

The Issue of Anxiety in The Subjectivity Constitution

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Abstract

The article argues that the human being is understood in historical and linguistic, social and cultural dimensions which constitute their way of living. There is always a sort of gestell (armor) that constitutes a subject of thought and action in every season. The objective is to argue that, currently, there is a frenzy oriented to take advantage of time for the greatest achievement of possible activities which leads to a potentiation of anxiety at pathological levels. Through bibliographic research, this study seeks to infer that the intensity to which humans are subjected carries for a contraposition to life in intensity, which are the neuro psycho physiological pathologies, such as anxiety and depression. There is an unhealthy environment in which the new generations are constituting themselves as subjects.

Keywords: Subject's constitution; Pathology; Anxiety.

1 Introduction

The question *who are we?* is one of the most fundamental of human condition. It is a question performed at a time and space. The need to make this question is echoed by many authors over the human tradition. With the purpose of understanding it in the perspective of a specific theme, of anxiety as clinical structure of subjectivity, the article discusses with Freud and Heidegger. These classical authors, in various ways, pose the question of the sense and the being as something fundamental to understand who we are.

The current frenzied way of life manifests the impression that we have no more time for this questioning. The rapidity in detaching the old and meet the new, the discard, the ceaseless quest for change, became a regulating element of society. Milan Kundera (1995) affirms that this speed of life modes confound the relationship between living intensely with the hurried way of resolving situations of everyday life. Thus, the faster the life happens, the less we enjoy it, because we lack time to do so.

The subjectivity, with this hasty evolution and changes, was reduced to the image of some aspects of the legal systems of power in society. The success became the thermometer of being. An analogy was established between changing what one is and being successful in personal and professional terms. Allied to this, the very concept of success began to be synonymous with happiness. According to Bauman (2003), a culture that a person without success cannot be happy was introduced.

The article, with a psychological and philosophical bias, proposes to argue that anxiety is considered a clinical structure of the subject, thus constituting subjectivity. The anxiety indicates an exaggerated *concern* with what is not present. For Heidegger (2008), somehow, we always move in a future dimension, while we are *pre-occupied* as ourselves in the world. Thus, all individuals have different levels of anxiety, and it is not attested as a pathology in these conditions. However, the current times are marked by a *pre-occupation* motivated by externality, which Freud designates as super-ego. The pathology presents itself as a possibility of reality, which is linked to the psychophysiological structure of the individual. It manifests when there is an imbalance in the occupation with the future in the sense that it becomes the privileged way of life.

The current way of life became a pathological way of life, because it establishes goals and desires that go beyond the terms of the reasonableness of the human condition, bordering a *dictatorship of success*. The issue is forgotten due to the sense of *pre-occupation* (Heidegger) and dimensions of the Id according to an idea of life intensity created crazily in the search for illusory *telos*. With this, the subjects are created in an anxiety-establishing environment since very early in their realities. In this way, there is no other alternative but an anxious way of life until an imbalanced point.

The present work unfolds on the goals of analyzing Freudian concepts: id, shelter of desires and ego; super-ego, social guidelines; ego, the subject's final decision. Analyze Heideggerian concepts: affective disposition, as the individual is open to relate with others. Understand the anxiety as a clinical structure of the subject. With these, understand when and how the anxiety becomes pathological.

The first section presents a brief introduction of the proposal of the article, importance and main concepts discussed. Then, the origin and motivation for the study are addressed and how it was developed. In the third section, there is the argument of the article, which explains the main concepts discussed in psychological and philosophical terms. After, section 3.1 clarifies one of the most important concepts of the theoretical essay, the subjectivity. Section 3.2 develops the predominant characteristics and the types of pathological anxiety.

2 Study path

In 2018, a theoretical research was developed in the same atmosphere of this study. The study was prepared by the same authors and advisor: "Anxiety and its consequences in high school students". The study focused on understanding the anxiety and its influence on the quality of students' learning, distinguishing anxiety from other pathologies, such as depression, identifying the factors that contribute to the onset of the disease and if the teaching institution has some responsibility or interference on it. To achieve these answers, a questionnaire was applied to students.

