

RESEARCH ARTICLE



Understanding anxiety and working with anxiety in biographical counselling

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ABSTRACT

Biographical counselling approaches anxiety from points of view that allow a wider context for the examination of an individual's anxiety. This article presents two aspects. One explores our shared human experience of anxiety on the rise from approximately the end of the nineteenth century. The other looks at the unique path of an individual's biography and manifestations of anxiety in different life-phases.

In this article, I investigate two aspects of anxiety from the point of view of biographical counselling. The prevalence of anxiety (even more than depression) in people of modern times is a growing manifestation of a shift for humanity as a whole into a new stage, beginning approximately at the end of the nineteenth century. One of the characteristics of this stage of the evolution of humanity is the speedy disappearance of guiding pillars for an individual for their judgements and actions. From that time, the human inner world has been penetrated by forces previously existing outside of human awareness in the unconscious realm. Ever more individuals have these experiences, and find them confusing and frightening. This puts our understanding of anxiety as a human condition into a wider evolutionary, cultural, social and even political context in modern times. It may be called *supra-individual causes for anxiety*.

Supra-individual causes for anxiety

When in 1948 W. H. Auden called our times an 'Age of Anxiety', he pointed to the shared understanding that anxiety has become a widely experienced human condition, occasionally making it into therapy rooms too. The context in which anxiety is viewed is much wider than psychology or psychotherapy and counselling, and rightly so.

In 1952, Paul Tillich published his seminal work *The Courage to Be* (Tillich, 2014), placing the anxiety of doubt at the centre of modern philosophy. Later, Jacques Lacan's influential *Seminars* (Lacan, 2016) explored anxiety in the new age, related to the more anxious sides of freedom and expectations and the elusiveness of the 'real'. These are just a few examples that place the phenomenon of anxiety into social, philosophical, political and liberal arts contexts. It is a condition known to all humans, and a relatively new one on the scale of history of humanity. In my therapy

room, I see in every case of anxiety a reflection of this wider picture. I may choose to share with them the bigger picture if I think it will help them on their path.

In Rudolf Steiner's work, we find many revealing descriptions of a change that took place in human beings and humanity as a whole at the end of the nineteenth century. This change was connected with what Steiner called 'crossing the threshold'. Lievegoed has provided additional insights into what this means for humanity as a whole and also for an individual. The inner experiences of human beings have been changing, and boundaries, which previously had provided the inner conscious world with layers of protection from what was supposed to stay in the unconscious, are dissolving. Lievegoed has referred to this dissolution, 'especially the inward boundary, towards the inner process of body and soul, thus allowing awareness of unfamiliar and compulsive forces to gain entrance to our consciousness and push fears, compulsions, and depression to the surface' (Lievegoed, 1985, p. 15). Anxiety is a complex body and soul (affecting all three soul faculties – thinking, feeling and will impulses) response to what is perceived as fearful and threatening, while the forces of the I (or higher Self) are struggling to get hold of the soul faculties.

In one of my seminars, a question came from a participant regarding whether indeed people were more anxious nowadays compared to some 300 years ago, when people's lives were in real danger, for example during an epidemic, compared to now. For most, real danger has indeed decreased, and plague is no threat to one's life; but at the same time, anxieties of becoming ill or infected are more prevalent in our super-lean, risk-averse twenty-first century than ever before, paralysing some people's lives. This obvious paradox, rooted in the reality of today, may serve to illustrate how unconscious processes are pushed up from below, and our usual old-type safer awareness is forcefully reshaped.

To this picture now we add violent intrusion, which people experience from beyond the outer boundary of self. New, sometimes confusing spirit perceptions, together with unfamiliar feelings, wishes, longings and impulses, invade our consciousness (Matthews, 1998). These intrusions have been fortified in the last decades with information overload, culminating now in the phenomenon of social media. I feel sure that every therapist, like me, meets the whole range of crushing anxieties in clients who 'take in and experience' inwardly much that is not theirs or cannot be digested by them.

