My goal here is to bring a very specific approach to anxiety, almost practical for the clinician, I won’t go into deep explanations of anxiety theories but rather try to set up a framework for thinking the concept of anxiety in the clinic itself.

But to do that I will start with an explanation that I have simplified and translated from René Roussillon psychopathology manual which introduces this concept.

**René Roussillon ;**

Anxiety is maybe the strongest argument for non-normative view of mental health ; indeed, everybody experiences it, sometimes what we call psychopathologies contains a lot more of it and different aspects of it but still, Anxiety is not enough to say “ this is a disorder, a disease”, its something everybody knows.

Yet its still one of the hardest concept to define : what a “good mental health” could be is the ability to bear a certain amount of anxiety so to speak without the whole psychic apparel crumbling apart.

Yet anxiety has his benefits : it can function as a signal, warning us of something potentially dangerous.

But those characteristics are very vague, those definitions do not help us understand what the nature of anxiety is and even less what forms it can take : we can think of a broad anxiety feeling or maybe a more precise localization in the body ( palpitation, quiver, stomach ache, etc)

We could actually, in a very lacanian way, define the anxiety as what the subject tells us, so anxiety would be unique to the person.

Yet Roussillon, makes a big difference between anguish, fear, dread.

Fear is related to something objectively dangerous and the person tries to get away from this danger, it’s a signal indicating a danger.

Dread is the same thing but here, the subject is paralyzed, unable to do something about this danger. No way to run or to flee and a real menace to be destroyed.

Anguish, Anxiety could be defined as a internal danger, and different from an objective danger like fear or dread.

Freud tells us that the neurotic anguish is felt by the person when he is confronted by drive requirements**. In a way it makes the Ego confront the risk of loosing the love of the Object**.

What does that mean ; the risk of loosing the love of the object ?

It means 2 things :

For Freud in 1915, *vue d’ensemble sur les névroses de transfert*, he talks about a trauma that all humanity has gone through; it’s the ice age that has radically changed our way to view the environment and created anxiety. This is of no interest to us because it has more a mythical anthropological value than anything else, its hard to see it apply to the clinic.

The second consequence of this statement is actually extracted from Lacan in 1966 :

**The other, inseparable from one’s existence, is the consequence of the unavoidable situations of frustration and deprivation that the infant will face during his development.**

So we understand that the source of Anxiety is a real danger. We can recall Otto Rank when he said in 1924 that there is a “birth trauma”.

Can we then define : “ ok so from what I understand , Anxiety = Love loss anxiety”

Yes in theory but in practice this doesn’t make a lot of sense : Why ?

If we say “love loss” that means that there is first of all a loving object.

So in theory, we cannot see anxiety with people that have not experienced a “loving object”. What population is that ? Babies, very young infants ; so lets see what the clinic can teach us about them.

Some very young infant can experience anxiety but yet there is no risk of loosing the love of the object because there is no love of the object yet.

The hypothesis of Roussillon is that in fact this anxiety related to a risk of loosing the love of the object is already an elaborated form of anxiety. He proposes to see it as a spectrum : Anxiety at its most primitive stage would be something so broad for the baby that it mixes itself into **a pure experience of distress.** And from there with the help of the environment, it can complexify into something related to that risk of loosing the love object, which we can call “castration anxiety”. It’s important to understand that the role of the environment when we talk about anxiety; the child finds in his environment a way to understand what is happening to him, to contain it, name it in a way. With that and first by imitation, he will elaborate on this anxiety and localize it, interpreting himself what is happening to him, etc… Subjectivation occurs after.

But what happens if the baby has no support at all: his affects are not elaborated and there aren’t any “echoes” of this anxiety, nothing comes back to him, he is truly alone here. Truly alone means that there is no loss of the object but rather that the object is present. An object that is present but either hostile, unorganized, indifferent.

This is where the cleavage can happen: Anxiety become so unbearable, so present, that the solution found is a radical division, cutting himself from his affects. (We can say that he sticks to the object very closely, without distance between the two)

For example: the violent children clinic tells us that those kids are confronted to true annihilation anxiety, not loss that means feeling of a return to nothingness. (Something we often fin in psychosis).

Now let’s take on Freud view of Anxiety again.

**Freud maintains that anxiety is a reactivation: something has happened, before and elsewhere, and the subject fears the re-actualization of such an experience.**

To understand this statement, we will have to think about defense mechanisms. Because this “past experience that can be reactivated” is not a memory, its not something you could retrieve really but rather it’s the traces of it that we witness in the clinic : the traces of this past experience of anxiety are the defense mechanisms that are in place today for the patient.

Those defense mechanism are residues of this past experience and that how we understand the Freudian statement about “something has happened, before and elsewhere”, we witness only the consequences of it in the clinic.

