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On the False Usefulness of Anxiety and the Benefits of Working Through It*

To say that anxiety's opacity raises questions has become, in clinical practice, a truism – it is so obvious. That opacity serves as a pretext for those who want to know the physiopathology of anxiety: the fact that it seems to be so far beyond the limits of comprehension justifies assigning a biological cause that will explain it (*erklären*), and giving up any attempt to understand it (*verstehen*). That same opacity leads proponents of psychopathology to believe that the difference between anxiety and fear resides in the absence of object, or in the derisory allegation of some far-fetched reason for it, for instance as the sequel of an infantile phobia. A third path for research, more reflective, considers that the opacity interrogates a person's very existence, questions the mystery of his/her place in the world, and can become an occasion for a return to the roots of being, or as proof that (and sanction for) the subject not facing up to things as well as he/she could.

The clinic of anxiety is relatively recent, almost contemporary with that of pain; we only began seeing its premises at the end of the eighteenth century. Not knowing what to do next, another century was needed to specifically distinguish it. Its subsequent destiny shows its relationship to its epoch to be different from that of pain. Pain finds, in Culture, a way of expressing itself, a way of inventing the truth of its real, even a way of dealing with it (eventually by suppressing it thanks to the science and technique of pharmaceuticals). The Culture and the *Zeitgeist* that are its symptoms do not treat anxiety, they hide it. They do this thanks to the collective fantasies of “big scares” (*grandes peurs*), or, (as in Poe's “Purloined Letter”) by showing it in a way that leads to contemporary medical syndromes called “panic attacks,” or to a finicky accentuation of the differences between anguish and anxiety. Society as a whole does not do any better than each subject with the real when he/she limits his/her choice for denial to either instituting a fantasy that lies or to impudent exhibition.

Anxiety Is Involved with One's Being

Pain is to history as magic is to rituals: pain remains a business of body and of meaning whereas with anxiety one has to penetrate the murkier zones of the peculiar and the propitiatory. That explains why historians and graduate students have been throwing themselves at the former for the last two or three decades and that, apart from some deserving research into “big scares,” we are still waiting for a history of anxiety that will throw a little light on Freud's ambition: to acquire some knowledge about its essence (*eine Einsicht, die uns das Wesen der Angst erschliesst*¹).

Be that as it may, the effective history of anxiety, which is only about two hundred years old, is shared by the three traditions we mentioned earlier. First, medicine: for doctors, anxiety is physical. Second, psychology maintains that anxiety is anomaly (for the cognitivists, anomaly of judgement; for the behaviorists, anomaly of adaptation, of development). Finally, philosophy – existential, eidetic, ontological – main-

* Originally published as “De la fausse utilité de l'angoisse et du bienfait d'en venir à bout,” in the *Lettre Mensuelle, Bulletin de l'École de la Cause freudienne*, rue Huysmans, Paris, October 2004.

1 S. Freud, *Gesammelte Werke (G. W.)*, XIV, “Hemmung, Symptom und Angst,” Imago, London, 1940, p. 162.

tains that anxiety is on a par with metaphysical experiences. A fourth, Freudian, tradition breaks with the three others (that are unaware of it, but celebrate its creator and recognize in him the father of the real modernity of this history). This fourth tradition does not imagine itself as anything but a breakaway from the three others. Still, we tend to take the easy way and mix them up. We have neither the intention nor the leisure here to show how the Freudian clinic of anxiety does not imply that we denounce these frequent hybridizations by vituperating our conceptual indolence. These hybridizations are inevitable, and Jacques-Alain Miller showed us, some time ago, that hybridism is precisely one of the principal components of our current *Zeitgeist* (on the front page of *Le Monde*, at the end of November 2002). But we locate them, these hybridizations, through a punctilious intellectual dissection, so as to rediscover the veritable meaning of the clinical analysis of that affect which is the king of all affects, of that unpleasure that can reach the heights of unpleasure.

This is not a question of theoretical purity but of practical efficiency: to say that anxiety, its essence – *das Wesen der Angst* – is not physical or metaphysical or psychological, is to put forth the reasons that explain why our clinical work cannot do without a metapsychology.

