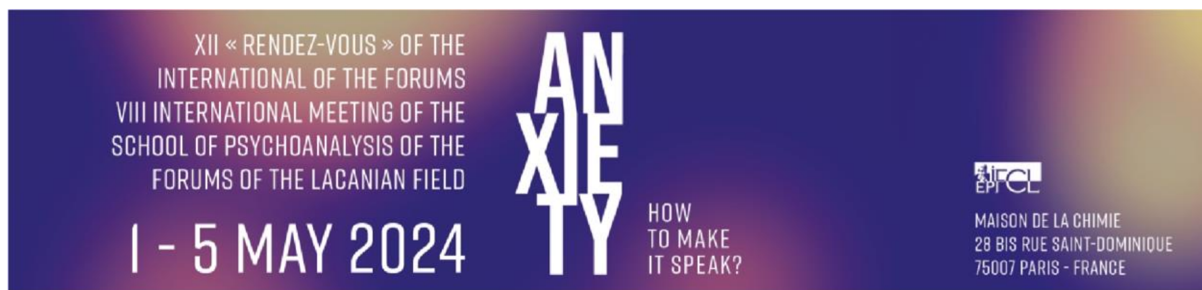


Anxiety in the family

Leonardo S. Rodríguez

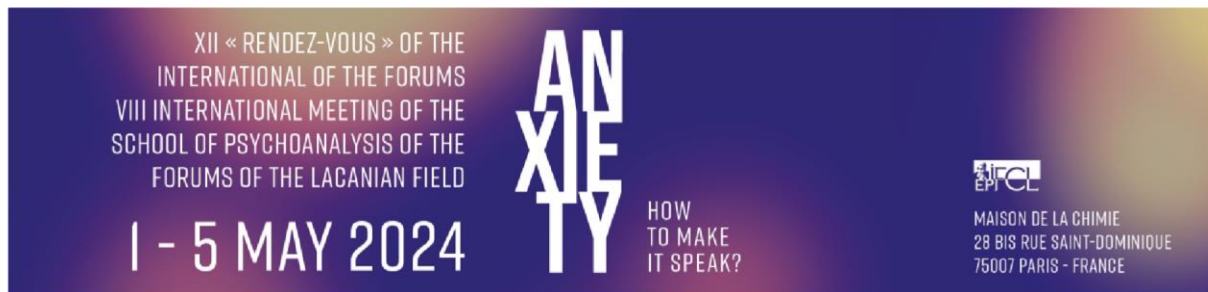
We are born anxious: anxiety is the first 'natural' affective and mental state that involves the whole of the body, even if it manifests itself through specialized organs and somatic functions – a point made by Freud early in the piece (Freud 1950a, 317-322). It is an essential ingredient in the process of humanization of the *parlêtre*, which requires passing through language and the social structures that are organized with the support of language.

Given the state of prematurity in which the infant enters the world – *helplessness* in Freud's terms – the discourse and life of the Other incarnated in the family is the foundational scenario where anxiety is socialized, metabolized and made fertile… or not, as it is also the scenario in which it is pathologically promoted, to the point that in our practice with children and adolescents we verify that anxiety has become a *way of life*. Its effects transcend the limits of the family and become a social affair.

The individual young subject whom we receive for analysis is at the junction between the centripetal and the centrifugal pulls of the tense dialectic relationship between family and society. Lévi-Strauss wrote that for any society the family is *both* its *condition* and its *negation*. (Lévi-Strauss 1987 [1983]) This is the fundamental cultural conflict that materially supports the *division of the subject*. The subject pays for its consequences with inhibitions, symptoms and anxiety, whereas culture pays for its contribution to the humanization of the *parlêtre* with its *discontents*. (Freud, 1926d; 1930a)

The life of the family dominates the existence of the child for quite some time – and in many cases for life. This means that the child's anxiety, the affect and signal of an encounter with the real, has an impact on the other members of the family, but also that the child receives the impact of the anxiety of the other members of the family. The accumulation of states of anxiety, experienced as unique and incomparable by each member, tends to produce an effect of *surplus anxiety* that is unbearable for all concerned.

A surplus anxiety emerges in the child in the typical situation described by Lacan in relation to the precarious position that little Hans occupies: he is 'left in the



lurch' by his 'symbolic entourage' when 'faced with the suddenly actualized enigma to him of his sex and his existence'. (Lacan 2006 [1957], 432)

With their discourse, Hans' parents introduced him into the world of language, and through it into the enigmas of sexuality and sexuation and of life and death, around which the parents experienced their own anxieties. They spoke to him with the best intentions, but they still left him in the lurch because their words were deceptive: they referred to impossible realities or were simply absent when they should have been present. It was left to Hans to pick up the pieces, which he did as best as he could, Lacan wrote, by developing a myth, using a limited number of signifiers, and constructing 'the signifying crystal of his phobia'. (Freud 1909b, 3; Lacan 2006 [1957], 432)

