How did she do this? What do I imagine were the outcomes of early efforts to maintain proximity when threatened, either by external dangers or the parent’s unavailability? And how are these reflected in the present? What is the fate of moments of fearful arousal, both inside and outside the treatment context? What is the relational fate of needs for safety?

The data for my attempts to imagine long ago moments or ongoing states of fearful arousal are many (see Slade, 2004): facial expressions, bodily postures, memories, fantasies, narrative structure or incoherence (Daniel, 2014, in press; Main, Kaplan, & Cassidy, 1985), the dynamics of everyday interactions, of the organization and function of defenses. There are, of course, the data of “implicit relational knowing” (Lyons-Ruth et al., 1998), the data of transference and countertransference reactions, and particularly the data of the activation of my own fear and sense of threat. Such complexity is not surprising: After all, to paraphrase Bowlby, the attachment system has worked for millions of years, mine being no exception!

I see our capacity to imagine these states of fearful arousal in the past and hold them in mind for the patient as crucial, as is our capacity to recognize them as they occur in the present and in relationship to us. The more we are able to see and name experiences of fearful arousal and their
dynamic and relational sequelae, the more we will be able to find metaphors that are containing and meaningful, and attend to crucial dynamics within the treatment relationship. To put it another way, the more we appreciate the many ways our patients—like their mammalian forebears—are moving toward and away from the other in their search for security and love, the more we will succeed in finding metaphors and language that capture these core human experiences, thus helping our patients to make sense of and regulate them. Understanding, containing, and hopefully transforming the dynamic functioning of the fear/security systems is at the heart of what we do.4

The language that we use at these moments is very important. It has been my experience time and again that framing a patient’s experience in terms of the search for safety can be experienced as both compassionate and soothing, and can dramatically lessen resistance. While there is of course room for the interpretation of aggression, particularly in a well-established and safe therapeutic relationship, outside the context of safety it can often be experienced as an assault that because it is threatening must be met with resistance, defensiveness, and hostility. Thus, we endeavor in whatever way possible to use our relationship with the patient to soften rather than inflame fear and the rigid, impermeable defenses erected against it. And, it should be noted, opening ourselves to fear can soften our own defenses as well. As fear is imagined and named by the therapist, and gradually tolerated and accepted by the patient, compassion and forgiveness are mobilized in both.

This perspective adds a dimension to relationship-oriented analytic approaches by augmenting attention to the specific dynamics of fear and the search for safety (see also Diamond, 2004; Sandler, 1960). In addition, it offers an alternative to some Freudians’ and Kleinians’ emphasis on the primacy of the aggressive drive, and supports a more broad relationally and affectively oriented perspective. Many analytically oriented clinicians, even those who have consciously rejected drive theory, and are well aware of the force of primitive anxieties, can still sometimes be inclined to hear aggression rather than fear as the latent content, the root cause of an individual’s pain and suffering. While there are times, of course, when this is the case, the tendency to hear aggression as “primary” is I believe, one of the enduring legacies of classical analysis, embedded in psychoanalytic culture with ongoing, yet largely unacknowledged and unrecognized repercussions for our work today. In suggesting that we become as adept at imagining and observing moments of fearful arousal as we have become to hearing defenses against such threats, I am hoping to correct some misconceptions that have led us to mistake the “fruit” for the “roots,”5 mistaking defenses for the experiences that triggered them.

FEAR, SAFETY, AND THE CLINICAL PROCESS

I now turn to a description of my work with two adult patients; for both of them, the dynamics of fear and the search for safety were fundamental to the content and structure of their psychic life, to the nature and function of their defenses, and to the ways that they regulated affect and relationships. It is important to note that while I focus in these vignettes on the fate of moments

4Of interest, a number of mother–infant interventions have focused specifically on helping mothers both recognize and regulate their infants’ fear, and to avoid frightening their babies (i.e., Fraiberg, 1980; Powell, Cooper, Hoffman, & Marvin, 2013).

