

DUBLIN BUSINESS SCHOOL

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**A PSYCHOANALYTIC EXPLORATION OF THE ROLE OF ANXIETY,
SYMPTOMS AND INHIBITIONS IN HIDING DESIRE AND
PREVENTING MOVEMENT**

**THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
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Abstract

Inhibitions, symptoms and anxiety are common reasons for people to attend psychotherapy. When a person's life or an aspect of it isn't turning out as they had hoped or isn't giving them pleasure and it seems they always fail at the same things in the same way it is natural to be curious why these patterns keep repeating themselves. This thesis will explore inhibitions, symptoms and anxiety from a psychoanalytic perspective focusing on the work of Sigmund Freud and Jacques Lacan. It will examine the function these processes serve, how they work and how they relate to each other. The psychoanalytic treatment will then be addressed; looking at what the treatment aims to do for the client and the position the analyst needs to take up in order to serve the client most effectively.

Introduction

You're going to have to find out where you want to go. And then you've got to start going there.

— J.D. Salinger, *The Catcher in the Rye*

Inhibitions, symptoms and anxiety are common reasons for people to attend psychotherapy. When a person's life or an aspect of it isn't turning out as they had hoped or isn't giving them pleasure and it seems they always fail at the same things in the same way it is natural to be curious why these patterns keep repeating themselves. This can affect people's ability to live their life to their full potential in many ways; their academic performance, their working life, their inter-personal relationships and potentially in all aspects of their life. It can be frustrating for a person to be unable to achieve or enjoy something they wish to in spite of consciously desiring it. These failures to bend our destinies to our will may include things such as not achieving good grades, not enjoying or being able to complete tasks at work effectively, not being able to maintain a relationship or not being able to stick to a diet in spite of a strong desire to lose weight or be healthier. Often it can seem the more focused a person is on achieving something or ceasing unwanted behaviour the further away from that accomplishment they get.

This thesis will explore inhibitions, symptoms and anxiety from a psychoanalytic perspective focusing on the work of Sigmund Freud and Jacques Lacan. It will examine the function these processes serve, how they work and how they relate to each other. The psychoanalytic treatment will then be addressed; looking at what the treatment aims to do for the client and the position the analyst needs to take up in order to serve the client most effectively.

Freud (1926, p.132) says that anxiety is “in the first place something that is felt...[it] has a very marked character of unpleasure...but that is not the whole of its quality.” He also points out that anxiety has physical sensations which accompany it. Freud (1926, p.135) explains that this experience emerges in two ways, first it can emerge due to experiencing a new situation of danger or second it can emerge as a warning in order to prevent a dangerous situation from occurring. Freud (1926, p.144) goes on to tell us that “symptoms are only formed in order to avoid anxiety: they bind the psychical energy which would otherwise be discharged as anxiety.” He points out that it follows that if someone is doing something to avoid anxiety then “in this sense every inhibition which the ego imposes on itself can be called a symptom.” (p.144). This confirms Freud’s earlier assertion “That there is a relationship between inhibition and anxiety is pretty evident. Some inhibitions obviously represent a relinquishment of a function because its exercise would produce anxiety.” Freud (2001, p.88). Vanheule (2001) tells us that “the absence of activity (inhibition) and excess of it (compulsion) are attempts at avoiding a confrontation with desire.” He explains that while symptoms represent a struggle with a repressed desire which keeps returning as it is unresolved an inhibition is an attempt by the unconscious to deny that this desire or drive even exists. He concludes that inhibitions and symptoms are a way to maintain control. This control comes with the price of surrendering subjectivity and the opportunity to mobilise one’s desire. Gallagher (1996, p.1) explains that psychoanalysis “could be said to be organised around the use of the talking cure to understand and treat anxiety, making of this most unpleasurable experience a way for the sufferer to gain access to the truth of his or her subjectivity.”

