How We Worry

I have never been more anxious than when I was writing the first draft of this concluding chapter, but the reason had little to do with the book. By the closing months of 2020, millions of people worldwide had died from COVID-19. Beyond the health and humanitarian devastations, virtually every aspect of our lives changed beneath our feet. Global industries and institutions abruptly ground to a halt, and anchors of everyday routines, such as work, school, and socializing, slipped into flashpoints of uncertainty. My home country of the United States, which accounted for a quarter of the cases of infection and had one of the highest death rates in the world, also had to contend with the social unrest and widespread protests over racialized police violence and the erosion of democratic norms. Breathless predictions that the social order will never be the same abounded, but the sheer variety and intensity of social changes compounding one another made it difficult to even begin processing the implications. Without a single, clear point of orientation, anxiety attacks from all directions. What Freud and Kierkegaard described as the internal structure of anxiety had become mimicked by the state of the world. People typically experience anxiety from within, but it sometimes seemed as if I existed inside anxiety itself.

As the global severity of the novel coronavirus became apparent in March 2020, researchers, politicians, journalists, and activists alike called for attention to the mental health effects of both the pandemic and the lockdown measures. Indeed, in the United States, mental health concerns would go on to become a political football in debates over public health measures aimed at containing or mitigating the spread of SARS-CoV-2. Many predicted that the pandemic would create a shadow epidemic of mental illness and that the mental health consequences of the pandemic will linger in communities longer than the physical health ones. The economic fallout of the pandemic exacerbated well-known risk factors for mental illness, including job and food insecurity, domestic violence, and social isolation. Vulnerable populations already contending with structural violence and racial and

gender inequality are at even higher risk for mental health problems yet have the least access to resources for treatment (WHO 2014; Lund et al. 2018).

Meanwhile, despite sharing a common border and extensive bilateral trade with China, where the SARS-CoV-2 virus first emerged, Vietnam became one of the great success stories of the pandemic. When the first case of COVID-19 was recorded on January 23, 2020, several public health measures to curb infections were immediately—and successfully—implemented. Until the first coronavirus-related death was reported seven months later, Vietnam had been the largest country in the world with no such fatalities. It was also one of the few countries in the world to achieve economic growth in 2020.[1] Some American politicians and pundits, bemoaning the fact that the wealthiest country in the world could mount such an inadequate response to the pandemic, noted that "even Vietnam" outperformed the United States. Ho Chi Minh City residents returned to offices, restaurants, and each other's homes, albeit with some social distancing measures still in place. Many of my friends reached out to me, asking me if my family and I were safe, how we were coping with stay-at-home orders, and whether or not I would receive a federal stimulus check. They expressed pity (*tội nghiệp*) toward my fellow Americans. Notwithstanding the periodic flashes of research-related panic and insecurity, I confess that my interest in Ho Chi Minh City residents' *anxieties* was largely academic. At times, the landscape of my interlocutors' collective anxieties seemed as foreign to me as anything in my fieldsite. Until now.

A critical evaluation of a supposedly impending epidemic of anxiety, however, is required not in spite of its self-evident nature but rather because of it (Baxter et al. 2014). Claims of an epidemic or disaster often serve as pretext for state and humanitarian interventions (Redfield 2005; Seale-Feldman 2020). While intense anxiety may be a symptom of an underlying disorder, it is a problem only if the worrisome feelings are not justified or advantageous. Certainly, a once-in-a-century pandemic is as good an occasion as any for anxiety. For example, hypervigilance and increased attention to detail help people navigate once-familiar routines that have suddenly become potential vectors of a novel coronavirus. Most people demonstrate resilience in the face of natural and humanitarian disasters and political and social unrest, and such crises do not necessarily drive increases in mental illness (Argenti-Pillen 2003; Fassin and Rechtman 2009). Indeed, the very real suffering from a broad range of adversity that most people experience can be addressed without a diagnosis and costly treatment from medical specialists (Rose 2019).

