

PSYCHOTIC ANXIETY AND ITS CORRELATE IN BODILY EXPERIENCES: Some Remarks on 'New Symptoms'

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Introduction

The Lacanian elaborations on anxiety have not confirmed the final Freudian views that anxiety should be seen mainly as a phenomenon due to a transformation of the libido or a signal of abandonment located in the Ego. Nor did they confirm the Kleinian doctrine following which depressive anxiety should be seen as a possible amelioration of psychotic anxieties. Two crucial moments should be underscored: the seminar on Anxiety, 1962-1963, where anxiety is presented as underpinning desire, and the RSI seminar (ten years later), which can be seen as Lacan's ultimate elaboration on this subject. On this last occasion, Lacan claims that anxiety is located in the imaginary, implying that the 'knotting' between the Imaginary, Real and Symbolic have specific effects on it. This is another way of describing the specificity of object *a* which was at the core of his doctrine of anxiety in the 1962-63 seminar. In fact, Lacan considered that object *a* is seized by a knotting of the three dimensions. The 'intentionality' of the fantasy can thus be described in terms of knotting of these three dimensions.

We can basically differentiate three main aspects in neurotic anxiety in this latter model:

- (1) The aspect of anxiety which is determined by the dependency of the imaginary as body-image on the symbolic that bestows 'sense' (S/I) to it,
- (2) Castration threat as the result of the manifestations of an 'outside-the-body' entity, the phallus, as determined by the phallic *jouissance* (J(Φ)),
- (3) A fault, a debt by which the father fails to respond to the mother's, as determined by the *jouissance* of the Other (J (A)), even though the Name-of-the-Father metaphor has been incorporated.

Applying the RSI model to anxiety in neurosis

The neurotic clinic of anxiety shows various combinations of these. Phallic manifestations, in so much as they are situated 'outside the body', clearly respond to (2) and are responsible for the coming forth of phobia, 'common platform of neurosis'. Various kinds of limited depersonalisation phenomena respond to (1) in circumstances where the symbolic proves insufficient to 'structure' the imaginary image, such as they are described in Freud's article *Das Unheimliche*. Mental events (unconscious choices) accentuating the imbalance that has determined the creation of the symptom give way to the anxiety that underlies it (3). This is frequently expressed by the manifestation of 'acting out', as in the case of the Rat-man, whose projected marriage with a rich cousin propels him into the untenable position of repeating his father's fault or, for Dora, whose implication in a complex affair with the husband of her father's paramour leaves her helpless in her raw confrontation with what is due to her mother. Alternatively, psychosomatic phenomena may also occur as a result of the catastrophic, 'holophrastic' structure of the mental situation the subject is confronted with (J. Lacan, *Seminar XI*).

The 'Name-of-the-Father' solution established by the repression of the mother's desire (whim) under a signifier, the model of which Lacan sees in the 'fear of God', promoted by monotheistic religions (J. Lacan, *Seminar III: Psychosis*), separates the neurotic subject from psychotic experiences, by closely knotting together the phallic *jouissance* with the *jouissance* of the Other (a variant of the classical Freudian equivalence between Oedipus complex and castration complex).

Nevertheless, it does not protect the neurotic from a confusion between his desire and the Other's demand (J. Lacan, *Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious*), opening the way to anxious *Erleben* and possible decompensations. The 'preying mantis solution' (J. Lacan, *Seminar X*), the Lacanian response to Ferenczi's and M. Balint's theses on the 'natural end of the cure' (Sauvagnat, 1999), is the solution proposed to counterbalance this eternal tendency: the analytic operation, determines a loss of *jouissance* through the accentuation of the difference between the object *a* and the Ego-Ideal, resulting in a definition of the analyst's desire as an 'absolute difference', and the end of the cure as an 'assumption of the being-for-death' in the sense that is quite different from what Heidegger had promoted.

Going through anxiety becomes, in Lacan's *Seminar XI*, the paradigm of psychoanalytic intervention where the difference between object *a* (cause of desire) and Ego-ideal is maximised. This is allowed, according to Lacan (*Position of the Unconscious in Ecrits*), by a specific function of the Name-of-the-Father: that it is 'at the principle of separation'.

Three aspects of psychotic anxiety

Now it is quite clear that with psychotic patients, such a strategy is untenable.

On the basis of the RSI model, such as it is described by Lacan in his last seminars, three basic kinds of typical anxiety phenomena can be described in psychosis, none of which can be reduced to neurotic structurations:

- 1) The issue of the limits of meaning (S/I), that is, such clinical phenomena as the limits of the world (End-of-the-world (*Weltuntergang*) anxieties), the limits of the body,
- 2) Persecution anxieties, in which the lack of separation between the subject and the Other is put to the fore (I/R), confronting the subject with impossibility to limit the extension of the Other (J(A)).
- 3) The phallic *jouissance* (J (Φ), i.e. R/S) as ultimate reason of the mastery of the sphincters, in which the Real is supposed to surmount the symbolic: this is made perilous by the lack of the S (barred A) in psychotic individuals, and determines a series of specific anxiety phenomena, related to what, in the body, should normally be received, lost, given or thrown away.

