Some notes on hysteria

Introduction
In this paper I summarise some of the key arguments relating to hysteria, starting with Freud, then moving onto Lacan before exploring in some depth the ideas of Paul Verhaeghe. My purpose here is not to give a critical analysis of these writers’ theories but to highlight their main arguments.

Freud

Early ideas
Specifically, as formulated in Studies on Hysteria (Freud and Breuer, 1895), co-written with Breuer. In this text, Freud and Breuer lay the foundations for psychoanalytic method and theory.

In the 'preliminary communications' chapter Freud and Breuer argue that:

*Hysterics suffer mainly from reminiscences* (Freud and Breuer, 1895, p.7 italics in original).

More specifically, hysterical symptoms take the place of articulated memories, relating particularly to past traumas - at this stage in his thinking Freud was not emphasising the role of childhood sexual traumas. What is not abreacted (emotionally discharged) remains pathogenic - and abreaction can take place in a number of ways: through an action, e.g. enacting revenge, which produces a cathartic effect (Freud and Breuer’s example); or through a working through in words of the traumatic event.

Freud and Breuer also argue that hysterical phenomena are linked to a state of disassociation in the subject's consciousness. They highlight a relationship between hypnosis and hysteria: on the one hand they argue that hypnosis is an artificial hysteria; whilst on the other hand the existence of hypnoid states are an essential condition for hysteria. Such states are characterised by being cut off from the rest of consciousness.

Hysterical symptoms cited by Freud and Breuer include neuralgias and anaesthesias, epilepsy, chronic vomiting and anorexia, disturbance of vision and visual hallucinations. However, the connection between the symptoms and the trauma which precipitated such symptoms can be quite complex:

- On the one hand, argue Freud and Breuer, symptoms can be linked directly to experiences surrounding the traumatic event, e.g. a girl is in a state of anxiety watching over a sick bed, and her right arm goes to sleep. Later on she develops a paresis of the same arm. At the same time, during the original trauma, she utters a prayer in English (she is Austrian?), and later on during an hysteria, she could only speak, write and understand English.
- On the other hand, there is a more 'symbolic' relationship between symptom and trauma. E.g. vomiting can follow a feeling of moral disgust.

Perhaps the most radical argument is that:
...each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing the accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words. (Freud and Breuer, 1895, p.6, italics in the original).

This encapsulates the analytic method, which in essence still stands today.
In Freud's early formulations, conversion plays a major part in the theory of hysteria - which came to be problematic for him and the rest of psychoanalysis (David-Ménard, 1989, pp.1-16). The problem was to explain how thoughts could become somatised - and also raised questions about the nature of the 'body' in the first place. There were two diverging paths: the move towards psychosomatics, e.g. with analysts such as Franz Alexander and Felix Deutsch, who tried to correlate all somatic symptoms with psychical ones, i.e. all somatic symptoms were psychical in origin. On the other hand, analysts such Freud, Klein and Lacan focused more on the structure of the hysterical fantasises, which immediately privileged language and speech over the body.

Dora

Probably Freud's (and psychoanalysis') most famous hysteric – although he does not rate the Dora case as a particularly interesting example of hysteria. In fact he describes it as:

...merely as case of 'petite hystérie' with the commonest of all somatic and mental symptoms: dyspnoea, tussis nervosa, aphonia, and possibly migraines, together with depression, hysterical unsociability, and a taedium vitae which was probably not entirely genuine (Freud, 1905, pp.23-24)

However, Freud argues that the Dora case is useful for psychoanalysis precisely because it is so common and that it may give him an opportunity to provide a complete elucidation of Dora's hysteria.

Freud uses the Dora case to highlight a number of important ideas relating to hysteria, including conversion symptoms, the 'gain from illness', transference, dreams, and the role of the 'other woman' and 'triangulation' in sexual relationships. What is perhaps less well developed in Freud's thinking about this case is the question of sexual identity, i.e. the hysteric's fundamental question: 'am I am man or a woman?' - this is something that Lacan will pick up on.

In terms of conversion symptoms, Dora has many (see Freud's quote above). Freud focuses particularly on:

- Dora's bouts of coughing whilst complaining bitterly about her father's behaviour. Freud linked this to her fantasy that Frau K was performing oral sex on her father because of his impotence. He was alerted to the possibility of the father's impotence through interpreting a repeated phrase that Dora used to describe her father: 'ein vermögender Mann', i.e. a man of means. Freud took this as expressing the opposite: Dora saw her father as ein unvermögender Mann - a man without means, i.e. impotent. The cough signified the irritation of the throat and oral cavity that would accompany oral sex.
• Dora's loss of voice which Freud correlated to the periods when Herr K had been absent (three to six weeks), when Dora's family had lived in the same district as the Ks. At the same time Dora would find it easy to write - to Herr K, who returned the favour. Later on the aphonía would manifest itself more obscurely, in order (according to Freud) to hide the connection with Herr K.