5I thank Alicia Lieberman for this wonderful metaphor.
of fearful arousal, these are both long-term, analytically oriented treatments, with many other complex dimensions. And while these cases both reflect extreme examples of the sequelae of fearful arousal, there are many, albeit more subtle, indices of threat and its various iterations in work with many patients. Attending to these allows us to witness their search for safety in their psychic organization, in their relationships, and—of course—in their connections to and breaches with us.

Cynthia

Cynthia came to treatment at the suggestion of her daughter’s therapist, who bluntly told her she was “really angry” and needed help. Cynthia, both offended and hurt, nevertheless compiled in an effort to lessen cyclical, destructive, and relentless battles with the preteen Luisa (see Slade, 2007). Their fights typically began with Luisa’s “misbehavior,” which would lead Cynthia to become frighteningly, toweringly enraged. When Luisa was young, her misbehavior was most often no more serious than spacciness and distractibility; as she grew older, however, she became actively defiant and quite provocative. In the early years of treatment, Cynthia felt almost entitled to her rages, and could not see how she might have contributed to Luisa’s provocations. As time went on, however, she began to appreciate her own role in triggering the fights. She would then feel intense guilt and remorse, and would be eager to make reparation.

As we came to understand it, Cynthia was intensely triggered by her daughter, such that mothering became inextricably linked to threat. The reasons for this were complex. Luisa was from the start a demanding child who was difficult to contain and soothe; she was diagnosed at 2 with ADHD, and later with a range of executive functioning difficulties. Thus, in a variety of ways, Cynthia experienced her as chaotic and overwhelming child to mother. In addition, Luisa was born following a nearly fatal miscarriage, and Cynthia’s marriage began to deteriorate seriously after Luisa was born. These circumstances intersected with Cynthia’s own traumatic history in a powerful way, such that—in some sense—Luisa’s very way of being was frightening, even traumatic for her mother.

Cynthia’s was a childhood of terror and chaos. She and all of her siblings were physically abused by their alcoholic father, although the most sadistic and likely sexual abuse was reserved for her brothers. Her mother, terrorized by her husband, was herself terrorizing to her children, but in a more insidious way. The chaos of her parents’ severe alcoholism and psychopathology were the inevitable prelude to violence and degradation. Cynthia’s psychic reality, her needs for safety and comfort, were obliterated and distorted throughout her childhood; dissociation and derealization provided her what little safety she had. And now, her daughter’s chaos and neediness (itself of course multitudinous) triggered frightening aspects of Cynthia’s relationship with her violent and sadistic parents. Luisa became her threatening tormentor and had to be violently repelled. While Luisa responded to her mother’s rages with fear as a young child, she later responded with compensatory, identificatory rages of her own, which once again left Cynthia feeling helpless, humiliated, and threatened, just as her psychic reality had been obliterated by her parents, it felt obliterated again. This dynamic, where helplessness and hostility go hand in hand, has been beautifully described by Lyons-Ruth and her colleagues as one of the key features of disorganized attachment (Lyons-Ruth et al., 1999), in which the child’s fear and the parent’s response to it live on internally, yoked together in dynamic reciprocal fashion. Thus, Cynthia and
Luisa alternated between being the persecuted and persecuting, the aggressor and the victim, the frightened and the frightening.

In my work with Cynthia, we spent a great deal of time talking through these fights, which were often a daily occurrence. I focused on the crucial moments in these fights: the moment when Luisa “misbehaved,” Cynthia’s immediate experience of shame, invisibility, and helplessness in the face of threat, the moment when Cynthia would become enraged, the moment when Luisa became afraid, ashamed, and humiliated, and the moment when Cynthia softened and—eventually—felt guilty. I used experience near language and tried to focus on each of their mental states in my discussions with Cynthia. It was from these present moments that we would travel back to Cynthia’s past. As this process unfolded, the dynamics of attachment, fear, and trauma became palpable. Internally, I paid attention to my own feelings of being overwhelmed by Cynthia, of feeling frightened, shut out, and helpless, along with my own moments of contempt and anger.

