

SYMPTOM AND ANXIETY

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What follows is the text of a talk presented at the sixth annual conference of the Affiliated Psychoanalytic Workgroups held in Omaha, Nebraska in September 2004. The APW began several years ago with the aim of providing lines of communication between otherwise disconnected Lacanian groups in the United States. The 2004 conference was hosted by the Centre for Psychotherapy and Psychoanalysis, Creighton University, Omaha. This centre was established four years ago and provides a locus of study and discussion for people coming from different perspectives and training in the fields of psychoanalysis and psychotherapy, including Lacanian and Kleinian. Originally suggested by Tom Svolos, the Centre has been supported with tremendous enthusiasm by Daniel Wison, Professor of Psychiatry in Creighton University, a self-confessed biological psychiatrist with a doctorate in anthropology.

What came across was a sense of a group of people meeting and talking because they have questions about the work they are doing. There was a remarkable ease with which discussion took place in response to the papers delivered despite the challenging nature of the material. Some of those present spoke of work in different settings where they were introducing an analytic position. For example, one spoke of her work in a university counselling service, another of his work in a probation context, and a third in a challenging social services setting in a ghetto of an American city.

The conference was entitled 'Working with the Symptom' and it provided me with an opportunity to return to Lacan's Seminar on

*Anxiety which we had read in a reading group some years ago.
What follows is a version of the paper I delivered.*

My response to the theme of the congress was to return to Lacan's Seminar *Anxiety*. Some years ago I had participated in a reading group which read this Seminar in the translation by Cormac Gallagher over a two year period. What struck me most on returning to the Seminar was the centrality of the function of the \underline{o} -object, the *objet petit a*, in Lacan's conception of the practice of psychoanalysis. If in analysis it makes sense to speak of working with the symptom, following Lacan's teaching in Seminar X, this can only be understood insofar as we are working with this lost object, cause of desire. In other words, working with the symptom should be predicated on working with the \underline{o} -object.

In order to approach something of a specifically psychoanalytic sense of the term symptom we can use as a contrast the way in which this term is used in other approaches to mental life. Yesterday¹ we heard about the DSM's *symptomatic* approach to 'personality disorders'. Recently there has been reference to what are called the 'new symptoms' of our time - the eating disorders, addictions, self-harm. To my mind these uses of the word symptom are not psychoanalytic. They describe behaviours, forms of acting-out. They do not even tell us much about what the symptom might be.

In order to trace what the psychoanalytic sense of the symptom might be it is important that we consider the use of the term in Freud's work. That is indeed an undertaking. For our purposes today I am afraid that I can only pick up one or two aspects of Freud's approaches to the symptom. Freud names the symptom as one of the formations of the unconscious. To get a sense of Freud's occupation with the question of the symptom consider the dream of Irma's injection, the inaugural dream of psychoanalysis. It could be said that this dream occurred as a response to

¹ The day before the conference there had been a one-day Clinical Workshop entitled "*Rethinking Personality and Personality Disorders*" at which there was a lot of discussion of the psychiatric sense of symptom as implied by the DSM approach to psychopathology.

Freud's concern about how he was working with the symptoms of his patients. The epigraph for *The Interpretation of Dreams* - *Flectere si nequeo superos, Acheronta movebo* - had been described in a letter to Fliess as the "motto" of symptom-formation.² The symptom can be approached as the dream is approached. It can be interpreted... as long as this is done in the same way as the interpretation of dreams is approached. In the Dora case Freud spells this out in an important comment. He says that:

*...a symptom signifies the representation - the realisation - of a phantasy with a sexual content, that is to say, it signifies a sexual situation. It would be better to say that at least one of the meanings of a symptom is the representation of a sexual phantasy, but that no such limitation is imposed upon the content of its other meanings. Anyone who takes up psychoanalytic work will quickly discover that a symptom has more than one meaning and serves to represent several unconscious processes simultaneously. And I should like to add that in my estimation a single unconscious mental process or phantasy will scarcely ever suffice for the production of a symptom.*³

Another aspect of Freud's approach to the symptom is his emphasis on its implication with the body. In the same case history he speaks of 'the production of a symptom' as 'the translation of a purely psychical excitation into physical terms - the process which I have called 'conversion'...'⁴

Symptoms, then, are part of the material of analysis. It is not that their meaning is found so much as their meaning is let go... a bit. In his 'Geneva lecture on the symptom' of 1975, Lacan identifies this as the contribution Freud has made: 'It's that symptoms have a meaning, and a

² Letter of 4th December 1896, two days before the famous letter of 6th December.

³ S. Freud. *Fragment of an Analysis of a Case of Hysteria*. S.E., VII, p. 47.

⁴ *ibid*, p. 53.