Aims and Objectives

Aims:

- The paper seeks to examine how inhibitions, symptoms and anxiety can hinder a person's ability to live their life in a fulfilling way

Objectives:

- To understand the causes and functions of inhibitions, symptoms and anxiety through the work of Freud and Lacan
- To explore how these processes interact with each other and the problems they can cause in a person's life
- To consider how a person might overcome these issues and enjoy their life as a more fulfilling experience

Chapter one: Anxiety

In his paper, *High Anxiety*, a theoretical and clinical challenge to psychoanalysis, Cormac Gallagher (1996, p.1) says that *psychoanalysis* is based on using the talking cure as a way to treat anxiety. By facing the anxiety and understanding it a person can gain an understanding of their desire. This is a favourable outcome as the alternative is to suppress the anxiety which in turn suppresses the emergence of desire and reinforces alienation.

Freud (1926, p.132) describes *anxiety* as an unpleasurable feeling accompanied by distinct physical sensations usually related to breathing or one's heart. Sensations can be perceived while experiencing them and are evidence that discharge plays a role in anxiety. This physical aspect distinguishes anxiety from other negative experiences such as mourning or pain. Freud (1926, p.133) says that the experience of anxiety is a repetition of a similar experience from the past and that it is likely to be a re-experiencing of the trauma of birth. Anxiety was a reaction to a state of danger and when anxiety is experienced again in later life it is because one is experiencing a state of danger again. He explains that while all animals do not experience the trauma of birth they probably do experience anxiety; this can be reconciled by the fact that anxiety serves the essential biological function of providing a reaction to a state of danger, so it may be created differently in each creature out of necessity. This link to the trauma of childbirth can be seen in the experience of anxiety. During childbirth increased activity in the lungs and increased heart rate serve a function in surviving birth. When this increased activity is repeated in an anxiety state it does not serve the same biological function and so may be inappropriate for the danger the person is experiencing however a person may also enter an anxiety state when anticipating danger and in this scenario anxiety serves the function of a warning allowing appropriate action to avoid the

dangerous situation (Freud, 1926, p.134). This brings us to the question of what is a situation which produces this anxiety state.

Freud (1926, p.136) explains that while the experience of childbirth may produce the sensations of anxiety it is unlikely that this experience produces the signal that sets off the anxiety state. This is the case for various reasons. A baby does not have the mental capacity to remember the experience of childbirth and it is not possible to know for certain what this experience is like for the child. He also points out that if it was the case that the child missed the safety and security of the womb then being placed in darkness should help to recreate this experience however it is one of the most common causes of anxiety in children. Looking at the most common reasons for anxiety in children gives us a clue to what activates the anxiety state. These all involve some kind of separation from the caregiver and the longing that is felt for the missing caregiver turns into anxiety. This loss is experienced as dangerous because the child instinctively realises that the caregiver fulfils all its needs and without them their survival is in question. As the child is powerless to resolve the situation the tension grows leaving the child with a high level of stimulation without the means to discharge it, similar to during birth. The child's reaction to this is increased heartrate and activity in their lungs expressed by crying to alert their caregiver to their situation. It is this build-up of stimulation which needs to be discharged which feels dangerous and produces anxiety. When the child becomes aware that this feeling can be resolved by an external object, the caregiver, it displaces the danger it experiences due to this build up and discharge of stimulation onto the occurrence that causes this experience, that is the absence of the caregiver. This is an important step for the child as it now has a means to signal the experience of danger to the caregiver which is vital for self-preservation and marks the beginning of anxiety as a tool to voluntarily signal danger (Freud, 1959, p.138).