Regarding the 'gain from illness', Freud argued that Dora's illness was serving the purpose of detaching him from Frau K. It is also in this paper that Freud makes a distinction between primary and secondary gain, with the primary gain in Dora's case being her repression of her sexual feelings towards Herr K (or rather as Lacan pointed out, towards Frau K).

Regarding dreams, Freud analyses two (apparently the only two Dora brought to him):

The first (which Dora had dreamt on a number of previous occasions) had Dora in a burning house with her father wakening her up, her mother saying she wanted to save her jewel case, and her father saying that he refused to allow himself and his children be burnt for the sake of her jewel case. Freud interpreted the dream as Dora's desire to protect her virginity from the advances of Herr K, which at the same time concealed her repressed love for Herr K. The jewel case signified her genitals, and the fire signified its opposite - water, or rather the wetness associated with sex. Her father's presence in the dream offered protection from Herr K - who had in fact come into her bedroom on a least one occasion when she had been staying with the Ks.

The second dream was more elaborate: Dora dreamt that she had been walking in a strange town, then she goes into her house and finds a letter from her mother saying that her father had been ill and was now dead, and she could come if she wished. She went to the station and asked many times 'where is the station' and was always given the same answer: 'about five minutes'. She then found herself in a wood and asked a man 'where is the station'. He answered 'two and a half hours more', and offered to accompany her but she refused. She went on alone then saw the station but could not reach it. Then she was at home and was told by the maidservant that her mother and the others were already at the cemetery.

Freud interprets the 'station' as substitute for 'box', which refers to a woman's genitals; the wood as symbolising pubic hair - which leads Freud to talk about 'sexual geography' (p99); the letter referring to her father's death as a reference to a farewell letter she had written to him as a way of trying to break his relationship with Frau K; the two and a half hours referred to the time it had taken her to walk round the lake after the incident with Herr K (though there also seems to be a link to the two hours that she stood admiring the picture of the Madonna in the gallery in Dresden). In all, the dream seemed to refer to her desire for sexual knowledge.

**Later formulations**

According to David-Ménard:

In 1908 and 1909 Freud broke away from the complications of conversion.
He did so not by explicitly criticising the notion, but by speaking differently about its object: hysterical attacks, he now maintains, are nothing but "phantasies translated into the motor sphere, projected on to motility and portrayed in pantomime" (David-Ménard, 1989, p.10).

The focus of the analytic work now becomes the phantasies rather than the conversion symptoms and questions of the body - at least in the somatic sense.

David-Ménard’s reference is Freud’s *Some General Remarks on Hysterical Attacks* (Freud, 1909). Here Freud notes the close analogy between dreams and hysterical attacks, and argues that such attacks have to subjected to a process very similar to dream interpretation. He also makes explicit the connection between such attacks and childhood sexuality. He states:

Speaking as a whole, hysterical attacks, like hysteria in general, revive a piece of sexual activity in women which existed during their childhood and at that time revealed an essentially masculine character. It can often be observed that girls who have shown a boyish nature and inclinations up to the years of puberty are precisely those who become hysterical from puberty onwards. In a whole number of cases the hysterical neurosis merely represents an excessive accentuation of the typical wave of repression which by doing away with her masculine sexuality, allows the woman to emerge. (Freud, 1909, p.234)

*Lacan’s re-reading of Freud*

For Lacan, hysteria is a question concerning sexual identity: ‘am I a man or a woman?’ or, related to this: ‘am I capable of giving birth?’. This is elaborated in his *Psychosis* seminar (Lacan, 1993)

Lacan cites the example of Joseph Eisler’s patient, a Hungarian tram conductor, who suffers an accident at work but sustains only minor physical injuries. However, the patient starts to experience pain in his lower rib, and is driven into a state of increasing discomfort. After undergoing another physical examination, in which nothing appeared to be wrong, the patient was referred to Eisler with a suspected traumatic hysteria.