Moreover, alarm over anxiety had already been growing before the pandemic's onset. As we contend with a profound insecurity about the future and a resulting sense of unease, anxiety has become perhaps the dominant affective key through which we experience and interpret our personal lives and our collective movements. The global rise of the psy-disciplines and biomedical diagnoses and treatments for anxiety disorders have created new conceptual tools to rethink people's approach to overthinking, neurasthenia, and *nervios*, among other conditions. Thus, the intense focus on anxiety in recent years should be read as part of a

FIGURE 6. A motorist in District 5 protects herself from the sun and pollution.

FIGURE 7. A fluorescent tube light bulb draws attention to a late-night air pump in District 3.

broader psychologization of everyday life. Of course, people have often spent much of their day discussing their feelings. However, the present moment is marked by a sheer density of emotion in public discourse in which situations, events, and institutions are assessed mainly in terms of their affective impacts (Lerner and Rivkin-Fish 2021). Now taken as the crux of authenticity, the emotions have

become sites of moral reckoning and experiments with personhood (Béhague and MacLeish 2020). However, the affective mode of these self-making projects is an anxious one. No wonder the end result is so often prone to worry. Anxiety may not be just one particular manifestation of the emotionalization of public life but rather a consequence of it. Do we find ourselves in a particularly uncertain era, or have we found in anxiety a salient trope to make sense of it? Or, perhaps most troubling, is the vantage point from which we take in uncertainty part of the problem?

AN AGENDA FOR FUTURE RESEARCH

If an age of global anxiety is upon us (Zhang 2020), the work of tracing its reach calls for a cross-cultural framework for anxiety that attributes as much significance to the details of its context as to the intricacies of its experience. Thus, to conclude this book, I propose a collaborative agenda for future research and practice on anxiety and associated disorders that links the personal and the political. Market reforms and the resulting inner turn have rendered insecurities increasingly reflexive and challenge our understandings of the self as the subject of politics (Burgess 2017). Working against the reductionist argument that anxiety is the unavoidable product of economic reforms captures rather than reproduces the neoliberal logic that emotions are apolitical. By highlighting how economic transformations and the psychic experience of anxiety mutually reinforce each other, a perspective from critical phenomenology bridges the material and immaterial, the discursive and the bodily, and the clinical and the political. Given that subjectivity is a matter of engagement with and attunement to the world, the self does not simply perceive external dangers and then react to them with anxiety. Unlike the presumably autonomous and sovereign self that defines neoliberal subjectivity, this understanding of selfhood is always on the cusp of becoming undone, and risk is inseparable from who and what we are. Below, I outline some overlapping threads that frame the mutual constitution and reconstitution of the social and the psychic in a way that places anxiety at the center of the analysis of political transformations. These broad themes—the sources, discourse, experience, and politics of anxiety— are far from exhaustive or complete. Rather, I intend this to be a starting point of a necessary and long-overdue conversation.

The Sources of Anxiety

The starting point for our ethnographic framework for anxiety is identifying the primary sources of people's worries. After all, they are already common topics of discussion. "Troubles talk" and similar conversational genres feature heavily in everyday sociality as people seek out instrumental, social, and emotional support (Garro 2003; Wilce 2003; Pritzker 2020). Identifying people's worries not only becomes a means of becoming acquainted and further engaging with people but also sheds insight into their concerns and perceived vulnerabilities.

While anthropologists have often noted their interlocutors' anxieties, the analytic focus tends to be on the causes of anxiety as a means to investigate broader social changes. What distinguishes ethnographic research specifically on anxiety from research that takes people's anxieties into account is attention to how people understand and grapple with anxiety and how anxiety shapes social action. Relying on explicit discussions and self-reports about people's worries admittedly highlights those anxieties that are readily articulated in public forms and settings. Yet silence can be deployed strategically, and much can be gleaned from what is unsaid and kept private in these conversations (Searles 2000). Recognizing the local cues of troubles talk requires that researchers identify and adopt the modes of moral personhood and care that form the existential ground of anxiety (Csordas et al. 2010).

