Anxiety in the Face of Grief: Anxiety as a Depressive Causality

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Anxiety and depression are generally approached from a medical perspective as pathologies or diseases. In response to a patient's request, the aim is to relieve suffering, and medication may calm the symptoms. But this does not mean that the illness itself has been treated.

Asking whether depression and anxiety are truly diseases leads us to question what is meant by "disease." And if they are diseases, are they diseases of the body, or diseases rooted in the subject's personal history?
Depression is often considered a disease, and similar diagnoses are applied to other forms of psychic suffering (such as alcoholism). Yet the meaning of the term is not always clear. I asked friends and professional colleagues, and the answers were so varied that it is difficult to find coherence. Nevertheless, a common underlying idea seems to be that a disease is the corruption of a healthy subject by an external, harmful agent.
This is the case with viruses or bacteria, but the peculiarity of this definition—while not incorrect, but partial—is that it presents *the subject as a victim of the illness*.

However, there are contexts where this conception is insufficient. Alcoholism, for instance, can be considered a disease—there is the introduction of a pathogenic external agent into the subject's body—but that explanation alone seems inadequate. A more insightful reading arises if we hypothesize that the notion of disease carries the idea of fault or guilt—although this is often set aside—and it becomes clearer if we substitute "*ill/healthy*" with "*victim/guilty*." Viewing the alcoholic as a "victim" of disease, or describing "alcoholism as a disease," defuses the possibility of blaming the patient. Biological explanations may exist: certain individuals are more sensitive to alcohol than others; there may be genetic predispositions, etc. Saying that the alcoholic patient is sick implies that they are a victim of their constitution—and at least that they are not guilty.
From the perspective of positive psychology, the same might be said of depression.

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“Mental illness” presents a problem: there is not always an external agent corrupting a healthy body, yet something is wrong, and the subject suffers. For this is the definition of disease: to be in a poor state (from Latin *mal habitus*).

This perspective raises another question: is it justified to separate anxiety and depression and treat them as distinct entities? I do not believe so; in fact, in some cases, they may be linked. Perhaps there is a theoretical problem here: we may have mistaken the symptom for the cause.

Our standpoint is to view anxiety and depression as particular psychic processes. They are indeed signs of suffering, but that does not mean they are the origin of the problem (one develops a rash during chickenpox, but the rash is not the disease).
From a psychoanalytic perspective, depressive affect is what is experienced in response to loss. The loss of the object causes grief in the subject, and their sadness indicates that they are psychically processing the loss. In *Mourning and Melancholia*, Freud distinguishes between the “normal” state of sadness and a more pathological depressive state, which occurs when mourning seems impossible for the subject and results in pathological depression.
In melancholia, the mourning is not for a mere object but a narcissistic loss that involves the subject’s entire psychic structure. Freud does not explicitly mention anxiety in this essay, but it is interesting to consider its relation to depression. The disease perspective is almost inverted here. If the subject is depressed, if they are in a poor state (ill), it is not because a bad object corrupts them, but rather the opposite: *their suffering arises from clinging to the object they should lose*. It is their resistance to loss that causes suffering, and this poor state is linked to a separation that has not occurred. However, this poor state must be traversed, as a necessary “evil for a good.”

Our previous question—whether we have confused the sign of distress (anxiety, depression) with the distress itself—now seems clearer. It is as if depression were the healing process, and we blamed the healing itself as the illness. Considering anxiety and depression as diseases is akin to listening only to the patient’s first statement, “*I suffer, I am anxious*,” without hearing the subtext, *“because I do not want to lose this object, this idealization*.” One then acts as if the cause of suffering lies in its expression, which might lead us to tell the patient, “*It is because you are anxious that things go wrong*.”

Melancholia—today often called “depression”—is related to the choice of the object to be mourned. It is a narcissistic object the subject refuses to release, an idealized object whose importance is central to the subject’s sense of self (at least imaginatively). Unlike normal mourning, pathological mourning appears impossible or even dangerous, as it would threaten the entire self. Freud writes: “*(The melancholic) knows well whom he has lost, but not what he has lost in this person*[2].”
Regarding the possible links between anxiety and depression, in some cases, anxiety is not only present in depressive issues, but it may even serve to oppose mourning.

[2] Freud, S. *Mourning and Melancholia*. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 243–258). London: Hogarth Press.

As is often the case, the same word can carry multiple meanings. Under “anxiety,” different causes may be hidden. Freud’s first point is that anxiety is not reducible to fear of a real danger. The subject is anxious not because of an external threat, but because they are experiencing a painful psychic conflict. In various psychoanalytic theories, anxiety may relate to the repression of a guilty instinctual desire. Behind it may lie attraction or desire (this person frightens me because I desire them, and this union is impossible, immoral, or contrary to the individual’s or group’s ideal).
In 1926 (*Inhibition, Symptom, Anxiety*), Freud considers anxiety not as a result of sexual repression (*I am anxious because I repress sexual desire*), but as the cause preceding repression (*I am anxious to prevent the realization of instinctual impulses*).

Whether anxiety signals repressed desire or serves repression, this perspective dissociates it from the status of disease, presenting it instead as an attempt to “address the problem” or, at least, to cope with psychic pain.
Note the construction enabled by anxiety: it is a process that inverts relational dynamics. By fearing a certain situation—without fully knowing what is feared—the subject comes to say, “*It is not the loss of the object I fear, it is this situation I fear*.” The feared situation becomes fear itself.

Thus, we have a conception of anxiety entirely different from that which treats it as a disease. Anxiety can be considered a psychic production elaborated by the subject to protect against a psychic threat. By transforming the desired object (or situation) into a “bad object” (threatening, worrying), the subject ensures they keep distance. If they cannot avoid having lost the object, they may still avoid knowing it, even at the cost of anxiety.

This perspective is crucial for clinical work; the therapeutic goal is not necessarily to reduce anxiety, but rather to decode its meaning and, in any case, to invite the subject to speak about it. The anxious patient may not realize that they value their anxiety, placing them in a paradoxical position: they want to be cured of a symptom that protects them from loss.
They paradoxically request help for the very construction they have elaborated to cope with suffering. In some cases, this request is “trapped,” because what they want is not so much to rid themselves of anxiety as to avoid a painful, castrating reality test that is nevertheless salutary for subjective structuring.