According to Lacan, Eisler looks for signs of an anal character and homosexual tendencies in the patient, following certain behaviours in the sessions – but this interpretation changes nothing for the subject. Lacan notes:

The onset of the neurosis in its symptomatic aspect, which made the analyst’s intervention necessary, undoubtedly presupposes a trauma which must have aroused something. In the subject’s childhood we find traumas by the bucketful. When he was very small, starting to crawl about the place, his mother had stood on his thumb. Eisler doesn’t fail to point out that at this moment something decisive must have occurred, since according to the family tradition he is supposed to have started to suck his thumb after this incident. You see? – castration – regression. One can find others. However, there is one small difficulty, which is that it is noticed when the material is being produced that what was decisive in the decompensation of the neurosis wasn’t the accident, but the radiographic examinations. (Lacan, 1993, p.170)
The point Lacan is emphasising here is that it is the medical examinations themselves that precipitate the subject’s problems, which Lacan argues are linked to a fantasy of pregnancy:

The manifestation of the subject’s symptoms is dominated by those relational elements that in an imaginary way colour his relations with objects. One can recognise in them an anal relation, or a homosexual relation, or this or that, but these very elements are caught up in the question that arises – Am I or am I not someone capable of procreating? This question is obviously located at the level of the Other, insofar as integration into sexuality is tied to symbolic recognition. (Lacan, 1993, p.170 italics in original)

The symbolic recognition in this case was the medical examination, which was reinforced by remarks the doctor had made to the patient’s wife:

*I fail to see what’s wrong with him. It seems that if he were a woman I should understand him much better* (Lacan, 1993, p.171, italics in original)

Lacan also points out that the patient had an ambition to raise chickens and to market eggs – further evidence of his interest in germination and birth. And he ends his discussion by pointing out:

He fell from the tram which for him had become a significant machine, he fell down, he delivered himself. The sole theme of a pregnancy fantasy dominates, but in what way? As a signifier – the context makes this clear – of the question of his integration into the virile function, into the function of the father. It may be noted that he contrived to marry a woman who already had a child and with whom he could only ever have inadequate relations. (Lacan, 1993, p.171)

And in all this, Lacan emphasises that the question (am I a man or a woman?) has to be formulated at the symbolic level as opposed to the imaginary level, for the subject’s symptoms to become organised.

Lacan also discusses Dora, and begins by arguing that it is the neurotic’s ego (both the hysterics and the obsessional’s) that raises the question (about sexual identity, or about being alive or dead) – in order not to raise the question in a more precise way. He then goes on to argue that Dora actually desired Frau K (as opposed to Herr K as Freud supposed for most of the analysis), but identified with Herr K. In fact, Lacan says:

And in the end Freud realises that in this quartet – Dora, her father, Herr and Frau K. – Frau K. is the object that really interests Dora, in so far as she is identified with Herr K. The question of where Dora’s ego is located is thus resolved – Herr K. is Dora’s ego. The function filled by the specular image in the schema of the mirror stage, where the subject situates his sense so as to recognise himself, where for the first time he situates his ego, this external point of imaginary identification, is, for Dora, placed in Herr K. It is insofar as she is Herr K. that all her symptoms adopt their definitive sense. (Lacan, 1993, p.175)

Lacan reiterates that the hysterics question, the question that Dora articulates through her neurosis is: *what is it to be a woman?* – and she is able to ask this question through her identification with Herr K.
This leads Lacan to discuss the dialectic of the imaginary and the symbolic in the Oedipus complex, and he argues that it is the structural planes of the symptom (i.e. the symbolic dimension) that is the focus of Freudian analysis, in spite of the emphasis given to the imaginary dimension of the Oedipus complex by some analysts¹.

Lacan argues that there is no symbolization of the woman’s sex, which he links to the absence (of the penis?) in the imaginary. He says that the phallus is a symbol to which there is no equivalent (in the woman?) – he talks about the dissymmetry in the signifier.

Bruce Fink gives a very elegant articulation of Lacan’s theory of hysteria. He shows that the hysterical subject is in a particular relationship with the Other and is linked to the attempts by the subject to overcome separation:

…in the hysteric’s fantasy…, separation is overcome as the subject constitutes herself, not in relation to the erotic object she herself has ‘lost’, but as the object the Other is missing (Fink, 1997, pp.119-20)

In terms of the Lacanian ‘formula’ for the fundamental fantasy, the hysteric’s can be written:

\[ a \diamond A \]

where the subject is the object \(a\) for the Other who lacks (\(A\)). This can be contrasted with Lacan’s general formula (or matheme) for the fundamental fantasy:

\[ $ \diamond a \]

where the barred or divided subject (\($\)) stands in relation to the lost object².