Documenting a community's collective fearscapes and outlining their general pattern reveals the uncertain futures that people orient toward. How people react to new insecurities reflects what matters most to them and reveals long-standing but previously concealed social tensions. Indeed, these anxieties may become flashpoints in debates about the proper social order. For example, Ho Chi Minh City's fearscape of family and financial pressures is oftentimes so mundane to its residents that they seem too bored to discuss any of these fears in depth. Rather, they are more keen to marvel at the general differences between the anxieties of the past and those that dominate the present. When Ho Chi Minh City residents say that they worry more than ever before, perhaps what they mean is that they have more things to worry about. Here, not only the sources of anxiety but their general pattern is important to note. In post-reform Vietnam, everyday life has diversified. People must keep track of and navigate new types of people, occupations, and material goods that have come into the city. In combination, these distinct worries, even if the stakes are less dire than they were before economic reforms, exacerbate each other. Thus, the structure and rhythm of everyday life in the reform era has led to pervasive anxiety and alienation. That concerns about emerging trends and technologies are articulated through a prism of modernity and progress indicates that the sources of anxiety become meaningful in relation to other discourses.

The Discourse of Anxiety

It is not just the content of people's worries that shifts during an emerging age of anxiety. How they make sense of and talk about anxiety also reflects the social changes that spark novel forms of anxiety. Simply put, new causes of concern call for new ways of understanding them. Dominant frameworks for anxiety tend to ignore how and what people think about their worries. For example, epidemiological studies of anxiety and anxiety disorders usually attempt to determine the relative quantity of anxiety across communities or historical periods (Baxter et al. 2013, 2014). The degree to which these measures are cross-culturally valid is limited by the biases of the researchers themselves. Unsurprisingly, these measures of anxiety reflect Western folk theories of the emotions that frame them primarily in

biological and, hence, universally applicable terms (Lutz 1988). These determinations are possible only when the conceptualizations of anxiety by those who suffer from it are disregarded, standardized, and generalized across cultural and historical contexts.

Because anxiety can be such a confounding and vague experience, people often resort to a variety of discourses to make sense of it. In their attempts to do so, people also articulate their vision of the social order. As such, this process always operates in the context of power dynamics that elevate some experiences—and some people—over others. Here, I discuss two common discourses of anxiety in Vietnam that are widespread globally: modernity and medicalization. Conversations about anxiety in many parts of the world have long drawn on discourses of modernity and progress (Tone 2008; Tran 2016). Whether as a result of *đổi mới* policies, the electrical age, or social media, they construct anxiety as a recent phenomenon, suggesting that an anxious person is also a modern one. Understanding how other ages of anxiety are tied to notions of progress and of living too fast sheds light on the hidden logics that animate the moral panics that so often surround anxiety.

It is tempting to dismiss Vietnam's age of anxiety as outright impossible, given the counterintuitive premise that as people's economic fortunes improve, so have the range and magnitude of their anxieties. After all, why would people worry more during a period of economic and technological progress? Who has the right to complain about being anxious? Many of the people who told me some version of the "age of anxiety" story were younger members of Ho Chi Minh City's rising middle class, which suggests that it may be a self-congratulatory narrative that validates the packed schedules of social and economic elites (such as academics!), as proof of how important they are and how taxing their work is. Rising rates of anxiety disorders in Vietnam are folded into a wider narrative of the discovery of a more authentic way of living from the West.

Notions of progress also animate another discourse of anxiety that has become globally popular: its medicalization. The biomedical doctrine that everyday suffering and emotional distress can be understood as a health problem and treated as such has become perhaps the dominant framework for mental health and illness in the world. Despite its ubiquity and hegemony, however, biomedical psychiatry has not entirely replaced indigenous ways of coping with extreme anxiety. Rather, biomedical encounters with local systems of meaning produce hybridized forms of diagnosing and treating psychic distress. By documenting how people interpret biomedical theories of mental illness in relation to their existing understandings, researchers can push back against narratives of the inevitability of modern medicine replacing "traditional" healing practices. Thus, cross-cultural research is needed to investigate the broad range of anxiety disorders that do not conform to the *DSM*'s diagnostic criteria and to better understand the relation between anxiety disorders and normative levels and types of anxiety (Clark 1987; Fabrega 1990). Ethnographic studies of the cultural specificities of disordered anxiety can

inform more general research on mental illness by triangulating with epidemiological and clinical research (Lopez and Guarnaccia 2000). How is abnormal anxiety determined in different societies? Is intense anxiety a universal form of mental illness? Is it even usefully understood as pathology?