*meaning that can only be interpreted correctly – ‘correctly’ meaning that the subject lets some of it go ...*⁵

There is no doubt that this approach to symptoms is an important part of analytic work, a premise that guides the work however long it takes for the symptom to appear.

I am not sure of the connection between this approach to the symptom and the approach indicated in Lacan's Seminar *Anxiety*. I am also not sure of the connection between this approach to the symptom and the account found in *'Inhibitions, Symptoms and Anxiety'*. When preparing this paper I had thought that I would proceed chronologically and begin with the Freudian text before turning to the Lacanian. This tactic did not bear fruit. I realised that my only way to Freud's account was through Lacan's.

In the first week of the Seminar 1962-1963 Lacan sets out his stall for the year. He tells us straightaway that anxiety is close to phantasy. One of the main points of this Seminar is the proximity of anxiety to desire. At one point, anxiety is described as an "intermediary" between desire and *jouissance*. In the opening seminar anxiety is related to the desire of the Other. To indicate this Lacan produces a very memorable metaphor, one which he returns to over the course of the year. I will read out Cormac Gallagher's translation of the passage because yesterday we heard Bruce Fink's very stimulating discussion on masks, and Lacan's metaphor resonates with what we heard:

...putting on the animal mask which the wizard of the grotto of the three brothers covers himself with, I imagined myself before you confronted with another animal, this one real and supposed to be gigantic on this occasion, that of the praying mantis. And moreover since I did not know what kind of mask I was wearing you can easily imagine that I had some reason not to be reassured, in case where by chance this mask would not have been unsuitable for drawing my partner into some error about my identity, the

⁵ J. Lacan. *Geneva lecture on the symptom*, translated by Russell Grigg, *Analysis*, no. 1, 1989.

*thing being well underlined by the fact that I had added that in the enigmatic mirror of the ocular globe of the insect I did not see my own image.*⁶

Lacan refers to the question which indicates the transference, the *che vuoi?* - the what do you want? - addressed to the Other. This question upsets the line of narcissistic identification and introduces the dimension of the relation of the subject to the *objet a*.

Let us leave this more evocative material in order to consider, once again,⁷ the grid which Lacan produces in the Seminar on which he situates inhibition, symptom and anxiety.⁸ The first point Lacan makes is that these three terms are not all on the same level. This is important as it should prevent us from looking for equivalence between the terms or being tempted to reduce them to some kind of common denominator. He arranges them along two axes, a vertical one called movement and a horizontal one called difficulty. He describes these two terms as '*the two great traits of anxiety*'.⁹ In the first week of the seminar Lacan fills in most of the grid.¹⁰ He begins with inhibition where there is the least movement and the least difficulty: nothing is happening. How familiar is this complaint which represents a very effective way of keeping the subject away from his or her desire?

The next term is impediment which is situated to the right of inhibition. Just in case we were labouring under the simplifying wish that

⁶ J. Lacan. *The Seminar of Jacques Lacan, Anxiety 1962 – 1963, Book X*, translated by Cormac Gallagher. Unpublished. Session of 14th November 1962.

⁷ Earlier in the day the grid had been discussed in a paper by Tom Svolos entitled '*Introducing the symptom*'. I was very much in agreement with Tom that the work of analysis involves a move towards the symptom. That is, the symptom as Lacan situates this term in the Seminar.

⁸ It is worth noting that the German title of Freud's paper has the three terms in the singular: '*Hemmung, Symptom und Angst*'.

⁹ J. Lacan. op.cit.

¹⁰ For what follows the grid was filled in term by term on the Flip Chart. In this version of the paper the grid will also be built up in steps.

each of these terms might be mutually excluding categories Lacan tells us that *'to be impeded is a symptom; and inhibited is a symptom that has been put in the museum.'*¹¹ This is very informative when considered in the light of Freud's description of the close relation between the ego and inhibitions as opposed to the relation between the ego and the symptom:

*As regards inhibitions, then, we may say in conclusion that they are restrictions of the function of the ego which have either been imposed as a measure of precaution or brought about as a result of an impoverishment of energy; and we can see without difficulty in what respect an inhibition differs from a symptom: for a symptom cannot any longer be described as a process that takes place within, or acts upon, the ego.*¹²

An inhibition represents the situation where the ego has been induced to deaden the symptom.