During data analysis, at the project completion stage, an informational *deficit* of participants about what anxiety is was observed. Most of them reported having anxiety, but few managed to define it and few could argue in what terms it is a pathology. Then, there was a gap in the literature about anxiety as a way of being previously occupied with the future, i.e., the way it is present in the everyday life of the people.

The research group, after several conversations, concluded that it would be of great importance to provide some explanations directed to students who described anxiety with different intensities, namely: total lack of concern and desires in relation to the future, representing depression; normal and necessary concern with future events, as anxiety; excessive concern, determining subjects' actions, with future events, characterized as pathological anxiety.

Guided by the description of the International Code of Diseases, what many claimed to be a pathological anxiety was actually a high degree of concern with the future, motivated by current folkways and values. In this perspective, there was a quick dialog with Kundera and Bauman, authors that help us view the current culture as being of speed and liquidity, capable of generating forms of social or cultural anxiety, lived collectively. Based on this interpretation, the group decided to deepen the understanding of the concept of anxiety through a dialog with the father of psychoanalysis, Freud, and an author of philosophy that describes life in its fundamental existential categories, Heidegger.

The research began by reading the works of these authors, a selection described in the references, and the creation of records of readings. The ideas of the texts were discussed weekly by the whole group. The conversations originated the idea to deepen the hypothesis in the educational environment of IFRS - *Campus Vacaria*, with the informal presentation for students and formal, with a lecture for the classes. In addition to these discussions, the proposal of argumentation of the article was presented at events at the Public Market and at other municipal school. These presentations contributed to a widening and deepening on how people understand and think about the theme of anxiety.

The text is a theoretical essay on the subject in question. The aforementioned authors argue that the subject is constantly concerned with the future, which is normal and necessary, something that is part of the human condition. However, there is a culture that leverages this mode of being, increasing the pathological dimension. This problem will be displayed in sequence, followed by the concepts of subjectivity and anxiety separately, to articulate, subsequently, how the anxiety ceases to be part of the subject's clinical structure and becomes a pathology.

Finally, the article presents the final thoughts, pointing out some general conclusions of the entire journey and the possibilities of new questions that remain open. The references that sustained conceptually conversations throughout the research and supported the present text will also be presented.

3 Anxiety as a subjectivity constituent

When the success becomes a vital element of a culture, it becomes associated with the energy that gives meaning to the experiences, making it constituent of the desire to be of each individual. The human being is always seeking the satisfaction of desires, and this being satisfied (in success) is considered the most proper way to be happy. Nonetheless, the happiness establishes itself in the dimension of desiring: to

desire is to continue desiring. According to Freud, the desire does not become real in the desired, but in the continuous desiring subject.

According to Bauman, the contemporary society lives, in liquid form, this dimension of desire, which means it is in constant change. As changes occur frantically, without time for consolidation of habits and routines, permanent updating education is essential on the part of people. With these continuous and progressive changes, the subject is always wanting something not yet lived and thinking on how to act in the next moment. There is an excessive search for what is and what is not at present. The future occupies the place of the present. Therefore, after normal anxiety, there arises the pathological anxiety facing excessive concerns.

The craved speed to satisfy desires must always be high in this new way of living. A well seen life for society requires speed, needs to be fast. The subject is inserted into an environment that influences the pathological anxiety. Because "in our world, idleness was transformed into vacancy, which is an entirely different thing; the vacated becomes frustrated, upset, is constantly looking for the movement they lack." (KUNDERA, 2011, p. 8). Kundera says that the idle one is, in fact, admiring God's windows.