The emergence of an anxiety-specific genre of troubles talk reflects the ongoing effort to normalize struggles with mental health. Ho Chi Minh City's psy-experts seek to boost mental health literacy by disseminating psychotherapeutic concepts and techniques in online and offline fora. Many middle-class Vietnamese youth have taken keen interest in psychology as a field of study and increasingly frame mental health and emotional self-knowledge as key to living the good life. For example, when I asked a Ho Chi Minh City–based college student if she considered herself an adult yet, she said no, because she still relied on her parents to financially support her, but that she was more of an adult than her "alcoholic" parents who never reflected on, let alone understood, their own feelings. For her and many of her peers in Vietnam and the West (Silva 2012), mental health has become a marker of maturity, echoing trends among American youth. However, attempts to destigmatize mental illness by portraying it as an illness like any other have thus far not absolved individual sufferers of responsibility and blame (Rose 2019). Framing mental illness as a generic illness reinforces the notion that emotional distress is located within the brain and should be treated individually with approaches such as medication or psychotherapy, instead of focusing on structural measures. This reflects the professionalization of care as medical experts assume greater authority over patients and their family caregivers. Moreover, current efforts to normalize mental illness focus on a narrow range of disorders. For example, in recent years, mental health awareness campaigns attempt to destigmatize anxiety and mood disorders far more than schizoaffective disorders. The subtext is clear: it is easier to get anxious and depressed individuals back to maximum productivity through treatments that do not require significant adjustments to their surroundings.

The Experience of Anxiety

What the sources, concepts, and discourses of anxiety share in common is that they play out perhaps most profoundly at the level of the self. Discourse not only reveals the ways in which anxiety is felt, but also constructs its very presence, and attending to the body uncovers what is left unsaid. Although biomedical psychiatry tends to dismiss physical complaints as secondary to a psychiatric diagnosis, headaches, insomnia, or exhaustion, among others, should not be ignored because somatic idioms of distress express both personal distress and political conflict. For example, when open complaints lead to social conflict, anxiety is often somatized due to difficult relationships and persistent experiences of suffering and pain (Hinton and Hinton 2002). The body mediates the social dynamics that often lead to chronic mental illness, and chronic somatization links the local meanings of emotional distress to the physiology of illness (Good and Kleinman 2019; Csordas 1993).

In many parts of the world, the increasing reliance on the psy-disciplines to assuage our worried minds shifts not just how people cope with anxiety but also how they manage their emotions and understandings of themselves. The growth of the psychotherapeutic and wellness industries in neoliberalizing contexts often commodifies emotional intimacy and pathologizes precarity (Illouz 2008; Matza 2018). For example, discourses that promote self-sufficiency also cultivate a highly emotive self that explores its own inner anxieties as a matter of self-discovery. In their therapeutic encounters, Ho Chi Minh City residents are encouraged to attend to and label their private feelings in order to articulate them to others. In doing so, they learn that the emotions are an ever-present undercurrent of their stream of consciousness and social experiences. Because of the vulnerability inherent to being open to any and all emotions, however, enacting these forms of selfhood may court anxiety more than other affective experiences. Increasingly popular ideas about emotion, morality, and the good life are made possible by the cultivation of a self that is directed inward. Their increasing presence in everyday life may not just reflect a growing demand for relief from anxiety. Indeed, it may be part of the problem.

Collective institutions once used to define the self have become profoundly transformed. Instead, selfhood is increasingly reinvented on an individual basis as people try new ways of conceptualizing and coping with chronic anxiety. Today, the renegotiation of people's worries is most clearly articulated within therapeutic contexts, such as psychiatric clinics, pharmacies, and counseling centers. However, conflicting ways of drawing the boundary between normative and pathological anxiety are no less vociferous in the more mundane settings of work and leisure throughout the city. When people try to determine how-much-is-too-much, Ho Chi Minh City residents are not just engaged in an effort to alter their anxieties. Unwittingly or not, they effectively transform their own selves. Anxiety stems from how people have adapted to and interface with a rapidly changing socioeconomic environment that has fundamentally altered previous means of grappling with life's difficulties. Not only is the self the primary terrain on which anxiety plays out, it has become the source of its own torment. Could relying on the emotions—or even the concept of emotion itself—to construct their identities create new models of identity? How might the global call for mental health awareness contribute to a new form of identity politics, one that is less rooted in the neurodiversity movement (Singer 1999; Silberman 2015) than in a form of psy-diversity?