A means to signal danger is necessary due to the child's biological and mental helplessness. The anxiety experienced due to the child's separation from the safety of the womb is mirrored by the child's anxiety due to separation from the caregiver. This theme of separation causing anxiety is extended further when we consider castration anxiety. The penis represents an opportunity to reunite with the mother through sex with a substitute and to potentially be denied this represents a new separation. The fear of this unmet need is thus given a specific object and is attached to the individual's genital libido. This experience of fear then moves once again due to the super-ego. As the fear of castration transfers from the parental figure to the internalised parental figure the danger becomes less defined and our fear of castration changes into social and moral anxiety without an origin which is clear to us (Freud, 1926, p.139). This is anxiety caused by the ego's fear of the super-ego and the idea that it will punish it and withdraw its love. Freud (1926, p.140) believes that the final change this fear makes is to "the fear of death (or fear of life) which is the fear of the super-ego projected on to the powers of destiny."(Freud, 1926, p.140). These new fears which cause anxiety emerge through time but this does not mean that the previous fears necessarily disappear. It is usually the case that each fear will emerge at the appropriate stage of life but a fear may persist beyond the stage expected and fears may be active simultaneously (Freud, 1926, p.142).

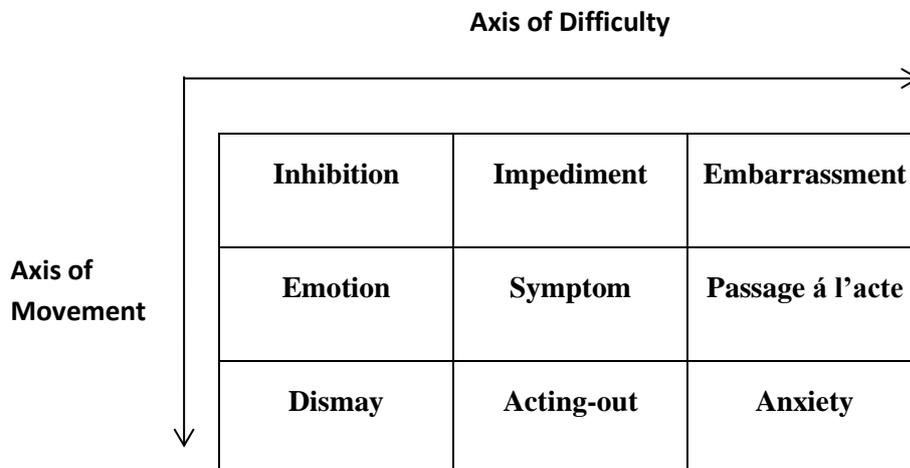
Gallagher (1996, p.3) tells us that Lacan believed that anxiety was fear with an object and establishing this object is the key to understanding anxiety and desire. This understanding is rooted in language and its relationship with desire. Language is our only way of understanding ourselves and the world around us. However there is existence outside of language which we have no way to account for or understand. Lacan explained this phenomenon using symbols representing concepts which interact with each other to create anxiety. (Gallagher, 1996, p.4). The subject is born and represented by the letter s. Once the

subject is described using language for example, it's a boy or, it's a girl, it is represented by $\$$. The letter O represents the source of language for the subject, this is usually the mother. The part of the subject that exists outside of what can be described by language is represented by the letter o. Finally $i(o)$ represents the main structure of the ego and is formed in the Mirror stage when the subject identifies with its mirror image. This $i(o)$ symbol is what the subject recognises itself as and o is the part that it is not subjectively aware of except through experiencing anxiety. Similarly all objects we understand are marked by language from O and this is our subjective reality, $i(o)$. However this is only part of the real as not everything can be represented by language, the things which cannot are at the level of an o-object.

The things which cannot be represented by language should not come into our subjective realities but when they do this unsettling experience is the object of anxiety represented by an o-object entering into the field of $i(o)$ (Gallagher, 1996, p.5). A disturbance in the subject's sense of reality comes about in the relationship with the Other. The subject looks for the Others assent to give it a sense of stable reality and this may not always be forthcoming or may only be partly forthcoming. This is inevitable as even a missed questioning glance is enough and when the subject experiences this desire of the Other for something else it is an experience of strangeness in the world and anxiety is the result (Gallagher, 1996, p.6). Lacan describes this strangeness as uncanny and this feeling distinguishes anxiety from other similar experiences (Gallagher, 1996, p.7).