The psychic impact of war and terrorism on our mental health and what is our therapeutic approach to the pervasive social phenomenon of bloodshed (the title of a CPD event in December 2016, Confer) also needs to include the psychic and psychosomatic impact of disorientation and displacement of Self under the impact of the darker side of social media. Real bloodshed and fears of war, loss, disorientation and displacement, even if not experienced personally, but as images on screen and in their minds, seep through the layers of psychological resilience, right down to somatic symptoms of anxiety and panic. In my practice, opening and exploring this theme with some clients increases their understanding of their symptoms and brings relief, as it widens the context and removes this 'lock-into-my-self' feeling so characteristic for anxiety sufferers.

The picture shown in [Figure 1](#) was drawn by a 24-year-old client in one of our early sessions. It is an image of the experience of her anxiety when it starts rising to the level of a panic attack. This particular anxiety event occurred on her regular tube journey to college. Having drawn it, she could name how 'terrifying the world out there' was, attacking her inner space while at the same time she became aware of her body 'malfunctioning,



Figure 1. Patient's image of her anxiety as it is rising to a panic attack.

sending pins of pain towards the heart'. The tender inner self (the light peach circle in the middle) was dissipating. This image is an illustration of what I referred to earlier. Our further work focused on strengthening the sense of Self and healthy responses to intrusions of these kinds.

Awareness of the scale of the problem of anxiety, and our often inadequate societal and professional response to it, is growing outside of the 'business of proving mental health treatment'. We can welcome recent media publications like 'Sick and Asphyxiating – Why We Live in the Age of Anxiety' (Cocozza, West, Ramaswamy, Hann, & Cosslett, 2016), where a group of writers put a range of questions from different perspectives. They are experienced personally, but feed off what I earlier called supra-individual perspectives: community, society (especially the so-called Western society), worldwide. All these perspectives and contexts are factors in what our clients carry and bring to us.

I suggest we see the recent explosion of anxiety-related posts, sharing of stories of suffering and self-help on the internet as an attempt by people to self-medicate anxiety in this way. Moreover, it is a sign of a desperate need to create some kind of social response to it in order to heal, directed away from often over-prescribed medicating solutions. There is an expressed concern for how well professionals understand anxiety and how it is approached in therapy. Questions are emerging such as 'Is anxiety a medical condition?' (Robson-Scott, 2013) or 'just a new norm'; and 'Is treating it with drugs a wise response?' while 'isn't it just part of being human?'. These are valid lines of enquiry from the public. Self-medicating via multiplying 'anxiety sufferers unite' types of internet groups, like all self-medicating, contains a certain danger of compulsiveness, but equally it is a clear sign of wishing to get hold of the social forces in us that need to be developed and used to counterbalance now the ever-so-strong antisocial impulses.

Social and antisocial forces are in constant dialogue in human beings of our times. Antisocial forces are necessary for developing individuality and freedom, but if they are not counterbalanced by use of our social forces, they lead to growing alienation and isolation (Steiner, 1992). Living with anxiety in all its forms is experienced as a very lonely place (thus often swaying into depression), where the Self is threatened and feels helpless. Conscious use and development of our social impulses activates a salutogenetic factor. It remains a question whether we can find a much-needed social response to widespread anxiety.

The supra-individual picture of causes of anxiety has more expanding layers, all of which are relevant to understanding the current anxious states of many. I will now mention one further layer. Humanity as a whole goes through stages of evolution, like a human being who also goes through stages of their biography. The phase in which we as humanity are living now requires from us, individually and collectively, particular qualities to meet our human tasks posed by the new stage in our common evolution. This phase of developing a *consciousness soul* is about practising our conscious and free response to the needs of our times. Signs of this phase could be experienced in humanity from the early fifteenth century, when increasingly human beings have been placed in positions with no social guidelines, no moral script or scale of judgement. Having freedom and taking conscious responsibility can be a fearful place to be. Anxiety is a very real response to it, mainly because 'how do I know I'm doing it right and what if I do it wrong?'

In this sense, we all, including our anxiety-suffering clients, are in new terrain. The current tasks require our acute listening to the new signs of our times carried by each client individually in their biography, and our conscious creative response in the therapy room.

Individually carried causes for anxiety

Anxiety needs to be seen in the context of a client's whole biography. One of the gateways for me as a biographical counsellor into the picture of a client's current questions is their age and the life-phase in which they currently are. Each life-phase has its own archetypal challenges, its own task and capacities to face it. Anxiety, for example, at age 19–22 cannot be understood or treated the same as anxiety at 30–31, and both are different from anxiety at age 56.