Rosita

Rosita came to me at 32 suffering from crippling anxiety. She reported unrelenting panic attacks, night sweats, and uncontrolled trembling; she could not sleep without the light and the TV on. She suffered from a number of GI symptoms as well. Most crippling, however, was her obsession with dying, and her certainty that she was terminally ill. When I first saw her, she was in a nearly constant state of panic. Surprisingly, however, she was highly functional. After graduating with honors from a prestigious university, she had begun a highly successful career as a lawyer.

Rosita described a largely unremarkable but happy childhood. An only child born to highly successful Mexican American parents in Southern California, she was surrounded by a large and loving extended family of grandparents, aunts, and uncles. In one of our early sessions, she mentioned, seemingly in passing, that an intruder broke into her family’s home while her father was travelling on business and savagely attacked her mother when she was 6. Rosita had supposedly slept through this attack, and every attempt was made to shield her from its sequelae (which were, indeed, traumatic for the whole family). When she awoke to her uncle’s taking her to his home in the middle of the night, she was told that there had been an electrical short and that she and her mother were moving for their safety. The incident itself was never discussed or acknowledged until Rosita was an adult.

Rosita had no hypotheses for the causes of her anxiety, which had in fact been a constant presence throughout her childhood. She remembered being an anxious and sensitive child who worried that something terrible would happen while she was away from home; she worried about someone breaking into the house at night. Her family told her time and again that there was nothing to be afraid of. After several sessions, I gently wondered whether her long history of anxiety might have something to do with the attack on her mother. She had not in any way linked this event or its sequelae to her anxiety, which given her parents’ denial that anything had happened was unsurprising. And yet, within the context of treatment, offering Rosita this simple explanation was like offering water to someone desperate with thirst; it was as if I had given her a lifeline. After all, she was supposed to have slept through the attack, and I had, in effect, given her permission to acknowledge that she had at some level known what had happened, and that her symptoms, so troubling and humiliating to her, had meaning. From that point on, without medication, her symptoms began to get better. Within several months, she was able to sleep
through the night, she no longer had panic attacks, and she could defuse her fears of dying when they cropped up.

Shortly after my beginning to draw links between the attack on her mother and her terror, she told me that in revisiting the night of the attack (some aspects of which she remembered very vividly), she realized that she had in fact been awake when the police arrived and that she had feigned sleep: her life and her mother’s threatened, she was, to use Porges’s term, “immobilized with fear.” This did not surprise me at all, despite the fact that in the family’s narrative she knew nothing of what occurred. It seemed far more likely that she had heard something. She was a sensitive and highly attuned little girl. Months after her having told me that she was in fact awake when the police arrived, she remembered hearing the front door slam and heavy steps pounding up the stairs heading toward her parents’ room.

These excruciating moments of fearful arousal came to organize Rosita’s relationship to herself, to her parents, and to others close to her. (And of course, the obverse was also true; these moments defined her parents’ relationship to her as well.) Rosita, at age 6, in a moment of extreme threat, was faced with an unbearable dilemma. She heard things that she knew very well signaled extreme danger, and yet she also heard things that told her that it was not safe to seek the comfort of her mother’s arms. Indeed, I think she heard enough to know not only that she could not go to her mother, and that her mother was in extreme danger. She also knew that she could do nothing to protect her mother or herself. I am sure she was too frightened to do anything but lie in her bed and feign sleep. It was the only defense she had available to her at such a young age. But the terror lingered on for decades, decoupled, as it had been in her childhood, from the events that triggered it.