Let us accelerate by beginning with the third of the proposed traditions: the philosophical; metaphysics. We repeat, with good reason, that anxiety is “involved with one’s Being.” But isn’t this like Monsieur Teste saying he had been involved with women (“*touché à des femmes*”), through a kind of incredulous adhesion, an astonished conceit, in reality trying to marginalize the memory of a misunderstood experience. Misunderstood because momentary certainty leaves the protagonist unsure of a contiguity that allows no access to a substantial revelation. It is a big step from there to making anxiety a concept illuminated by the fire of original sin, a step taken, as we know, by Kierkegaard.

Something Felt

Ninety years later, Freud almost responds to Kierkegaard: anxiety is not a concept, it is first of all something felt (*in erster Linie etwas Empfundenes*²); it is not a concept but a phenomenon, a fundamental phenomenon that poses a crucial problem (*das Grundphänomen und Hauptproblem des Neurose*³). To say that this phenomenon poses a major problem is to say that one concept is not enough; many interconnected concepts are needed. This articulation is what Freud called metapsychology.

Anxiety teaches the anxious person nothing except that it is sometimes urgent to take every shortcut possible to get away from the active zone. With anxiety, where id was, ego *cannot be*: *mit der Angst, wo Es war kann nicht Ich werden!* That anxiety “involves one’s Being” underlines the fact that it does not reach the Being, that it does not authorize access, it obstructs; Lacan refers specifically to this at the end of his seminar on the ethics of psychoanalysis⁴. It is when one is closest to horror that horror is barren, because one cannot go farther: what is left over is a bitter taste of authenticity deprived of its maieutic virtues, that can only find its resolution in ontological boasting, as if one had to represent the etymological relationship between tenebrous and temerity.

In a similar vein, the only privilege one gets from having known anxiety is the hope of never having to know it again. So the wise words that claim to know how to arm Man against suffering end up making pain the irresolute destiny of anxiety. Freud denounced this idea on the last page of Chapter II of *Inhibitions, Symptoms and Anxiety*: the philosopher doesn’t do much better than the churchman who has been teach-

2 S. Freud, *G. W.*, XIV, *op. cit.*, p. 162.

3 *Ibid.*, p. 175.

4 J. Lacan, *The Seminar of Jacques Lacan VII, The Ethics of Psychoanalysis*, trans D. Porter, ed. J.-A. Miller, W. W. Norton, New York and London, 1992.

ing, for two thousand years, that the meaning of Gethsemane is to be found in Golgotha; attaching anxiety to an identification of the Being with the will of the Other leads to an ultimate masochism.

Anxiety as a phenomenon is useless, because if it were useful we would say it is necessary and that, like the symptom, we wish it on everyone. Between the necessity of the symptom and the impossibility of the real, the phenomenon of anxiety is as superfluous as love is contingent.

Medicine does no better than philosophy with the essence of anxiety, but it has more excuses. Medicine, much more than philosophy, is seriously confronted with the real demands of the times, even the legitimate demand to be anesthetized. Medicine does not exalt its doubtful experience in the certainty of anxiety. If medicine confuses anxiety with pain, that is because its knowledge is limited: from one neurotransmitter to another, medicine cannot distinguish between what comes from the formation of phenomena and what comes from the deformation of words. Medicine at least has the nerve to insist that anxiety should be respected because it carries along with it something propaedeutical. At worst, medicine doesn't give a damn, but its *furor sanandi* deserves credit for maintaining that anxiety should be respected as a phenomenon in the same way one respects an enemy one must conquer. The difference between the medical doctor and us is that we think only the subject can decide what he or she has to fight.