The passion for life in speed can influence the creation of psychophysiological problems. As the pleasure does not allow for displeasure, the consequences of speed are not included. According to Kundera, "Speed is the form of ecstasy that the technical revolution gave as present for the man." (2011, p. 8). Thus, the amount of simultaneous actions at high speeds produces a negative effect on the way of living, because everything in life becomes subjected to speed. The execution of actions at work and in everyday life in general with such intensity is inhumane.

Assuming the aforementioned authors, the argument horizon is that worry, living in the future, is normal in any individual. The hypothesis is that there is an excess over this perspective that causes a pathological anxiety. Nevertheless, whenever it is inside a balance, it is inserted into each subject's subjectivity. Since human psyche is a fundamental constituent of subjectivity, lived in an unbalanced way can bring consequences to the body, i.e., reaches the integrality of the human being. Furthermore, since it is unique to each person, as it is formed from the habits and experiences of each one, every person presents distinct symptoms and intensities of anxiety.

3.1 About subjectivity

Subjectivity in the Freudian perspective is the most unique and intimate of each individual, what each one is. Thus, it is unique and unrepeatable. It constitutes itself from the first months of life, influenced by experiences until the current moments of each one. It is represented, following the second topic of Freud (2006), by Id, Ego, and Super-Ego. The Id is the driving pole of personality, where wishes, desires and the most primitive impulses of the individual manifest. The Id behaves like a reservoir of libido, from which a large part of the mental energies emanate as a source. The libido is the "energy" as a manifestation of the pulse, which will always seek satisfaction, whether pleasant or not.

The Super-Ego is shaped by the coexistence in society, by moral, religious and cultural values, among others. It presents the moral, ethical and traditional values of a subject. The precursors in the influence of the constitution of the Super-Ego are parents, family members, those that make up the primary

socialization. One can say it is the fruit of determinations of the society, which clarify the limits. According to Silvia Ons "education exerts a strong influence on the formation of the super-ego" (2018, p. 123), especially the family education.

The Ego, in turn, is the encounter of the two previous structures. It should ideally be a type of balance. Then, the representation and the interaction of the individual in reality is the Ego, the most intimate being in contrast with the limiting factors of culture, means of coexistence. It symbolizes the sanity (Super-Ego) and non-sanity (Id), the reason and affection.

Silvia Ons (2018), in her book "Everything you need to know about psychoanalysis", characterizes the clinical structure in six topics, namely: hysteria, obsessive neurosis, psychosis, paranoia, melancholy and mania. This description reveals the misunderstanding of the subject, especially by understanding that the constitution does not contain anything that can be understood as a pathology. There is no a subject fully free of diseases.

The hysteria is characterized by presenting psychic conflicts in paroxysmal (attacks or seizures of epileptic aspects) or long (paralysis, contractures or blindness) bodily symptoms, which do not have a clinical justification. A mark is always indestructible. The obsessive neurosis, in turn, is characterized by the repression of desires, because "the obsessive points to the desire itself, not the desire for a thing, but the desire in its absolute condition impossible to fulfill, and which is beyond the demand" (ONS, 2018, p.160). Thoughts are searched and as a way to paralyze the time, the neurotic subject postpones their decisions; for them, any decision is a loss. Thus, there is an attempt to perpetuate the time. According to the author, Freud says that: '*Si vis vitam, para mortem*' – 'I you want to bear the life, prepare for the death'. The modernity is characterized by acceleration, thus, the neurotic "obsessive subject cannot love without hating and may not long for without immediately distancing from what they want" (ONS, 2018, p.161).

Psychosis is characterized as living outside reality. The subject lives in their own "madness", because for them, reality is always associated with a problem in the social bonds. Then, the true reality is lost (ONS, 2018). This is a characteristic that differentiates neurosis from psychosis. The distance between the "madness and the reality in neurosis is sufficient to ensure that they do not confuse, since, in psychosis, it is not possible to make this differentiation. In psychosis, reality is delirious or hallucinatory. Psychosis modifies the thought, perception and judgment of facts.