Essentially, the hysterical is seeking to divine the Other’s desire, i.e. what it is that the Other lacks.

In terms of how this links to the ‘hysteric’s question’ (am I a man or a woman), Fink argues that not only does the hysterical make herself the object cause of the Other’s desire – in order to master it and to sustain it through ensuring the Other’s desire is always unsatisfied; but also the hysterical identifies with her male partner (as with Dora) and desires as if she were him³. This is one of the formulations of Lacan’s/Hegel’s statement: ‘man’s desire is the Other’s desire’. It is this ‘double’ identification, i.e. as object cause of desire and as the desiring Other, that gives rise to the hysteric’s questioning of her own sexuality.

In terms of another important dimension of hysteria, the supposition of the Other’s knowledge, Fink points out that not only does the hysterical look to the Other to fill her

¹ Presumably a good example would be the object relations analysts, even though Lacan doesn’t specify them here.
² Fink points out that the mathemes he uses for the fundamental fantasy are those that Lacan used in the early 1960s, and that these changed in the 1970s.
³ Fink uses Freud’s famous example of the ‘butcher’s wife’ to illustrate these two aspects of the hysterical’s desire.
lack of being (through being the object that the Other lacks), but she also looks to the Other to fill her lack of knowledge, i.e. to tell her what is wrong with her\(^4\). However, in doing so she exposes the lack of knowledge in the Other, because she is never satisfied with the answers the Other gives her.

Fink also argues that with the hysteric, the aim of analysis is to move the subject from the hysteric’s discourse to the analytic discourse – and this also applies to the hystericised obsessional patient.

**Paul Verhaeghe and Freud’s two theories of hysteria**

*Freud’s first theory of hysteria*

Verhaeghe, in a close reading of Freud’s ‘first’ theory of hysteria, argues that the problem for hysterics is essentially the problem for women (Verhaeghe, 1999) - and this is the lack of a signifier for ‘The Woman’. Verhaeghe refers to Freud’s notion of a ‘double trauma’, whereby a trauma in puberty or adulthood triggers the memory of an earlier childhood sexual trauma, and both memories are then repressed with the resultant neurosis. The problem with the (original) trauma is that it lacks a signifier – in Lacanian terms it is the traumatic Real - and Verhaeghe goes on to argue that this traumatic Real can be described as ‘feminine’. Therefore there is a lack in the Symbolic (feminine) which equates to a lack in the Other (\(\mathcal{A}\)).

For Freud, according to Verhaeghe, one ‘solution’ to this lack of signifier for woman was to substitute the signifier *passivity* – ‘feminine’ became equated with ‘passive’. The chain of equivalence therefore becomes: Real \(\rightarrow\) feminine \(\rightarrow\) passivity.

Drawing on Freud’s concept of a ‘boundary idea’ in relation to repression, Verhaeghe argues that instead of the Real there is a boundary signifier \(S(\mathcal{A})\), that stands in for the lack in the Symbolic. And drawing on Freud’s idea of repression as a failure of translation or transcription, he goes on to argue that as psychical material is transcribed, at the boundary, from one period of life to another, the traumatic nucleus is not transcribed. Hysterical fantasises are a way of working over the boundary representations, that are constructed at the edge of the Real:

The hysterical appeals to the Imaginary in order to deal with the Real. To be more specific: to work out that aspect of the Real where the Symbolic lacks a definite signifier.....Every hysterical symptom is an Imaginary interpretation of the Real as well as a superstructure on top of it (Verhaeghe, 1999, p.41)

Fantasises play a key role in the development of the psyche, which follows the development of the erogenous zones. Fantasies elaborate this development retroactively, and there is a move from auto-erotic to hetero (allo)-erotic fantasies, and in hysteria the latter fantasies are directed towards an other, which ultimately results in the hysteric identifying with a man as a way of dealing with the lack in the symbolic. This is linked to the repression of the fantasises of passivity (the first attempt at a signifier for ‘The Woman’):

Hysteria starts from the traumatic Real and can be understood as an attempt to

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\(^4\) Though by identifying with what the Other is perceived to lack, isn’t the subject also seeking knowledge, i.e. ‘what am I for the Other?’
elaborate it psychically by way of the Imaginary. This elaboration by the
Imaginary begins as a boundary representation and is continued with
fantasises. The allo-erotic fantasies of the hysteric are directed to the other,
and especially to the father. This is accompanied by a typical characteristic,
namely an identification with the beloved person, i.e. the father. To put it
more precisely: the end point of the defensive elaboration by the Imaginary is
an identification with a man. For the hysteric, the ultimate answer to the lack
of a signifier for the woman lies in an identification with the man-father
(Verhaeghe, 1999, p.45 emphasis in original).