False Utility

The first hybridization that exalts the experience of anxiety tries to convince itself that anxiety can be useful because, like a problem, it has ontological potential. Lacan, in the first Lesson of Seminar X, *L'Angoisse*, emphasizes that anxiety is not the problem. The second hybridization, combining the spirit of clinical medicine with our own, has a logical consequence that is more unexpected and also more interesting: it leads one to believe it suffices to think the symptom is a defense against anxiety. That, in reality, is an anachronism that does not take into account Lacan's re-reading of *Inhibitions, Symptoms and Anxiety*. Jacques-Alain Miller said very recently that Seminar X is devoted to this: but he also said that the Lacan who read Freud in 1926 is also the Lacan who had just written *Kant avec Sade*; that is to say a Lacan who shows *ipso recto* that fantasy is notably absent from the 1926 text, a book by an author who remembers having written *The Ego and the Id* without exploiting the discoveries of *A Child is Being Beaten*. Of course Freud envisaged maintaining that the symptom is a defense against anxiety. He noted early on the limitations of this somehow self-contradictory thesis, because the symptom is also jouissance: "symptom formation. . . tends to give substitutive satisfaction more and more space, at the expense of denial" (*die Symptombildung. . . geht dahin, der Ersatzbefriedigung immer mehr Raum auf Kosten der Versagung zu schaffen*⁵).

We can make two more observations. The first of these is admirably shown in Lacan's Lesson of June 12th, 1963. In the Freudian clinic, the particularity of the effect is to *not* be effectuated. This explains the Lacanian effort to distinguish the effect from the result. The effect, or: defense is desire. The symptom, as result and not as effect, shows that the effect is never proportional to the cause because the cause is not exterior but heterogeneous. Medical epistemology – at least in the classical clinic – cannot accept the idea of this non-proportionality, or that the cause can result from a "transfactual order." It is equally inconceivable that the symptom be a jouissance. So this epistemology is not entirely unrelated to the thesis that is content to think the symptom is a defense against anxiety, a thesis that, in the end, will explain that anxiety itself is a symptom.

5 S. Freud, *G. W.*, XIV, *op. cit.*, p. 148.

The second observation is that one risks not taking heed of one of the points Freud insists upon: although anxiety is universal, it is not general. Freud says many times that one can have symptoms without anxiety, or anxiety without symptoms. What is more, 1926 shows that the symptom is a very bad defense because it fails to protect the ego, durably, from this anxiety. Because it is the expression of the implacable constancy of the demand of the drive, anxiety reduces this ego, which can then only either multiply the symptoms or shrink away to nothing.

Anxiety As a Function

The third hybridization, with psychology, is perhaps the most torpid. Freud's great discovery (which began much earlier than 1926), when he made anxiety a signal, is that anxiety has no use but does have a function. The function of anxiety, the key formula of *Inhibitions, Symptoms and Anxiety*, is a formula that Lacan took up at several points in his seminars. This discovery of Freud's cannot be separated from another that accompanies it. Not everyone is anxious, and the light – Freud hopes – that could be thrown on what the essence of anxiety is would come no doubt more likely from examining people who are *not* anxious. In short, the essence of anxiety is its function, and that function does not imply the existence of the anxiety phenomenon itself as it appears in its role as signal. To maintain that anxiety, as a phenomenon, is a signal, is not to find it useful but is to maintain that it is not a message, that it does not spring up between the subject and the Other but between the subject and the real.

The psychologist takes advantage of this loophole: the signal he/she knows is the famous couple stimulus-response – or something like it. A complacent biogenico-transcendental reciprocity! The psychologist draws on one of Freud's discoveries to make him say the contrary by presenting anxiety as a malfunctioning of the alert function, of a warning from the ego, the malfunctioning of an attitude and of a felt reaction to danger; a malfunction of the functions of fear and flight. Distinguishing anxiety from fear is what makes the stakes complex: anxiety could be exaggerated fear, excessive, erroneous; a reaction that exceeds measurable norms. To strengthen the self (behaviorism), or to correct errors (a spider does not mean to do you harm and that little mouse does not represent a serious danger, get hold of yourself: cognitivism) are a god-send for this third adulteration.