Chapter two: Inhibitions and Symptoms

Inhibitions and symptoms both serve the function of denying desire to avoid anxiety in the obsessional structure. While symptoms attempt to deny a desire which is unacceptable to our conscious mind by sublimating this desire onto an unrelated activity, inhibition attempts to deny desire by erasing it from existence. Inhibitions are an attempt to control anxiety by renouncing desire and in turn drive (Vanheule, 2001). Lacan explains inhibitions, symptoms and anxiety using the triad of real, symbolic, and imaginary. The lack of movement caused by inhibition is due to an intrusion into the symbolic field. This slows the process of symbolic articulation, stopping the creation of symptoms which would allow the subject to express the unacceptable conflict (Vanheule, 2001). Gallagher (1996, p.11) presents a matrix that Lacan used to explain the relationship between inhibitions, symptoms, and anxiety.



Gallagher (1996, p.11) explains that presenting psychoanalytic ideas in this way was typical of how Lacan liked to teach. Presenting the information in this way gives the reader the challenge of having to make a distinction between the different ideas and how they relate to each other. The axis of difficulty represents the least to most difficult in terms of maintaining desire. Gallagher (1996, p.13) tells us that according to Freud pure *inhibition* is a simple

lowering of function. As it moves further along the axis of difficulty the aspect of inhibition which relates to symptoms is an *impediment*. The example of a speech impediment is used to illustrate this. In this case as well as a lowering of function there is also an interruption of the production of speech (Gallagher, 1996, p.13). Further along the axis of difficulty *embarrassment* provides a link between *inhibition* and *anxiety*. Gallagher (1996, p.13) describes the meaning of embarrassment in this context as “the subjective experience of being hampered, encumbered or perplexed in the face of outside forces.” (p.13). This is described as the experience of not knowing what to do with oneself and having no more defences to hide behind. It is the barred subject facing the desire of the Other as the signifier and not knowing how to respond (Gallagher, 1996, p.13). In this way it can be seen that embarrassment involves inhibition as it prevents movement and is caused by anxiety at the core of the subject.

On the axis of movement inhibition is related to symptoms through *emotion*. Gallagher (1996, p.14) defines emotion in this context as being knocked out of motion towards a goal due to a reaction to something. Something happens and the subject is side-tracked from what they subjectively want and this can be seen as an inhibition as the appropriate movement is not taking place. Gallagher (1996, p.14) says that anxiety is “a failure of the ‘hystericisation’ which would have allowed the subject to remain in the imaginary of an ancient drama rather than face the real.” This shows why emotion is at the level of a symptom as opposed to the more severe experience anxiety provides the subject. (Gallagher, 1996, p.14). *Dismay* is the coordinate on the movement axis which links inhibition and anxiety. Once again the language is important and the correct understanding of the word informs an understanding of experience. Gallagher (1996, p.15) explains that dismay means to ‘discourage completely’ and to be dismayed is to be completely overwhelmed or crushed. It occurs when the subject is

confronted by something which touches on the o-object of which they are completely unaware and this experience leaves them paralysed unable to understand or account for it.

This leaves the coordinates that link symptoms and anxiety. These coordinates are *acting out* and *passage á l'acte*. Both are symptoms and both use action to avoid an encounter with the real which would cause anxiety. (Gallagher, 1996, p.16). Gallagher (1996, p.16) uses Freud's case in *The Psychogenesis of a Case of Homosexuality in a Woman* to illustrate the difference between the two acts. The case involves a young woman flaunting her relationship with an older woman to her parents. It is her role in the oedipal drama. She is acting out as revenge for the realisation that she is not the object of her father's desire. This then led to a confrontation with the father in which he gave her an irate look on the street which she perceived to mean that she was now nothing in his eyes. When this incident was followed by rejection by the older woman the result was a loss of subjectivity which led her to a serious suicide attempt. It is a passage á l'acte which is an impulsive action designed to remove the subject from a situation which they cannot bear.