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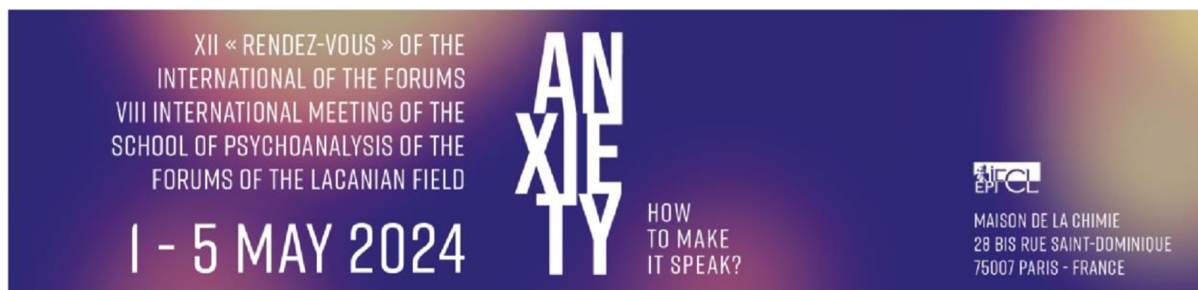
One could say that the newborn is also left in the lurch: she is brought into a completely new environment and responds with her first anxious cries. Normally her symbolic entourage comes to her rescue, and offers her the alternative path of desire and humanization.

Many children attempt to come to the rescue of their parents or siblings to alleviate the anxiety in the family. This constellation – which Lacan presents as a symptomatic response in his 'Note on the child' – is, despite its complexity, as he puts it, open to our intervention. (Lacan 1992 [1986], 7)

But the efficacy of our intervention, Lacan then says, is reduced when the child *realizes* the object *a* in the mother's fantasy, particularly when the child's somatic symptom requires her attention and care. (Lacan 1992 [1986], 7) The somatic symptom to which Lacan refers could be the earliest form of a hysterical conversion symptom or the rather frequent psycho-somatic phenomena of the first years of life.

Anxiety is *psycho-somatic*: the classical presentation (narrowness of the airways and oppression in the chest) is etymologically linked to the Latin for 'choke'. But it may adopt other somatic manifestations: digestive disturbances, aches and pains, fidgeting, hyperactivity and deficits of attention. Their structure is different from that of the conversion symptom; yet a complication often arises from the capacity of anxiety and psychosomatic phenomena to become chronic conversion symptoms, given the generalized hysterization of the human body.



The medical diagnosis of the somatic complaint in such cases is to be taken into account, as it helps to identify the *psych* dimension of the phenomenon, which Lacan interpreted as the participation of *desire*. (Lacan, 1977, 228, and 237-238).

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A girl, aged four, came to me suffering from anxiety and the phobic rejection of underwear, as well as tantrums when she had to dress up. The mother's state of anxiety and melancholic mood followed the loss of a baby at birth a few months before the girl's birth and persisted at the time of the first consultation. Her situation was further complicated by her professional work, which involved the birth of babies.

The father felt impotent and defeated in relation to the loss of the baby and the state of the four-year old patient. A father's anxiety is frequently masked by attempts to dissolve it in alcohol, or simply by his absconding from the family drama altogether. In our case there was a positive contribution from the father.

Like silence, anxiety may speak louder than words. In the psychoanalysis of a child we endeavour to have the child saying a few words as well.

My patient could speak in the analytic session and then with the family. I pointed out to the parents that the symptom of the girl was correlative of the silence that surrounded the grief for the loss of the unborn sibling.

'We are in a better place', the mother said after about ten sessions, and added that the girl's symptoms had disappeared. The girl did not want to come to see me after that; but after a few days she asked her mother to arrange seeing me. 'She wants to tell you something', the mother said. 'But she does not want to tell me what it is'. The mother correctly interpreted the girl's refusal as a sign that it was a private matter and did not insist. The girl came to see me; but once in the session, she said that she had forgotten her secret, and that she was not worried about it anymore.

That, I said, was fine with me; she could come to see me, when and if she wanted.

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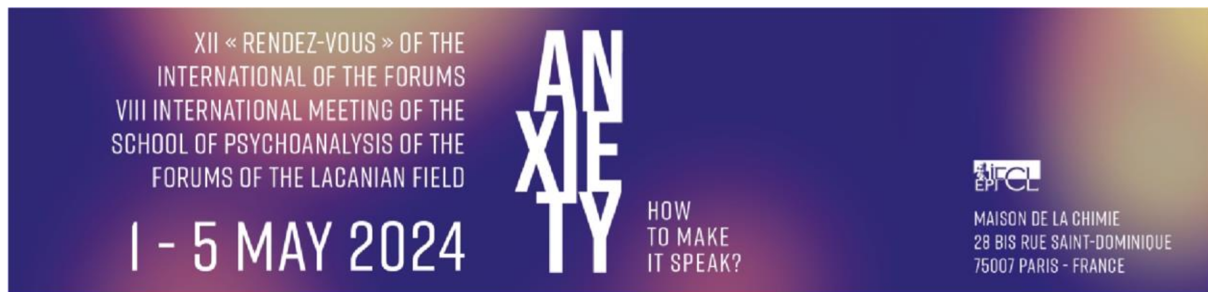

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