Impediment is being caught in a trap and the trap is that of narcissistic capture. Here Lacan once again refers to the relation between the specular image and the o-object:

*...in the same movement by which the subject advances towards jouissance, namely towards that which is farthest away from him, he encounters this intimate broken fragment very close at hand, and why? Because allowing himself to be captured en route by his own image, by the specular image.*¹³

On the way to what Lacan indicates as *jouissance* the analysand falls into the trap of narcissism. How often is it that analytic work encounters such a narcissistic retreat? The point is put another way: the more the

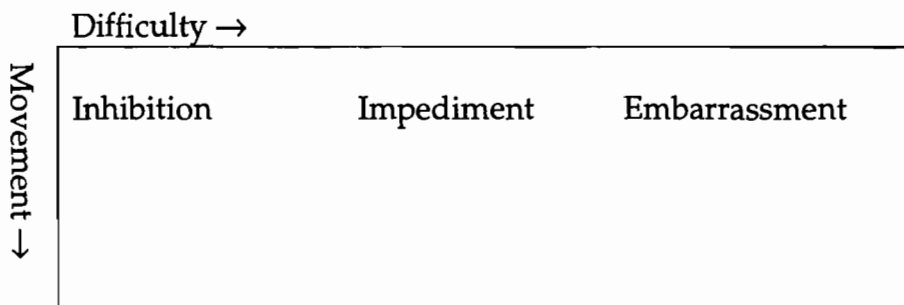
¹¹ J. Lacan. op.cit.

¹² S. Freud. *Inhibitions, symptoms and anxiety*. S.E., XX, p. 90.

¹³ J. Lacan. op.cit.

subject is caught by the specular, the more he is deceived, the further he is from (the object cause of) desire.

The next term is embarrassment which is in the position of greatest difficulty but with no increase in movement¹⁴: *'When you no longer know what to do with yourself, when you do not find anything behind which to barricade yourself, what is indeed involved is the experience of the bar.'*¹⁵ Later embarrassment is described as the dimension of too much.



When Lacan goes on to speak of the axis of greater movement he says that in the seminar they are *'descending towards the symptom'*¹⁶ thus indicating the central place of the symptom. For the moment nothing more is said about the place of the symptom.

Below inhibition on the axis of greater movement lies emotion. Emotion is "catastrophic", literally "a throwing out", "a throwing from". This position might well be mistaken for anxiety, for being in a state of anxiety. Below emotion is what Lacan calls *émoi*. The English word dismay fails to capture this sense of perturbation, the "collapse of power", "the call to disorder, even to riot", or "...the most profound form of being perturbed in the dimension of movement."¹⁷ Again, this position could be described by someone as an anxiety, or panic attack but Lacan will give

¹⁴ Interestingly Tom Svolos had translated *'embarras'* as constraint in his presentation, which catches this relation of difficulty to movement.

¹⁵ J. Lacan. op.cit.

¹⁶ *ibid.*

¹⁷ *ibid.* In his translation, Cormac Gallagher leaves *émoi* in the French.

different co-ordinates to anxiety. And it is to anxiety that he now turns, placing it in the bottom right of the grid. In this first week of the seminar Lacan does not complete the grid. He leaves two places marked with an X, saying only that they are '*of the greatest interest in the handling of anxiety.*' We will come to these two terms in what follows. For the moment, though, let us look at Lacan's positioning of anxiety. It is here that Lacan says straight out that anxiety is an affect. It is not repressed, '*...it is unmoored, it goes with the drift. One finds it displaced, mad, inverted, metabolised, but it is not repressed. What is repressed are the signifiers which moor it.*'¹⁸

	Difficulty →		
Movement →	Inhibition	Impediment	Embarrassment
	Emotion	Symptom	X
	Émoi	X	Anxiety

The following five weeks of the Seminar explore the o-object and its relation to anxiety. Lacan describes his aim as '*...to deepen the function of the object in analytic experience.*'¹⁹ Only then is he able to say what occupies the remaining two places. Anxiety is characterised as '*the dimension of appalling certainty*' compared to which a position of doubt, with its procrastination and rumination, is much preferred. Another position one can take to avoid anxiety is to act. Evocatively he says that '*...to act is to tear certainty from anxiety.*'²⁰ The remaining two slots on the grid both contain reference to acting: acting out and *passage-à-l'acte*.

¹⁸ *ibid.*

¹⁹ *ibid.*, 5th December 1962.

²⁰ *ibid.*, 19th December 1962.

	Difficulty →		
Movement →	Inhibition	Impediment	Embarrassment
	Emotion	Symptom	<i>Passage-à-l'acte</i>
	<i>Émoi</i>	Acting-out	Anxiety

These two terms are distinguished through reference to Freud's case of the homosexual girl.²¹ Lacan presents the case. A young woman is involved in a '*demonstrative love...for a woman who has undoubtedly a suspect reputation, with regard to whom she behaves herself, Freud tells us, in an essentially virile fashion.*'²² Lacan describes this as a form of courtly love. The woman, the loved one, shows clearly that she is not interested, which increases the girl's fervour. The relationship caused a scandal; it was very public and its denouement was also public. The young woman in the company of her loved one passes her father. He casts an irritated look at her and the older woman decides that enough is enough and tells the young woman to stop sending her flowers, to stop following her. At this point the young woman throws herself over the escarpment. She falls down. Lacan says that this falling '*is essential for every sudden relating of the subject with what he is as o.*'²³ Lacan explains what he means. The young woman at this moment becomes the *o* of her father. She had been in the position of supporting the father in his desire, of being the desire of the Other, but this had been disturbed by the birth of a baby brother. This had led her to become the support of the older woman, who was without the object, in the form of the phallus. At the moment of the look there is an absolute identification with *o*. Reduced to *o*, rejected by the look, she

²¹ Although here I focus solely on Lacan's reading of the case for the Seminar on anxiety.