Rosita was a traumatized child who had to contend with the effects of having been completely unable to seek comfort when frightened at the same time that she faced the possibility of her mother’s and her own demise. Layered upon this was the most devastating sequela of the event, namely, her mother’s being from that point on both frightened and (by virtue of her own trauma) frightening. Her subtle unavailability and self-absorption were a sharp contrast to the way she had been before the attack. Rosita’s response to these profound changes and losses remained, however, unexplained, as the event was not acknowledged; her parents could not acknowledge her trauma, or the extent of its impact on their family. She just felt it and knew it. And the event that they wished to protect her from defined her psychic experience as profoundly as it did theirs.

**CODA: HOLDING FEAR IN MIND**

In these case discussions, I have highlighted listening for and thinking about patterns of fearful arousal, for moments—in the session, or in a patient’s ongoing relationships—that speak to how fear was regulated in early experience and took hold in psychic experience. This does not supersede or substitute for other kinds of dynamic thinking, or attention to transference, repetition, and so on. Rather, I feel that it adds something important to my understanding of the patient, and allows me to speak to the power of these organizing moments. It is my experience that putting the search for safety and its sequela into words can be both liberating and enormously soothing. In my work with both Cynthia and Rosita (as well as with many patients), I tried to imagine and link moments of fearful arousal—in the past as well as in the present—to their suffering.
For Cynthia, fearful arousal, helplessness, being utterly overwhelmed by danger, and violence were daily events. I tried to imagine what it was like to be in her skin as a small child when her father came home drunk and terrorized them all, or to be routinely exposed to her mother’s sadism and need to humiliate. With Rosita, I tried again and again to imagine what it would have been like to lie in the dark, unable to see, but able to hear, every stress hormone in her body skyrocketing, immobilized with fear. Thinking directly about fear helped me understand Rosita’s ongoing experience in a direct way that enabled greater awareness, acknowledgement and contact between us.

As I noted at the opening of this paper, Freud presciently noted in 1920 that “the complete solution” to the problem of fear would “ease a flood of light upon psychic life” (p. 340). And yet, even today, we still have much to learn about fear, fearful arousal, threat, and the search for safety, and the ways in which these affect every aspect of being and being in relationships. What I have endeavored to do in this paper is contemplate the potential place for Bowlby’s ideas about fear within psychoanalytic theory, and to consider the application of these ideas, as well as those of other contemporary attachment theorists (Lieberman & Van Horn, 2008; Lyons-Ruth & Jacobvitz, 2008) to analytically informed clinical work. Directly imagining moments or states of fearful arousal in the past, to attending to their manifestations in the present, and envisioning their impact on psychic structure and on the development of essential relationships seems to me a crucial piece of ameliorating their effects.

ACKNOWLEDGEMENTS

This paper is based on the John Bowlby Memorial Lecture, delivered in London on April 26, 2008, and the Robert S. Wallerstein Lecture, delivered in San Francisco on March 23, 2011. I am enormously grateful to Richard Bowlby and the Center for Attachment-Based Psychoanalytic Psychotherapy in London for inviting me to give the John Bowlby Memorial Lecture. Writing the Bowlby Lecture was the impetus to begin formulating the ideas presented here. I am also deeply indebted to Steve Seligman for the many ways that he both nurtured and sharpened my thinking; I could not have hoped for a better editor. Huge thanks also to Mary Target, for her incisive read of the paper at a critical juncture, and to Larry Aber, Jude Cassidy, Nancy Crown, Erik Hesse, Jeremy Holmes, Alicia Lieberman, Mary Main, Patty and Tom Rosbrow, Alan and June Stroufe, Steve Tuber, Kaethe Weingarten, and Lissa Weinstein, each of whom supported this work in crucial ways. Finally, I thank Lou Breger, whose brilliant book on Freud’s own relationship to fear was an inspiration to me (Freud: Darkness in the Midst of Vision, Wiley, 2000).

REFERENCES


CONTRIBUTOR

Arietta Slade, Ph.D., is Clinical Professor, Yale Child Study Center and Professor Emerita, The City College and Graduate Center, City University of New York.