Without going too much into development theories, we can understand that this experience and the defenses systems it creates to protect the subject from it over time, gives the psyche its structure.

So Anxiety has to be understood as a story, a process that contains other forms of anxieties that has been more or less elaborated by the subject. It is not something that we can understand as “a problem” or “a symptom to get rid of” even though, often we could reduce the demand of a patient to “make the anxiety disappear”.

1. **Why do we care? Anxiety and its relationship to the symptom ;**

Haie, B. (2010). De l'angoisse au symptôme. *Figures de la psychanalyse*, 19, 119-129. <https://doi.org/10.3917/fp.019.0119>

*The symptom is not on the foreground anymore in the clinic, instead it seems that anxiety took that place.*

*Recognizing and supporting this anxiety could allow a symptom to be elaborated or rewritten through the intermediary of the fantasy.*

In theory, we always think that the patient comes in with what we will call “symptom”, meaning what constitutes the **mode in which the subject presents himself in consultation.**

* You can think of “I am bipolar” , “ I have a problem with alcohol”, “ my doctor told me I have an eating disorder” etc…
* So already we can see that often, this symptom seems to be an identity.
* And it constitutes in analysis, the demand.

But this is not the reality of the clinic:

yes ,when we ask someone why they came to analysis, they will most often stick to this symptom or excuse to start the work.

Yet there is something that comes before the symptom, a diffuse anxiety.

**This diffuse and vague anxiety is an” impossible to say” or “an invasion by jouissance where the subject is somehow frightened by what overwhelms him”.**

So its often in state of **“failure”**: the impossible to say or jouissance overwhelming the subject that we receive patients. The construction of the symptom only appears afterwards, it is already an elaboration of this anxiety, some construction that can more or less contain it , name it, localize it.

If we understand those moments in our life, we will call it “moments of anxiety”, as events that fail to be said, of that overwhelm us, which happens to all of us (again here an argument for non-normative psychiatry).

In a medical logic, we would try to prevent those, try to give tools to the patient to manage anxiety in a way. This is where PA differs too : those “moments of anxiety” are actually what is going to give the symptom its shape, what Lacan call :” formal envelopes of the symptom”, those envelopes differs from one another but can help us understand “ a logical order” in which the moments of anxiety appears.

Its especially important to understand this because this is what comes before the formation of desire. I will not go further into “the formation of desire” here as it is not the topic but it already gives us an idea of the relationship between anxiety and desire, for now let us understand that in the clinic anxiety comes before desire and therefore understanding anxiety and its relationship to the logic of the subject is mandatory to establish desire.

Haie gives the example of the teenager clinic and comes back to the question of anxiety and symptom:

*Similarly, anxiety reappears moments of the treatment with adolescents, when the “mask of the symptom » slips away.*

*“The notion of mask means that the symptom presents itself in an ambiguous form which does not allow us to orient the subject in relation to an object of the situation”*

Anxiety can also arise in moments when we can glimpse **that the subject is letting go of a symptom, but has not yet built the next one**, anxiety in “the between-two symptoms”, in a way .

(She then keeps asking the questions:

*Should we understand Anxiety as a current symptom? Or as the manifestation of the real of the symptom?)*

To go back to the first question: symptom or Anxiety first ?

*A breach must occur in the solution of the symptom for the subject to make an analytic demand. And the manifestation of anxiety would be the result of this flaw in the symptom which no longer forms a rampart. Thus, the request of the subject concerns first of all the eradication of anxiety.*

The clinician is therefor here to support “the manifestation of anxiety as manifestation of the subject”.

“Feeling what the subject can bear of anguish puts you to the test at all times”

Trough fantasy, it’s possible to build or rebuild a form of symptom to “bridge” the manifestation of anxiety. New bindings between the subject and the object become possible during analysis but for that the patient will have to “revisit the coordinates” of his fantasy, meaning facing again the divisions of his psyche.

The fantasy has then this function;

***“This fantasy which the neurotic makes use of****, which he organizes at the moment when he uses it, it is striking that it* ***is precisely what serves him to defend himself against anxiety, to cover it up.”***

Since the beginning of this presentation, I’ve talked about “the object” and the relation from the subject to this “object”, yet I never explained what I meant by that or what Haie meant by it. Let us look at it with what we know now of anxiety, symptom and fantasy.

This object, a complex concept and the only invention of Lacan in psychoanalysis, is a difficult topic but lets say for now that this is a “lack” in a very basic understanding.

* **To create desire, we have to lack something. Therefore :**
* **The object is what is lacking.**

But if you think about it, could you think of a “lack” ? not really.