²² J. Lacan. op.cit. Session of 16th January 1963.

²³ *ibid.*

leaves the stage. If a *passage-à-l'acte* is an exit from the stage, acting-out, in contrast, is very much on the stage. It is demonstrative and is directed towards the other. This term then describes the young woman's position while courting the older woman 'before everybody's eyes'.²⁴ The more scandalous the behaviour, the more effectively it functions in this position of acting-out on the grid.

Lacan makes some very useful points here regarding the difference between acting-out and the symptom. He says that '*... it is not essentially in the nature of the symptom to have to be interpreted – it does not call for interpretation as acting-out.*' However, '*...acting-out calls for interpretation...The symptom does not need you as acting-out does, it is sufficient of itself.*'²⁵ Acting-out is described as the beginning of transference. It is "wild transference". If it is the beginning of transference it would be misguided to locate it at the beginning of the treatment: '*...transference without analysis is acting-out, acting-out in analysis is transference.*'²⁶

What is to be done with acting-out? Or, as Lacan asks, '*how can one domesticate the wild transference?*' If we follow Phyllis Greenacre's advice we have three options: interpret it, prohibit it or re-inforce the ego.²⁷ It is not clear how the second differs from the third. It would seem to be something to do with an identification with the ego-ideal of the analyst. The second option of prohibiting is involved in the very way we speak of acting-out presupposing it to be a less than ideal position. We assign it to the imaginary. This unquestioning prohibiting fails to acknowledge it as a position taken up by the subject around anxiety. The first option - interpreting it - has, Lacan says, very little effect. This option is responding to its demand for interpretation. The subject knows this and also knows that the meaning of the acting-out is not what is important. What is important is the functioning of the *o* in it. My understanding of what

²⁴ *ibid*, Session of 23rd January 1963.

²⁵ *ibid*.

²⁶ *ibid*.

²⁷ The reference is to Phyllis Greenacre's paper 'General Problems of Acting-out', *Psychoanalytic Quarterly*, vol. 19, 1950.

Lacan is indicating here is that it is not for the analyst to interpret but for the analysand to interpret. This brings the analysand to articulate his/her place in the transference. This allows effective analytic work to replace acting-out. Lacan is able to elaborate on Freud's phrase to describe the handling of the transference as the handling of acting-out.

So far this return of mine to the Seminar on anxiety, this rereading, has not yielded much on the symptom, explicitly... and it's getting late. That is not to say that there is not very rich material in the Seminar on the symptom. The symptom occupies the central position of these "nine forms of psychic suffering", as Tom Svolos very usefully described them, warning us off any tendency to arrange them hierarchically. In the final weeks of that year Lacan says that *o* as cause of desire announces itself in '*the field of the symptom*'.²⁸ It is for that reason that analysis requires the symptom to emerge.

Lacan spends a number of seminars tracing the symptom of the obsessional insofar as it involves the o-object and insofar as it emerges in analysis where other positions on the grid had been previously taken up. Analysis offers the possibility of articulating the symptom. For this to become a possibility, the notion of cause has to appear in the discourse of the subject. This appearance constitutes a "rupture", a break in the behaviour of the subject. Lacan says that '*this rupture is the necessary complement for the symptom to be approachable by us*.'²⁹ In other words, a question has appeared, *o* has been mobilised and there is a demand for analysis, an analysand.

A great deal more can be extracted from these weeks of Lacan's Seminar. It is beyond my ability to re-present much more than what I have picked out for your attention... and mine. My sense is that the Seminar (particularly the final sessions tracing the symptom of the obsessional) is much more effectively engaged with, in terms of clinical resonance, in the context of a reading group. The grid, I believe, is a very useful framework. The positions on the grid can serve as co-ordinates in analytic work ... as

²⁸ J. Lacan. op.cit. 12th June 1963.

²⁹ *ibid.*



long as we don't become too obsessively programmatic with them... and that is always a danger.

Nonetheless if the positions on the grid can be said to represent nine forms of psychic suffering they may also be considered as nine positions in relation to the object and it is the object that we are working with in analysis.³⁰

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³⁰ I am indebted to Helen Sheehan for a conversation which led me through the work in preparation for this paper and for the formulation with which it ends.