

Anxiety II¹

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1. Stress? Anxiety

I started from a small linguistic observation from my clinical practice that surprised me. Why do so many patients say they are “stressed” when it is evident that they are anxious? We know that words matter in psychoanalysis. I will use this modest—but partial—example to try to show how psychoanalysis listens to anxiety.

2. Being “stressed”: an identified cause

The word “stress” is an English word that originates from the French word *détresse*. This etymology is quite interesting, although the meaning of the term has significantly diverged from it, which does not seem to be the case for the word “anxiety.”

Larousse defines the term as follows: (*Medicine*) “a state of nervous tension due to excessive work or responsibility, which may lead to physical or psychic disorders.” Stress is therefore a state of nervous tension due to an external cause (work, responsibility).

Why then do patients not say they are “anxious” but prefer to say they are “stressed”? It is no coincidence that someone uses a word that is not their mother tongue; these are often “taboo” words, loaded with meaning.

“Being stressed” seems less serious than being “anxious,” as if this were the power we give to language: to say things, to name them, could make situations we fear as problematic become real, while not saying them would make them nonexistent. As if the first thing anxiety seemed to favor was precisely the fact of not naming itself. In any case, one could say that talking about “stress” is a linguistic error.

3. And anxiety?

What does anxiety mean? According to Larousse, it comes from the Latin *angustia*, meaning narrowness, difficulty. It is “a feeling of intense anxiety due to great danger or the threat of disaster [...] In psychology: an oppressive feeling without a specific cause.”

At first glance, this definition seems relatively close to that of stress. What differentiates them is that stress is caused by an external and precise factor, whereas in the case of anxiety, this is less evident and no “specific cause” can explain the fear.

For psychoanalysis, the stress mentioned by the patient—this symptom identified as having an external cause—replays something deeper and older, which is reactivated in the anxious situation the patient experiences. That “something deeper,” that “oppressive fear without a precise cause”—one should say “without an identified cause”—is more fundamental, something that accompanies the patient's history. While stress may disappear by isolating the external cause, anxiety is much more imprecise, as it accompanies the subject and may reappear, underlying stressful situations.

¹ Wordplay in Spanish: The title “*Angustia II*” can be rendered as “*angustiados*” in Spanish, which, when pronounced, closely resembles the French word “*angoissés*” (“anxious”), creating a subtle phonetic pun.

² https://umbral-red.org/images/red_vista_nro_2.pdf

4. Freud and projection: defending against internal threats

The idea that the threat we defend against is external is tenacious. It facilitates thought. If we reflect on it, it is everywhere: security companies protect against external threats (reinforced doors and alarms to guard against lurking dangers), but they rarely locate the threat inside or in domestic risks (a domestic fire can become a tragedy with an overly secure door). Racism works according to the same pattern: it is the other/foreigner, the external, who is bad.

Stress likely arises in part in the same way: by externalizing anxiety whose origin could be internal. This idea is not based on reality, and Freud introduces the hypothesis that the threats concerning the subject may not be external, but internal (drives, the unconscious, psychic conflicts).

One way to cope with these internal threats is to pretend they are external, through a psychic process that Freud identified as “projection.” In other words, the subject displaces the original anxious psychic scene to an external scene over which they have—or believe they have—more control. Although this mechanism seems effective in sparing discomfort, an inexplicable feeling of failure may persist, related to the forgotten situation. New failures in this alternative scene will inevitably add more stress to a situation that may lead to burnout. In this case, the substitution has not worked, and the new situation unconsciously recalls (or even reenacts) the old painful scene.

5. Psychic work: the symptom is never limited to itself and always refers to something else Anxiety and the relation to the Other

“The unconscious is structured like a language,” said Lacan. We can understand this phrase as the clinical observation that the patient’s thought and speech work by associations, and that one signification refers to other significations and other histories linked to deeper suffering. The symptom is like a “ball of meaning” waiting to be opened to refer to something else.

There is no doubt that the current situations experienced by the patient generate distress, but what the patient expresses through them, what haunts them, what accompanies them “demonically,” exceeds the identified tension and probably reactivates an older, unelaborated situation connected to the Other.

The Other is a Lacanian concept. Without attempting an exhaustive definition here, it could be defined as: “the Other is the one to whom I am indebted for being who I am.” By extension, it refers to symbolic or real situations of dependence on another (e.g., the newborn-mother relationship) and situates the subject-Other relationship as foundational in the constitution of the subject.

A mother repeats to her child that he is everything to her and that his departure would plunge her into unhappiness; another tells him she has sacrificed everything for him... in short, a series of variations on the axis of completeness in the mother-child dyad (more precisely, the subject/Other dyad). In this encounter of two discourses articulated around the question of lack, within this highly complex primordial bond—which cannot be fully elaborated here—an original situation of apparent completeness is constructed, in which anxiety finds its foundation.

In his 1963 seminar, Lacan approached anxiety as the state in which nothing is lacking for the subject, placing again the issue along the axis of completeness in the subject-Other relationship. Paradoxically, that nothing is lacking produces a highly anxious state—what Lacan expressed as “anxiety is the lack of lack.”

The availability of the Other despite distance is a very contemporary issue. After all, much technological progress offers very effective solutions to alleviate this anxiety of lack: the mobile phone ensures that I am reachable, or that I can locate my children at any time; an artificial intelligence creates a “new” Nirvana song, almost resurrecting the past... These technologies allow us to keep at bay the worry of not knowing where the Other is when we cannot see them.

The guilt generating anxiety can take different forms—and, Freud insists, may even be unconscious. It is related to fault, manifested in phantasmatic scenarios such as not having been able to absorb the suffering of a loved Other. This leads to phantasmatic interpretations in which separating from the

Other can be experienced as “abandonment.” It can also lead to self-sacrificing behaviors in which the subject gives themselves to the Other to repair their lack.

Perhaps patients say they are stressed because they wish to avoid speaking about anxiety, because they wish to avoid reopening the book of unfinished demands related to the Other.

Of course, this text is only a small glimpse into the vast issue of anxiety, whose purpose is to illustrate the therapeutic relationship as conceived by psychoanalysis. Psychoanalysis advocates a treatment that does not necessarily aim to eliminate the symptom, but to open the meaning it contains, so that the confused unconscious story it holds may be written.

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