A *symptom* is experienced by the ego as something foreign which it knows nothing about. It occurs due to repression caused by the ego rejecting a function which would cause extreme conflict (Vanheule, 2001). Inhibition on the other hand involves renouncing a function and this removes the need for repression. In this case the conflict is avoided not because the unacceptable desire is repressed and carried out in a disguised way but because the desire while still existing is not carried out at all (Vanheule, 2001). This is important to consider when addressing how to treat inhibitions and symptoms. With symptoms the anxiety provoking drive has been bound to a signifier with the symptom letting us know the drive exists and the puzzle being to uncover the original repression. However inhibitions cause an extra problem for treatment as the absence of a symptom means uncovering the conflict in the first place is more difficult.

Chapter three: Treatment

It is evident anxiety is a response to an experience which feels dangerous. Symptoms and inhibitions are a way to avoid anxiety by disguising or denying a desire which feels dangerous. Separation from desire is the result and this leads to a life lived without subjectivity with actions determined by unconscious forces of which the subject is unaware. This can lead to a loss of desire which may lead to depression. As Vanheule (2001) points out “The subject would thus pay for the avoidance of anxiety with his own being.” Gallagher (1996, p.20) explains that in treating a client suffering with anxiety the goal should not be to cure the client but to introduce them to their own desire. When dealing with symptoms there is a clear indication that a desire exists but this desire is sublimated onto another activity. When the subject experiences a repressed impulse their symptom is their symbolic way of satisfying this desire. However this impulse keeps returning because while it may have been temporarily calmed the impulse does not go away as the repressed desire has not been met (Vanheule, 2001). Inhibition also fails to meet the desire it denies. It attempts to erase the drive and prevent the impulse from manifesting (Vanheule, 2001). Once again the subject is separated from a desire which still exists as it has not been met. The challenge in both cases is to help the client to become aware of their desire, to experience the anxiety this causes and learn to deal with it in a way that allows them to live their life on their own terms.

Gallagher (1996, p.20) explains that the position the analyst takes up and the desire the analyst has which informs this position are important considerations in attempting to achieve this outcome. The analyst must not have an ideological template of how the client should develop or use the client as an experiment to try to identify objective patterns in their speech and behaviour (Gallagher, 1996, p.20). There must be no plan for how the client should turn out or how their life should look after therapy as the client’s desire is the only thing that

should answer these questions. The analyst's role is to introduce the client to their own desire and help them to tolerate their lack rather than pretending that therapy can remove this lack through increased self-knowledge or ego-strength (Gallagher, 1996, p.20). The analyst must avoid trying to be the expert that has the cure and must control their desire to understand in order to allow the clients desire to emerge. When the clients desire begins emerge this may result in an increase in their anxiety which in turn may increase the analysts anxiety as it can appear the client is getting worse instead of better (Gallagher, 1996, p.22). It is important for the analyst to be aware of this as it is often the case that an attempt to make things easier for the client by managing the amount of anxiety they are asked tolerate is in fact an attempt for the analyst to avoid their own anxiety. This is a particular risk when the analyst makes it their goal to cure the client and fix their problems (Gallagher, 1996, p.22). The analyst must trust the process, allowing the client a safe space to experience their desire and the anxiety it produces with the cure a bonus to this process (Gallagher, 1996, p.22).

Freud's approach to doing this is to uncover over time what has been repressed to the unconscious. The transference which occurs during this process is a repetition of the past which allows the client to see that they are no longer appropriate to how their life is now. Anxiety is the result of re-experiencing object-loss from early childhood which leads to separation anxiety, castration anxiety, and super-ego anxiety. The analyst helps the client to remember and process these early experiences. In this way the root cause of the anxiety is attempted to be uncovered and in doing so the client gains a better understanding of themselves and this will resolve the anxiety or allow the client to learn to live with it over time. The analyst uses consistent tolerance to achieve this showing the client that their anxiety is caused by an experience far removed from their current situation and has no relevance to their life now (Gallagher, 1996, p.21).