Though some research has been carried out on what may be called ‘age-specific anxiety’, it has been focused mainly on ‘anxiety connected with ageing and old age’, or specifically on state-related anxieties like pregnancy or neo-natal times. For example, the ONS (Office of National Statistics, 2016) delivered a report showing that between the ages of 40 and 59, people are most anxious and unhappy because of what they are supposed to do at this age. But it is not only *what* a person is going through (e.g. loss, divorce, pregnancy) but *when* – in other words, in what phase of their biography.

Much more could be understood about individual causes of anxiety if we take into account the archetype of human development through life-phases. Some work on understanding the life-phases was done by Erikson (Erikson & Erikson, 1997) in the mid-twentieth century, suggesting a need to take into account the stages of development and existential questions/tasks of each stage. Though valuable and thought-provoking, it leaves out the fundamental questions of what is the aim of the process, who is the agent, what is it that is trying to manifest itself in the critical points of our lives? An anthroposophy-based understanding of life-phases works with this whole picture, and informs biographical counselling and my approach to work. Lievegoed’s book *Phases, The Spiritual Rhythms in Adult Life* (2014, first published in Dutch in 1976) gathered insights from many contemporary thinkers and from Rudolf Steiner’s lectures and books, which are still a source of profound value.

Developing consciousness in stages and via turning-points throughout life is connected with the I-forces, which need to be invited and then reckoned with. Recognizing this process in every life event is salutogenetic.

In my recent practice, I was reminded of the lack of understanding of the importance of the different processes taking place in different life-phases, when in one week I saw two new clients with anxiety and compulsive thinking, one aged 19 and one 32, who both had been prescribed sertraline, one 75 mg and the other 100 mg. Both were confused about taking the drug and its effect. The point here is not to discuss sertraline prescriptions, but to emphasize the vitally different inner abilities, conditions and inner processes living in a human being at 19 and at 32.

At around 21, the individual I-forces are trying to get hold of the fullness of the human body and soul forces developed so far, from early childhood till this time. Questions of identity take centre stage, and the person grapples with the process of their own arrival into adulthood. Anxiety in these critical periods is very acute, similar to the process of another birth. The task of the helper is to aid this process, not to mask it. What was said earlier about the stage in which humanity now finds itself, and the challenges it poses, is crucial, especially for the newly arriving adults.

Whether we like it or not, social media is like an ocean-size mirror that reflects back onto these emerging adults the very real questions which society is unable now to answer. In colleges and universities, counselling services will do more good if they are of a more pastoral nature than by attempting to numb this natural process. Resilience and health-giving forces can be activated if the anxiety of this birth is held by present and caring adults. The seven-year phase from approximately 21 has a task of exploring and building one’s inner potential in relating to others, to one’s ideas and ideals. Even if the forming years (0–21) have not provided a healthy body and soul for the I-forces to work with, these same forces will do everything to bring a healthier situation. It matters that the young person who suffers from anxiety in this phase is taken seriously with all

their 'inner mess', as they often describe it, is given warmth, and their emerging I-forces noticed and strengthened at every step of the therapeutic process. Understanding what they are going through and the nature of this new birth helps the emerging Self. It is my conviction that medication for anxiety at this phase of life should be only the last resort.

The phase of 28–35 has a very different gesture to the previous one. When it begins, for the first time there is a possibility of climbing out of the river onto a bank and trying to see and figure out what is in that river, where the flow is carrying you and so on. This distancing from events is a new ability, emergent in this phase, yet it is also a task. Freedom is acquired, but the sense of responsibility of using it may bring anxiety if a person does not understand what to do with it. My client of 32 whom I mentioned earlier said: 'I am afraid that I am totally unable to find my track – what if I never learn?'

One of the responses to anxiety is avoidance. In recent decades, this manifests itself in the disregard for the essential strengths being acquired while going through the pain of birth. One goes through several of them in one's biography. Before the birth of the I-forces at around 21, our physical body and soul life are born in earlier seven-year phases. Going through these births is part of becoming more and more individual and conscious. Going through them in the right way means becoming more resilient and less affected by the future anxiety of facing one's life. The fact that more and more babies are now born by caesarean section without medical need, thus deprived of the struggle of going through the birth canal, may be seen as one of the factors of growing psychosomatic manifestations of anxiety.