* **The subject cannot think of his lack.**

With those two principles, lets formulate that

* **“The object remains forever informulable”**
* **Anxiety testifies this impossibility.**
* **The symptom is the “equivalent” of Anxiety by which its possible for the patient to formulate for a time what turns out to be informulable.**

This equivalence between Anxiety and Symptom, being two side of the same coin, there must be a *“subjective translation of object a”.*

What we mean by that is far too complex to me yet, I only understand here that there must be this process for anxiety and symptom to bind together and even so, Lacan warn us about this being somewhat impossible:

*“All the pullulation of the meanings that it can engender* ***does not manage to quench what is at stake in this hole of a central loss****”*

**The symptom is therefore the way in which anxiety is treated by bringing the object a into play.**

Defining the object a , and therefore anxiety seems something that will always escape us:

***The object a****,*

* ***cause of the anguish,***
* ***produced by the anguish,***
* *which petrifies him but to which he gives in, does not allow the subject to find his bearings.*

Haie ends the theorical side of her article by giving us a glimpse of the “lack” :

**in anguish**,

**the subject fades away**, **yields**

**by getting rid of this object**

to which he will reduce himself and which will henceforth support him.

Explaining the formulation in lacanian terms, when we say that

* **anxiety is the time when the object falls from the subject**

That’s how Lacan introduce his S.X, p53 :

Anxiety arises when **something appears instead of the lack**,

**"When the lack comes to lack”**

I will not dive into a deep explanation of this, as I have a hard time understanding this for myself, but I think its important that we start with this statement in mind, almost as a question that will lead us to understand a little bit more of this concept of anxiety.

To finish the presentation, I will as usual try to dig into the clinic itself by giving concrete cases:

Clinical case of Camille :

Social worker send this patient for sexual assault. She comes in very disorganized, unstructured, a massive anxiety that she can only talk about by saying ‘something stuck in my throat”.

*Everything seems to be drifting away. Her body is there, posed like an inert mass on the chair, her head between her shoulders. I can't catch her gaze. It’s like she is being hunted. She jumps at the slightest noise and the sensory dimension is in the foreground.*

*Speaking requires a considerable effort and as if emerging from a confused magma.*

*Thus, “everything” has gone wrong since “this event”*

Haie describes her as someone who has wandered all her life and she talk about the event where she was drunk with other people and then remember waking up, going to the police to make a deposition.

The demand: what do you expect from this meeting ?

*Try to find one-self there or find myself”*

She misses the next meeting, fails to come, not seeing the point of those.

*She is, she says, “a waste of society”*

*She then speaks of a “teacher” she has just met at university (she is currently in art history) and who also teaches fine arts. This person approached her for a job in a gallery. Anxiety immediately resurfaces. Will she be up to this task?*

*She becomes somewhat animated when she evokes this passage from drawing to pencil, "second dimension", she says, to sculpture, "third dimension", passage always perilous for her, where failure is at stake, but must not happen, otherwise it collapses. Perhaps the void created then is no longer in direct correlation with his existential void. But this construction, like a sandcastle, can quickly be swept away.*

*It is by confronting the lack in the Other that the subject makes a turn, without really knowing it, around the central void. This is how his desire develops.*

*She notes that in this field of the arts she cannot fail, and yet she denounces the depraving side of human relations in this environment. She then speaks of "drinking events", where even the teachers are involved.*

*The third session starts again on the observation of her discomfort.*

*I note that she has one more piercing, the latter taken in her lower lip.*

*There follows a series of justifications for this state, then a silence ensues before she can state the reasons for her discomfort.*

*The movement of her piercing, in the center of which is a small black stone, causes a certain fascination.*

*Indeed, the word is tied in a way to a back-and-forth movement where it makes, in turn, by a movement of the tongue, this stone disappear and reappear.*

*The ring, cut in the lip, with this agalmic object that constitutes the black stone, comes in a way to double the cut in language.*

*It reminds us that not everything in language can be language.*

Interpretations:

*The anguish present in the preliminary interviews testifies to this difficulty in saying insofar as something, in this relation to the Other (the analyst), escapes the signifier.*

*But it is also from this lack of saying that something of the signifying chain functions.*

*Anxiety It is what does not deceive, in the sense that it accounts for something that exceeds signification, for what cannot be caught by the means of the signifier.*

*"Feeling what the subject can bear in terms of anxiety puts you to the test at all times", according to these words of Lacan quoted in the preamble. It is necessary, in fact, to bear the anguish, massive from the encounter, to go in a second time towards a construction of the symptom or another expression of the symptom. Anxiety can be a way of accessing the real side of the symptom. It can make it possible to touch the point of enjoyment of the symptom. The support that the symptom takes in the fantasy can be brought to light. Thus will be constructed a formula of desire or fantasy, support of desire, able to stop this incessant progress of drifting subjects.*