When he comments on an example taken from Chekov in the winter of 1963, or in the last Lesson of Seminar X, Lacan offers another conception of fear and goes back to the Freudian definition, unheard of before him, of what can be a danger for the subject: “one insists on the fact that the effects of fear would elicit, in principle, an adequate response, that is to say, would provoke flight. This thesis is . . . compromised. . . It is therefore necessary to look elsewhere for the reference that points to the distinction.”⁶

The concept developed by Lacan – the function of anxiety between the opaque function of the real opposed to that of the signifier⁷ – gives the real scope of an approach to the phenomenon of anxiety in its value as a signal. As early as 1916 – eleven years before *Sein und Zeit* – Freud showed that anxiety is not an abnormal or excessive fear, because anxiety logically precedes fear. Why refuse that demonstration of Freud's, if we want to understand how, clinically, fear “treats” anxiety?

Face Up to It, Deactivate It

This unassimilable series of Freudian paradoxes makes up the clinic of anxiety that Lacan spoke of, in his 1962-1963 teaching, as the consequence of the elusive character of the subject of the unconscious. These paradoxes led Freud to trace the meanders of complicated metaphysics, almost bitter sometimes, when a

6 J. Lacan, *Le Séminaire. Livre X, L'angoisse*, Seuil, Paris, 2004, p. 187.

7 *Ibid.*, p. 188.

logical impasse requires an important revision. This metapsychology, the *doxa* wanted to diminish it by saying that Freud had two successive theories of anxiety, whereas an attentive reading showed that to be too schematic, that Freud did not problematize things in that way and that, from the middle of the 1900s on, he hesitated continually – not so much between two theories of anxiety, as between the question of anxiety approached from the point of view of truth or from the point of view of the real. In 1932, far from issuing a challenge, he gave his reasons for not choosing one theoretical construction that another would refute.

Thus Freud, through his dissatisfaction with the stumbling blocks he encountered when thinking about anxiety, proved that his metapsychology is the sign that makes of this affect a cause of his unwillingness to not give up on one's desire, on a desire that can be named, thanks to Lacan: to not give up on one's psychic causality. In the same way that a wound to the hip joint bears witness to what happened at the ford of the Jabbok where, in his fight with God, Jacob fought the fights of God, the imperfection of Freudian theories about anxiety bears witness to the fact that Freud, in his fight with anxiety, fought the fights of the signifier.

On the last page of his Seminar, Lacan evokes what it is to “confront anxiety,” what it is to surmount it and the “trace of something that goes from the existence of *a* to its passage into history.” Over forty years have passed since that July of 1963, and we could follow Julien Gracq when he took up a verse of Baudelaire's: the forms of the clinic change faster than a human heart. On that last day of the Seminar, July 3rd, 1963, the front page title of *Le Monde* (in the edition dated July 4) was “M. Khrushchev proposes to link a moratorium on surface nuclear testing to a Warsaw non-aggression NATO pact.” John Kennedy had only three months to live. In the night of 2 to 3 July 1963, he came back from Naples where he had been received with a “triumphal welcome” (*Le Monde* again). History passes. We do not read either Freud or Lacan as witnesses to their times but as heralds of an ethical exigency in clinical practice that insists we know what we are talking about when we want to transmit our “practice” concerning anxiety. An exigency that compels us not to repeat what the wise – or clever – person does, too inclined to seek in extreme unpleasure an exquisite unveiling of the human condition, to avoid what the psychologist proffers, and to try to go farther than the doctors.

The focus of the next *Study Days* implies that beyond the phenomenon of anxiety – whether it exists or not – we can reflect on what its function might be today, which depends on the way we manage to speak of it. So *désangoisser* – to relieve anxiety – what does that mean? The front page of the newspaper seen by those in attendance at the seminar that July 3rd, 1963 can give us an idea. If we soberly follow on the metaphor of nuclear tests, relieving anxiety – *désangoisser* – is to be understood as: deactivate.

How can one deactivate anxiety in and through the analytical act? Or: how can one make it fade absolutely, how can one exhaust the phenomenon in a subject so that he or she can assess its function? With anxiety, what “metamorphosis” of the subject does one have to solicit so that he or she can be promised the “peace” that “seals”⁸ that metamorphosis?

Translated by Sylvia Winter and Francesca Pollock

8 J. Lacan, “Proposition sur le psychanalyste de l'école,” *Autres écrits*, Seuil, Paris, 2001, p. 254.