When working with anxious clients as a biographical counsellor, together with the client we gather understanding of how the person was born, whether there were childhood illnesses with fever, what was the development of the four lower senses (Soesman, 1999), how the change of teeth happened, what were the body and soul responses to puberty, how the I-forces were manifesting at around 21, and what crises certain ages and turning-points brought up. This information is as important as knowing the family (and transgenerational) history, childhood traumata and adolescent ideals.

For the client themselves, building a bigger picture helps to gain insight into the meaning of this particular anxiety in this individual's life and development. What feels to this individual as a threat to the wholeness of their Self? When this threat is experienced, the Self should not be numbed or chased out even further, but the healthy available parts (however small, they are there and need to be seen, though the shadows are overbearing) of the Self strengthened, I-forces invited in and reckoned with, the individual abyss is to be looked in, shadows accepted and salutogenetic will forces activated.

Working with fear and our capacity to face fear is an important part of counselling clients with anxiety. 'The only way to approach fear is through the totality of our being through the wholeness of being a person' (Sardello, 2001, p. 10). [Figure 2](#) is a biography chart drawn by a 57-year-old client. It shows her biography in seven-year phases and her experiences, which she called her 'anxiety track' (she feels she was suffering from one or another form of anxiety all her life). Now at 57, the anxiety had an image of a box where she is locked, but it also protects her from the fears of what is out there. The phase of life from 56 to 63 allows and also demands conscious gathering of one's life, preparing to give back to others the fruit of one's life. My client felt unprepared for this task and her anxieties grew

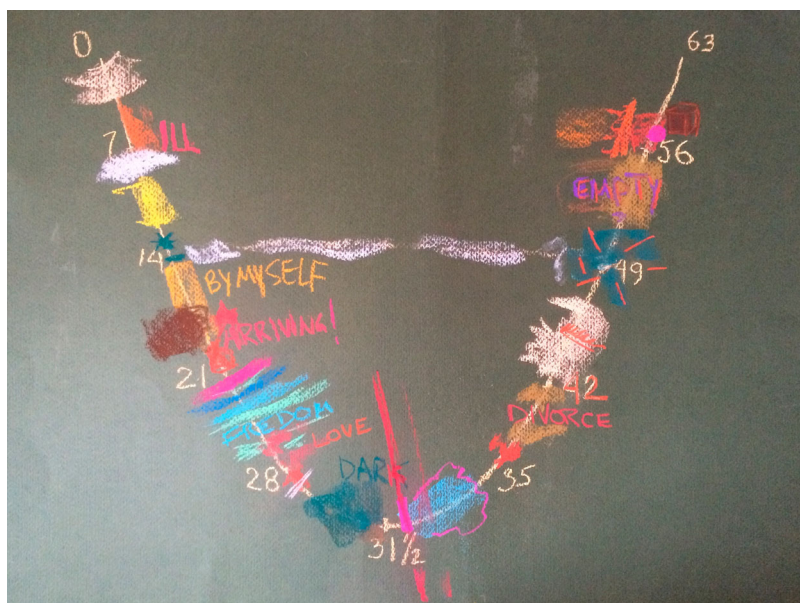


Figure 2. Biography chart of 57-year-old patient.

stronger, so she came to seek help. Making a biography chart is a powerful tool for seeing one's life as a whole, what has been, what now and what future tasks may need to be faced. With this client, we could also see that her current life-phase mirrors her very early development, when her sense–nervous system and her lower senses (senses of touch, life or well-being, balance and self-movement) were developing. An illness she contracted when she was six years old, and its treatment by her family and doctors, left her with a deep-seated feeling of helplessness and anxiety. It was helpful for her to see that now, at 57, her psychosomatic response to aging and family crisis was not something that arrived from nowhere and attacked her, but that she knows that place, and can learn to see it without overwhelming fear.

In biographical counselling, creative work with a bigger picture of the phenomenon of anxiety in human evolution, and with life-phases and their specific purpose in a client's life, allows insights for both of us. This informs my interventions and deepens the therapeutic relationship. It also enables the client to make meaning of their suffering and their anxiety, and to feel their individual I-forces working with them.

Notes on contributor



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