

## The treatment of anxiety through phantasy and delusion

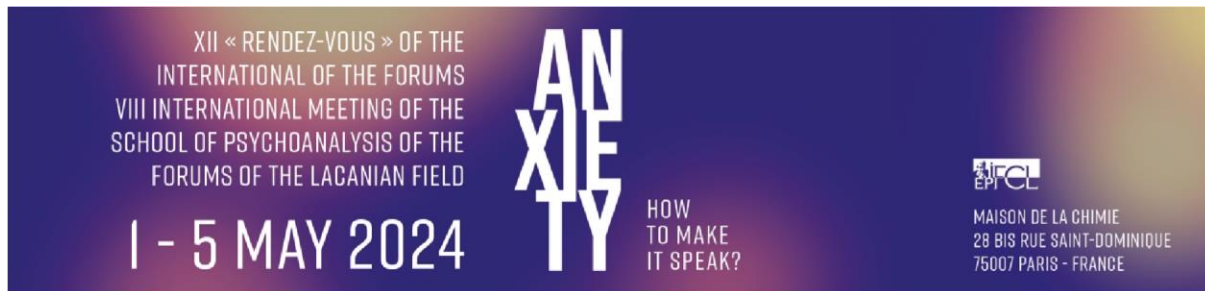
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Following the consequences of Freud's shift regarding his conception of anxiety presented in *Inhibitions, Symptoms and Anxiety* (1926) has been transformative of my position of psychoanalyst. In that text, he takes back his notion of repression producing anxiety to state it is rather (castration) anxiety which produces repression (p. 108-9). This shift has helped me to grasp the Lacanian notion that anxiety is structural rather than contingent to how the subject positions themselves regarding life events. That is to say, it refers to the encounter with the real itself (Seminar 10).

Although operating in different levels, symptoms as well as the phantasy and delusions have the function to treat the structural anxiety, while giving it a certain form and consistency, and not being its foundational source. In terms of their differences, symptoms are on the side of fixing jouissance and have the predicate of being to some extent interpretable. On the other hand, phantasy and delusions function to preside the libidinal investment in the objects and frame for the subject a certain sense of reality (Soler, 2024); nothing to be interpreted here.

From this perspective, this paper compares two analytic cases, in which anguish was treated in essentially different forms. In a case of hysteria, the patient constructed something of the order of the phantasy whereas a manic patient constructed a delusional belief. At the start of her analysis, Alice would describe feeling bad frequently. "I start to feel bad, anguished, down. As time passes, the only thing I can think is "what's the point?". Here's Alice's symptom. She's very afraid of her symptom, afraid it could get her to fall into a severe depression like the one she had in the past.

In the course of the treatment, Alice recognizes she'd often get anguished when wanting to make things exceptionally remarkable. Another important point was she not being able to sustain friendships overtime. She occasionally connects to friends and makes a big impression on them, but cannot maintain in touch. "Everybody knows I disappear once in a while," Alice explains, feeling puzzled and sad about her own behavior. In her associations, she links this issue to her father. Growing up separated from him, she used to see him only during summer vacations. When she expressed missing him, he would state spending quality time together was better than just spending a lot of time together. She felt deeply dismissed by him,



and created the sense father was “only” 95% good, pointing at the castration of the father. In this context, the notion of “quality over quantity” framed patient position in the social link, a phantasmatic position.

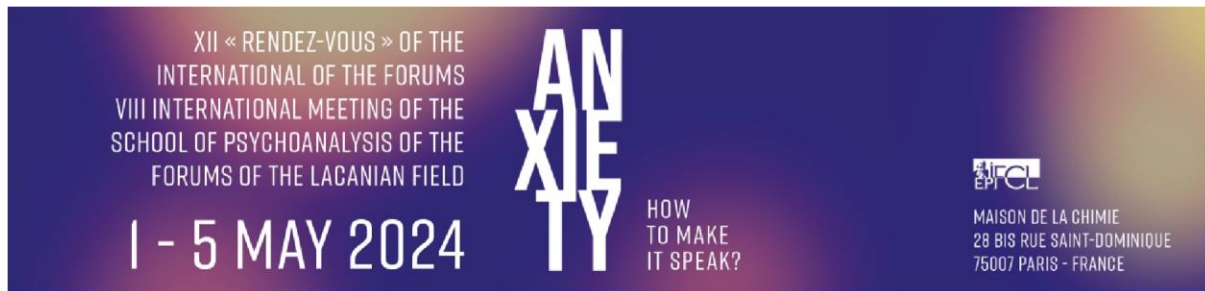
As Alice moved around her phantasmatic position, some modulation could be reached. For example, she was able to reinsert her current job in the movements of her desire after having decided not to pursue a job opportunity in a very prestigious company. That decision came after she was able to reconnect with her achievements in the current company as well as with the fact that the work conditions allow her to spend long periods of time in her country of origin while living abroad. “That doesn’t look like me,” she stated “I could reconnect with something I was struggling with instead of leaving it behind.” At that point, patient’s symptomatic “feeling bad” started to become less intense and frequent.

I understand the structural anxiety was symbolized through the paternal dismissal of patient’s longing for him. And the phantasy - quality over quantity - was a response to treat that anxiety, which was determining her capacity to invest in objects to be intense, but brief. Walking around the phantasmatic construction allowed patient to start developing a way to reconnect with objects that once got disinvested.

In a case of mania, however, the function of phantasy seemed to have been played by a delusion. Joseph faced frequent and intense periods of anxiety, experiencing nervousness, agitation in the body, and lack of focus. He tried to control these anxiety states subjecting himself to strict diets, rigid sleep schedule, ritualistic pray, and all sorts of controlling strategies like writing to do lists, building self-surveys about his mental health, making a detailed agenda for each day, and so on, which he was constantly failing to fulfill.

In the course of the treatment, Joseph formulated a delusion related to being saved by Jesus. He was aware that was unrealistic, and it took him some time to share it with the analyst. Despite that, he couldn’t refute that idea and was surprised by its positive effects on him. He referred to it as experiencing “grace”.

Being in a state of grace allowed patient to move from distress to feeling a calm and active energy in his body and keeping his mind focused on tasks. Joseph also offered grace to others around him, making him able to tolerate other people’s mistakes and, sometimes, forgive being mistreated by them. This delusional belief took a while to be consolidated, but it gained more importance over time, offering the patient a way to deal with his anguish other than resorting to control. At that point, he took over an important professional opportunity and was able to keep stable enough to engage with it, sustaining his desire. Treatment was, then, interrupted.



**References:**

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