The Politics of Anxiety

Anxiety registers not just at a bodily level but at a political one as well, making its politics inseparable from its meaning and experiential force (Burgess 2017). The fact that anxiety is usually regarded as a byproduct of political economy is, in and of itself, indicative of a political order that is disguised as something decidedly apolitical. Recognizing that it is "only human" to be anxious in the precarious

situations in which so many of us find ourselves in the twenty-first century naturalizes emerging subjectivities. Indeed, "authenticity" under neoliberalism may, in fact, be cover for "neoliberal authoritarianism" (Neocleous 2017). Taking anxiety seriously as a productive form of politics illuminates how it shapes us as political subjects (Eklundh, Guittet, and Zevnik 2017). Instead of trying to prevent, limit, or overcome anxiety, we should attempt to understand its role in the political order.

The dual rise of anxiety and economic prosperity in Vietnam challenges persistent assumptions about the assumed relation between progress and a better life, as well as the neoliberal fantasy of self-fulfilled subjects. The painful effects of development schemes are often justified with assurances that a wealthy population will be a healthy and happy one, but the age of anxiety questions long-held assumptions about anxiety and its relation to progress and the good life, selfhood and suffering, and mood and morality. Having come to define the subjective experience of global and national processes, anxiety is not an aberration on the road to progress or its unfortunate byproduct. Rather, as it gets taken up in new self-making projects, anxiety is itself implicated in Vietnam's socioeconomic transformation. Examining how various forms of worry are being recoded reveals how anxiety is embedded in neoliberal forms of modernity as part of a dialectical relationship between the self and the larger political economy.

Anxiety is a political practice because it informs, embodies, and ultimately enables a logic of security (Rossi 2017).[2] Oriented toward the unknown, anxiety emerges from anticipations about the future. It is the product of what has yet to happen, of the worst to come, rather than something that is "over and done with." In a society organized around risk, this constant sense of unease is not an objective fact but rather is nurtured (Beck 1992). At the heart of self-making projects that prepare for future threats is cultivating vigilance to guard against precarity and, crucially, the coping mechanisms to deal with it. People come to expect that threats may happen and learn to cope with them on an individual basis through, for example, psychotherapeutically informed practices. Indeed, they may even be required to be collectively anxious yet individually resilient but not politically mobilized (Neocleous 2017; Yang 2015). The result is a deeply anxious subjectivity that is endlessly constructed through the prospect that things could always get worse.

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Vietnam's age of anxiety is the result of both new forms of insecurity and new ways of responding to them. To meet the demands of the reform economy, Ho Chi Minh City's middle class increasingly turn to the psy-disciplines as a guide through the widening possibilities for their lives. In particular, the emotions have come to stand for the contradictions of modern selfhood. Rising rates of anxiety disorders reflect burgeoning expectations of the good life as well as long-standing concerns about gendered morality. In learning to manage their anxieties, Ho Chi

Minh City residents expand their emotional repertoire as a matter of self-discovery instead of only attending to the feelings of others because they depend on them for basic survival. However, as a result, people are caught between overlapping frames of emotion, sentiment, and selfhood and must reconcile competing models of worry: a form of care or an obstacle to self-realization and fulfillment. For many Ho Chi Minh City residents, coping with the pressures, deadlines, and conflicts of the reform era may lead to different but no less profound anxieties of the self. Indeed, the foundations of selfhood—the very means through which people respond to anxiety—have been called into question, perhaps helpfully for some, by the tools used to cope with this new world of uncertainty. At a time when people across the globe increasingly turn to the pharmaceutical and wellness industries to soothe their troubled minds, it is worth considering whether the social and political dynamics that make them an appealing salve to begin with may be partly to blame.

