



How does psychoanalysis treat anxiety?

In the Lacanian psychoanalytic clinic, we start from the principle that "there is no standard cure", nor a treatment protocol, and that "[...] psychoanalysis is not a therapy like any other", since its primary objective is not healing, a concept that actually vacillates in the analytic field. Lacan will ask ironically: "Is psychoanalysis purely and simply a therapy, a medicine, a band aid, a magic potion, all which cure? At first glance, why not? But psychoanalysis is absolutely not that. He will appeal - through these statements - to "ethical rigour", thus separating psychoanalysis from psychotherapy. Nor does Freud put healing first, as he writes to Abram Kardiner in 1927. In Seminar X, Lacan revisits the subject, referring to the misunderstanding that arose among some analysts when he declared that "healing came in addition", since he was referring to the methodology, i.e. the procedure. This does not mean that we cannot estimate the analytical effects, of a therapeutic nature, which are produced in practice, including with anxiety.

In psychoanalysis, anxiety is not conceived of as an abnormal phenomenon of judgment and adaptation, nor as a negative affect/symptom that simply needs to be eliminated, but rather as having a primordial value and function at various levels. Among other things, it is a fundamental affect in the structuring of the *parlêtre* (speaking being), and is the manifestation of a real that, in one of its aspects, escapes representation, but which guides the analytical experience. It is also a point of articulation between desire and jouissance and raises the question of desire.

Anxiety has an epistemic value, and without it we would know nothing of what lies beyond the fantasy with which we protect ourselves from the real.

It also manifests itself in different forms in all the clinical structures.

As for psychosis, while there can be "fertile moments" as in neurosis, the anxiety suffered by certain subjects can lead to an irreversible *passage à l'acte*. An extract from a monologue by Sarah Kane, on the theme of anxiety, reflects this psychic suffering: "the pain you feel that isn't physical is so messed up. All psychiatric treatments intervene and take the physical part into account. So they put you to sleep, or excite you, or relax you, or stimulate you, but nothing can soothe the suffering that isn't physical. It's a disease that spreads in the folds of my mind" (...) and "the story of a conscience interned in a foreign carcass ^[1]".

It does not seem that psychotropic drugs have been very useful in alleviating this suffering, but if we think about it in relation to certain cases of psychosis, can an ethical use of drugs be beneficial to a psychoanalytic treatment in order to create a space for speech?

Transiting through, overcoming anxiety

In today's clinics, whether at the beginning or during the treatment, intense anxiety sometimes erupts, bordering on the unbearable, and it can hinder or even interrupt the treatment.

As far as the treatment of anxiety is concerned, it is not a question of aiming directly for its cure but rather of transiting through or overcoming it, by treating it indirectly through the symptom, that is, by giving it consistency or shape - we refer fundamentally to an entry - and by using interpretation as an act that makes possible the unfolding of unconscious knowledge from the transference. In this way, it will be able to act on anxiety and make it possible to identify the real that anxiety points to.

When, at the beginning of the psychoanalytic process, a subject talks about the anxiety he is experiencing, he has, in a way, already distanced himself from what he is experiencing and is more on the side of symptomatisation.

Let us remember that Lacan warned analysts that analysis should relieve anxiety and guilt (*désangoisser, déculpabiliser*), and that "[...] desire is a remedy for anxiety ^[2]", so that at this point in his teaching, it would be a matter of unworrying by aiming at the interpretation of desire, which would take on a different perspective in his later elaborations, where the analytic act can be a response to a real that is neither representable nor graspable by the signifier.

The analyst, at the beginning, relies on the preliminary interviews for subjective rectification, with the transference, interpretation and the act.

It is true that, in today's clinic, some cases present with more difficulties for subjective rectification or hysterisation and free association. These are some of the challenges we face in the clinic in our current civilisation.

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[1] Kane, S., *4.48 Psychose*, London, Methuen Drama, 2008.

[2] Lacan, J., The Seminar, Book VIII, *Transference*, Cambridge, Polity Presse, 2017.

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