Frequent issues in the diagnosis of psychotic anxiety

Now, if some of the classical clinical descriptions of psychotic decompensations do picture some of these modes of anxiety (for instance: persecutory anxiety in J.P. Falret, delusional hypochondria in Benedict Morel, end-of-the-world anxieties in Max Müller, etc.), there are a number of cases in which psychotic anxiety phenomena go unnoticed. This may be due to the subject's own secrecy about his experiences or his creativity in the compensation of these phenomena or, finally, in the promotion of 'new symptoms' allowing him to give socially acceptable explanations to subjective distress. We could thus differentiate, on the Lacanian basis, between 'new symptoms' determined by individuals who are the prey of an unregulated *jouissance* of the 'sense', those who are assailed by the enigma of the *jouissance* of the Other, and those who have little disposition to cope directly with the phallic *jouissance*. The last case is probably the most striking, and the issue of apotemnophilia, in which patients claiming to have unnecessary surgery performed on one of their limbs, in order to get rid of an organ they experienced as 'outside the body' has raised public outcry.

I will propose here a few suggestions inspired by the RSI approach of psychotic anxiety:

- 1) Psychotic anxiety may seem to be neurotic - but it is not the intensity of the manifestations that really count. The apparently low-key anxiety of a patient about, for instance, his alleged impotency may very well conceal experiences of delusional 'mental exhaustion' or erotomania related to the confrontation to the other sex. A discrete phobic symptom may very well conceal persecutory experiences. A low-key complaint about the shape of one's body may quite well be a way to deal with severe experiences of bodily transformation,
- 2) The diagnosis should take in consideration the various modes of *jouissance*, i.e. the various ways in which intentionality is built up, when we are confronted with a patient with apparently one kind of anxiety phenomena.
- 3) Psychoanalytic interventions should take in consideration the cross influences of one kind of *jouissance* on another.

A classical example of this is of course DP Schreber's long-lasting compensation of the absence of the Name-of-the-Father metaphor in hope of having a child, which found a solution in his attempted transformation into God's wife.

I would like to mention here the case of a patient who, after being labelled 'slightly retarded' for years, appeared to suffer from a severe psychotic dysmorphia, in which he complained that young women, toward whom he felt strongly attracted, would never accept him as a sexual partner, because the (scarce) hair growing on his body was 'monstrous'. Curiously, this patient finally developed a sort of a private religion, in which he opposed himself to a wrathful God whom he presented as capable of creating monsters and accepted at the same time that he had to be careful not to be too 'fast' with women. In fact he was encouraged to delay *ad infinitum* a future sexual encounter. In this case, one can consider that an anxiety phenomenon strongly related to masculinity and sexual life has found some sort of solution by being (at least partly) solved in another domain, the domain of the *jouissance* of the Other (God).

Surviving psychotic anxieties: the limits of creativity

Obsessions can create a lot of anxiety in neurotic subjects. But not all obsessive thoughts should be considered as neurotic obsessions. A retired civil servant, consulted a psychoanalytically-oriented psychiatrist because of a very preoccupying sentence he heard over and over as he was falling asleep. The sentence sounded like Latin, but it was a mixture of several languages, evoking themes like death and resurrection and rapidly, as this colleague was recounting this case to me during a supervision, it made me think of Schreber's fantasy that "it would be beautiful to be a woman submit-

ted to copulation” and his deep embarrassment with it. Apart from this repeated sentence, which had a *gemachte Gedanken* quality, this patient presented with curious symptoms.

He had a special way of relating to others — what could be understood by his colleagues as a total lack of empathy and consideration of their feelings, and would probably be diagnosed by our North-American colleagues as an Asperger symptom. He very aptly compensated this by a remarkable sense of organisation. He was an officer in several societies. He seemed unable to produce unprepared free associations, and apparently rehearsed the analytic sessions, learned by heart what he wanted to say, eluding all remarks addressed to him by his therapist. He also had a strange relationship to his own body, explaining that he personally felt no necessity to wash, and that his wife had to take all the decisions concerning his personal hygiene, even the most intimate — a role she apparently has endorsed without major objections. Furthermore, he explained that he previously had to undergo several behaviour therapies in order to be able to perform ejaculation in due time — to no avail, as he had the feeling that this sort of bodily event would lead to an endless evacuation and to his total annihilation — an inconvenience he finally surmounted by the use of insemination in order to have a child. He finally entrusted a long series of minor bodily ailments to an army of doctors, submitting regularly the diagnosis and treatment ordered by each of them to the critical opinion of the next one.

This remarkable man, to whom the inconsistency of the human body is perfectly obvious, has managed to attain a respectable age without major decompensation through the invention of innumerable stratagems and various religious practices. He has successfully gone through the jeopardies of the phallic *jouissance*, and found astute ways of surviving the *jouissance* of the Other. He is now confronted with the parasitic qualities of language. It is clear that we will not pretend to bring him through anxiety in the same way we can propose this to a neurotic. What seems to be at issue here is to counter the intrusive effect of language and this is why he wants to talk to an analyst, in order to build up a new symptom to respond to some of the most anxiety-provoking issues of humanity: death and resurrection.

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