In Vietnam and beyond, anxiety has become a key signifier of neoliberal subjectivities and one of the most popular guides through our present precarity. The rise of anxiety in public life is evidence of both increasingly common forms of uncertainty and vulnerability and the complexity of the global and human interconnectedness of the current moment. The way we respond to the new age of anxiety should reflect that, but thus far it does not. Insofar as its discourses shape how we understand and resolve the emotional concerns of ourselves and those around us, the psy-disciplines have become insinuated with "the very experience of living" (Rose 2019, 3). If anxiety is indeed both a social practice and a social condition, this has different implications for what should be done to address the impending age of global anxiety. From this perspective, anxiety is not simply something to be managed and controlled, and it cannot be treated away with pharmaceutical interventions or tamped down with therapeutic techniques and principles. The biomedical impulse to eliminate anxiety from our lives may cause more harm than good if we do not ask what function anxiety performs. Cross-cultural research can reveal alternative perspectives on how anxiety operates in disparate social contexts. This is not to deny the very real benefits and even pleasures that many find in psychiatry. Indeed, many Ho Chi Minh City residents found the process of self-discovery to be liberating from toxic and dysfunctional relationships. However, if people use therapeutic ideals and techniques to extricate themselves from difficult affective entanglements, we should also ask what they free them to.

Mental health treatments are undoubtedly needed around the world, and training more mental health workers to meet the demands of ever more diverse communities is critical. Public mental health measures that are derived from the psy-disciplines will likely have minimal effect if the underlying social determinants of mental health and illness are ignored (Rose et al. 2020). Addressing rising rates of anxiety disorders and mental health inequities more broadly requires attention to the political and economic factors that drive ill health through a

structurally informed course of action. Even the World Health Organization (WHO), which has long promoted global mental health through Western standards of care, recently critiqued an overreliance on biomedical treatments and endorsed a structural approach to reforming mental health treatment around the world (WHO 2021). A fundamental rethinking of mental health care is under way, and anthropologists are well positioned to investigate, assess, and design programs that link individual healing and structural transformation through community mental health.

Because strong social ties and forms of relatedness are better predictors of mental health than individual satisfaction (Turner, Frankel, and Levin 1983), public health measures should enhance social support, solidarity, and equity (Quinn, Bromage, and Rowe 2020) as well as resources that enhance the realization of one's own capabilities (Hopper 2007). Thus, therapeutic interventions for individuals should be positioned as part of an overall strategy toward systemic change. Such structural transformations may reduce the currently overwhelming need for mental health care services (Hodgetts and Stolte 2017). Emphasizing collective forms of belonging and citizenship counterbalances therapeutic governance and its emphasis on individuated treatments by prioritizing people's participation in society over managing their own treatment and personal stability (Myers, Lester, and Hopper 2016). However, social solidarity is no simple antidote to the individuating effects of neoliberal policies. No doubt a reaction to the isolation and separation that many experienced during COVID-19 lockdowns, the recent romanticization of collectivism and calls for community often veer into exoticization and condescension. They also ignore how ideals such as self-care or emotional intelligence can be used to nurture familial and community networks (Pritzker and Duncan 2019). Moreover, many Ho Chi Minh City residents sought treatment and support from the psy-disciplines because of the burdens of caring for others. The relational forms of selfhood and care that are so often idealized by Vietnamese themselves depend on inequalities as some shoulder the expectations for sacrifice more than others (Shohet 2021).

Anxiety need not only limit our politics. Conceptualizing anxiety as a social practice that creates relationships based on care allows us to reimagine the relationship between anxiety and politics. By disrupting political subjectivities, anxiety can alter the reach of the state. What if anxiety as a tool of governance were oriented not toward an individual ethics of autonomy and sovereignty, but rather toward a relational ethics of care (Stevenson 2014)? How can anxiety be mobilized to shift political structures to treat people as relational beings in addition to autonomous individuals? Framing anxiety as a moral sentiment of care and concern invites an ethical attunement to the Other. This approach, both ethical and political, builds alternative possibilities for being together (Zigon 2021). As global pandemics and political divisions have sparked and renewed our fears of each other, we need to find ways to foreground our relationships and what we

are to each other. Instead of turning inward to cope with our worries, pursuing meaningful social relationships and collective action instead not only soothes our troubled minds but also works against the capitalist logic of self-determination that has frayed community bonds and made us feel so vulnerable in the first place. Uncertainty is connected to an openness to the future, and anxiety is evidence of the possibilities, dangers, and freedoms in how we constitute and reconstitute ourselves in response to what comes next.