Lacan agrees with Freud that dreams, slips of the tongue and jokes give a window into the unconscious and are a valuable way to introduce the client to the idea of unconscious desire and the power it has in dictating how they live their life (Gallagher, 1996, p.22). However Lacan did not believe that anxiety was fear without an object. The object of anxiety is the real which appears where it is not expected (Gallagher, 1996, p.21). It can be understood as the appearance of an o-object in the field of i(o). As a result of this Lacan believed that it was the analyst's job to allow this to happen during therapy (Gallagher, 1996, p.21). In order to achieve this the analyst must take the position of the real o-object for the client. This means that rather than take the position of i(o), the caring mother figure that offers emotional re-education after traumatic experiences, the analyst must withdraw as far as possible to keep the question of their desire alive for the client (Gallagher, 1996, p.21). By doing this along with using interventions which highlight the element of non-sense in the client's conversation the analyst can bring the real to the client's attention. It is in these instances where desire manifests itself and it is in these instances where analytic interpretations should be made. Gallagher (1996, p.22) tells us that Lacan thought that one of the most effective ways to achieve this was to end a session. This psychoanalytic act aims to present the client with an enigma which it is hoped will provoke them and break through their defences (Vanheule, 2001). The absence of movement in the client's life is disrupted by the psychoanalytic act and it is hoped that this will create a lack for the client which will allow desire to emerge leading to a more fulfilling life (Vanheule, 2001).

Conclusion

Anxiety occurs when the real enters the imaginary. One experiences this as frightening. By uncovering the repressed desire the anxiety can be removed or made more manageable. These desires have been repressed or completely denied because the drive they create is not acceptable. However these processes were established at a different stage of life and desires and impulses that were threatening then may no longer be threatening to us now. An anxiety state is still activated whenever one of these repressed desires re-emerges. This creates a situation where the person is not aware of what these desires are but is instinctively frightened of them anyway.

It has been shown that *inhibitions* and *symptoms* are a way to deal with anxiety caused by desires we experience as unacceptable. A *drive* is being denied completely or carried out in a disguised way. Neither of these solutions give full satisfaction but are a way of coping with these unacceptable desires. This may lead to underperformance or lack of enjoyment of work, inter-personal relationships or life in general as actions and behaviours which cannot be accounted for in the conscious mind are continually repeated. There is an additional problem as when real desire re-emerges it causes anxiety as it is not recognised as part of oneself and is experienced as frightening. The real desire hides behind these inhibitions and symptoms and the goal is to help the client to reveal and understand these desires. Inhibitions and symptoms may serve a purpose but understanding desire allows awareness of choices being made. This can be challenging as repressed desire is what causes anxiety so facing it can provoke increased anxiety in the client which can cause anxiety in the therapist. Gallagher (1996, p.22) explains that the therapist must:

...allow the strangers who come to us to sustain the anxiety they must endure if they are to escape the alienation of the generalised life, refuse to yield on their desire and keep the rendezvous with their own destiny.

It has become clear that the goal is not necessarily to overcome inhibitions or symptoms but understand the repressed drives, to give greater awareness rather than to give a cure.

Gallagher (1996, p.22) tells us that Lacan liked to say that “The cure comes as a bonus”. This is important as it informs the position the therapist needs to occupy. The literature suggests that the therapist needs to withdraw and provoke in order to engage the client dealing with these issues. It is important to be aware of the anxiety provoked by this process as the anxiety caused to the therapist due to the clients suffering may motivate the therapist to try to save the client. This attempt to save the client from unbearable anxiety may in fact be an attempt to save the therapist themselves (Gallagher, 1996, p.22). Vanheule (2001) explained the importance of this provocation in re-establishing desire when describing Pierre Ray’s experience of analysis with Lacan. “His life at the time was a matter of non-action. He did literally nothing.” Lacan created movement in his life using psychoanalytic acts designed to unsettle Ray and create lack. Vanheule (2001) tells us that “What Lacan did was to create this necessary lack.” Once this connection with desire is re-established this provides the drive to engage and live a more fulfilling life with more control of one’s destiny.

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