Paranoia manifests itself in the context of distrust. Distrust of environment and of oneself, mainly, of formations of the unconscious. In this way, the formations are rejected and always kept out of the ego. Freud names the paranoia mechanism as transfer, everything comes from another, the joy (death pulse), the intention, the *eros* (death pulse). In addition, the pleasure is associated completely with the other, there is no pleasure in oneself. Paranoia can never be controlled because it occurs at an unconscious level and, thus, is put for the subject as true, and can be compared to a delirium.

Melancholy is characterized by always seeking satisfaction in illness, suffering. It is characterized by the need for punishment, satisfaction of the death pulse, by the impenetrable obsession, without freedom. As a way of appreciating the suffering, the subject raises the importance of what was lost, the famous phrase "something is valuable only after lost" fits perfectly the definition of melancholy. We can say that the love for what one does not have is greater than the love for what one has. "Melancholy is the shadow that makes any brightness opaque." (ONS, 2018, p. 173). The discussion of this study about anxiety, levels

of intensity of behavior and/or traits of the being, also resembles the reality of melancholy. High levels of melancholy can lead to suicide.

Mania is characterized by the individual's freedom to any sub-judgement. Unlike melancholy, the maniac lives from the sphere of pleasure, "happiness", freedom. The ego and its ideal are barred by a boundary, which makes the subject understand their insufficient force; the maniac loses the notion of that boundary and overestimates their power. Concerning the current society, which characterizes as an acceptable life standard that one with no disappointments or frustrations, the maniac would be the perfect subject. It is clear the existence of sadness, problems and crises in the life of every individual. Calligaris (2014) says that an interesting life requires experiencing each crisis and joy with intensity (CALLIGARIS, 2014).

Heidegger (2008), with another theoretical perspective in relation to Freud, speaks about the affective disposition (*affection*) addressing mainly the *being-in-the-world*. The *affective* demonstrates how the subject is "open" with the other, it is about being with the other. Furthermore, there is need to mention the *being-in* and *being-with-others*, which are the two structures that divides the *being-in-the-world*. The *being-in* refers to the subject's experience with oneself, with the intimate. The *being-with-the-other* concerns the existence of the subject with other people. The union of both structures shows a third *being-in-with-others*, how the individual is with oneself and other people. The affective disposition enables the understanding of things, which allows for the elaboration and interpretation, leading to language. For more, the being is a *being-toward-death*, death is a possibility of impossibility, marking the subjectivity finiteness.

Taking into account the authors, Freud and Heidegger, it is possible to connect the different concepts of subjectivity. However, this distinction allows for understanding the subjectivity by psychoanalytical and philosophical bias with its cultural contextualization of the present.

3.2 Anxiety as pathology

Anxiety is considered commonplace and customary in all individuals facing situations experienced in our times. Regarding the biological point of view, it is present in human behavior. The feeling of anxiety designs in the individual a state of attention to more complex situations than to common ones, whatever the difficulty. Moreover, anxiety warns the body about possible hazards that may occur, both physical (pain, fatigue, injury), as psychological (impotence, punishment, frustration). Based on this, anxiety is proven to be common to all humans as a natural and necessary concern.

Some degree of anxiety is necessary for a good performance in tasks. Nevertheless, an anxiety in high degree may be inadequate, hindering the performance of the subject intensively both in simple situations of everyday life as in complex situations of work and responsibilities. There is a fine line between natural anxiety and pathological anxiety. It is difficult to specify when it ceases to be normal and becomes harmful.

According to the frequency and intensity of its occurrence, the diagnosis is given and the individual's situation is, indeed, determined. Since subjectivity is characterized by its psychophysiological perspective, the somatization of these dimensions is attributed to the organism. From the moment anxiety

determines the subject's actions and initiates the problems in the body, it constitutes a pathology. An example of how the symptoms of this behavioral conditioning is identified in frequent insomnia, eating disorders and, as physical signs, it can affect gastritis and headaches.

According to the International Classification of Diseases (ICD), the anxiety manifests in five ways: code F06.4 - Organic anxiety disorders, code F41.1 - Generalized anxiety disorder; F41.3 Other mixed anxiety disorders; F41.8 - Other specified anxiety disorders; F41.9 - Anxiety disorder, unspecified; code F93.2 - Social anxiety disorder of childhood.

The anxiety of organic origin (F06.4) is described from anxious situations, generalized or specific, caused by organic conditions. It may originate from thyroid disorders, *systemic erythematosus lupus*, cancer or drugs, such as steroids, immunosuppressive drugs, antidepressants, among others. The use of toxic substances such as lead or mercury may also be associated with the emergence of anxiety.

Generalized anxiety (F41.1) is characterized by a constant state or an apprehensive expectation of difficult and persistent control for at least six months. Normally, it comes accompanied by three or more symptoms, such as anxiety, fatigue, irritability, difficulty concentrating, muscle tension and sleep disturbance. It is believed to be related to some existing neurotransmitters in the brain, such as serotonin, responsible for regulating mood, appetite and cardiac rhythm, dopamine, which acts on cerebral compensation, memory and excitement, and norepinephrine/noradrenaline, active in the maintenance of blood pressure. Another alternative is that a set of factors may be involved in the reasons by which an individual may present the disease, such as genetics and external factors, stress of the day-to-day and quality of life of the person.

The other mixed anxiety disorders (F41.3) are present in the symptoms of anxiety and depression, but none of them clearly predominate nor present significant intensity to justify a finding apart. This disorder is manifested through a mixture of relatively mild symptoms. The other specified anxiety disorders (F41.8) are related to the hysteria of anguish characterized as a type in which anguish is present in a more or less stable way in some particular object, which would be understood as phobia. The anxiety disorder, unspecified (F41.9) is characterized as a psychological state of apprehension or fear caused by the anticipation of an unpleasant or dangerous situation. However, there is no one specific reason that is predominant.

The social anxiety disorder of childhood (F93.2) is described as an anxiety disorder with a marked and continuous fear of one or more social or performance situations in which the individual is exposed to strangers or possible judgement by other people. The individual is afraid to act in a way that may be humiliating or embarrassing and phobic situations are avoided or endured with intense anxiety and suffering.

The constitution of subjectivity is large, complex and diverse. The study above shows that we are composed of a clinical structure that alone could be understood as a pathology in common sense. In the same way, the anxiety lies in this misunderstanding. It is part of the subject. Nonetheless, the way of living this structure in certain cultures can make it pathological.

4 Final thoughts

The individual is understood as what they became, a being in the present, from their experiences over the course of their existence, directing their way of living. According to the season in which the individual is inserted, its guidelines are updated. In the contemporary period, there is a frantic way of life that determines the action of the subject, making them always perform their activities as fast as possible. Considering subjectivity as a psychophysiological structure, this frantic way of living provides represents a risk for the psychological health and leads to somatization of diseases in the physical body. Through bibliographic research, this intensity conditioning of life of individuals generates a diversity of pathologies, which include the one that was the theme of this study, the anxiety.

The present essay sought to understand anxiety as a constituent element of subjectivity, in the sense of disposition for the future, and anxiety as pathology, motivated mainly by the current culture. As there are different forms of concern, those that present themselves as care and those in which the concern is only with others' things, it is not possible to define anxiety only as a pathology. The decadence that introduces a concern centered on others' objects, making *it decay* in what is not of one's own being, in the non-care with the other and in denial of oneself is the point of transition to a pathological dimension of anxiety.

The studied authors reveal that the carelessness with the time lived individually is one of the main factors of incidence of negative change of subjectivity. The arguments expressed the understanding that individuals are temporal, keep remembering the present-past and dreaming about the present-future. And finally, the implication that the excess of thoughts/experiences directed exclusively to the future triggers anxiety as pathology.

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