However, such an identification with a man results in further conflicts within the
woman. For ‘The Woman’ to emerge the active/masculine counter-part to the
passive/feminine must also be repressed, and this is essentially what happens at
puberty.

Why, though, asks Verhaeghe, is passivity seen as so unpleasurable as to need
repressing in the first place? He describes it as:

…..a primary experience of unpleasure against which every neurosis tries to
guard itself (Verhaeghe, 1999, p.50)

This primary experience can be linked to the pre-Oedipal experience of the child
when he or she is an object of the mother’s jouissance. The Oedipus complex
becomes a way of ‘resolving’ or moving away from such a position, a distancing
through alienation and separation, and the resulting division of the subject and
engendering of desire. However, for the woman there is an additional problem: she
has no signifier of her own and thus must turn to signifier for The Man, i.e. the
phallus.

Verhaeghe goes on to discuss such ideas within the context of Freud’s ‘Dora’ case,
and, following Lacan, focuses on Freud’s ‘error’ in not spotting that Dora’s real
interest was Frau K and the mystery of feminine sexuality, rather than a desire for a
sexual relation with Herr K (and behind this with her father). Dora was searching for
sexual knowledge, but Freud’s initial misreading resulted from his interpreting the
Oedipus complex as an Imaginary or dual relationship, ego to ego. This focus,
argues Verhaeghe, leads to an analysis of resistance, and can be linked to the
child’s first encounter with the Other as alienating totality in the mirror stage. The
relationship becomes specular5.

There is a need to introduce a third term (the Symbolic) into the Oedipal situation,
and in Dora’s case this is effected through an identification with Herr K in order for
her to desire Frau K – Herr K acts as a ‘relay’ in this situation. Essentially, Dora is
trying to elaborate her sexual identity through an identification with Herr K – as the
‘one who knows’ the answer to the question ‘what is a woman?’’. Freud was
beginning to grasp this situation when Dora left the analysis.

Verhaeghe argues that Dora’s symptoms can be seen as an attempt to find a
signifier for ‘The Woman’ that was lacking, and that this can attempt can be
discerned even in her dreams and the derogatory characterisations of woman (‘box’,

5 And effectively the model for many psychotherapeutic relationships to this day, including
ego psychology, object relations and humanistic therapy.
‘jewel case’) and references to the medical encyclopaedia and the dead father (the only one who really knows).

As Verhaeghe states:

> What we have already described for the dreams also holds good for the symptoms. Freud considered a hysterical symptom as the sexual activity of the patient. To put it differently: every hysterical symptom is a realised fantasy. These fantasies always treat of the same subject: what does a man want from a woman, how is she defined within the sexual relationship? (Verhaeghe, 1999, p.64).

**Freud’s second theory of hysteria**

Verhaeghe argues that Freud’s second theory of hysteria emerged from problems that he encountered with his idea of the pleasure principle and also with the concepts of remembering and repetition. With regards to the pleasure principle, Freud’s original idea was based on two axioms: firstly that all human beings strive for pleasure and, secondly, that pleasure is the release of tension (unpleasure) – the principle of constancy.

The problem for neurotic (hysterical) patients was that they failed to abreact, i.e. to release tension, and thus were unable to gain satisfaction – and this was due to the repression of desire. Therefore the role of psychoanalytic treatment (in Freud’s first theory) was to neutralise repression and to allow abreaction to take place. The model that Freud constructed to explain this was essentially the ‘hydraulic’ one and, as Verhaeghe reminds us, was a closed system – which is what led to its eventual failure. In terms of the theory of the four discourses it is the answer of the discourse of the master to that of the hysteric.

However, one of the problems that Freud encountered in his work with hysterics was that they would produce a never ending series of representations (see for example the case studies in *Studies on Hysteria* (Freud and Breuer, 1895)), and these representations appeared to revolving around a nucleus that was resistant to representation and interpretation – and for which Freud found a parallel in the navel of the dream. The patients’ desire moved through an endless chain of signifiers, and what’s more Freud was encountered with a rejection of his interpretations – which in the early days was an explanation of his theories to the patient (e.g. Dora). According to Verhaeghe, the hysterical patient was opting for the:

> ….choice of impotence in relation to satisfaction (Verhaeghe, 1999, p.130-1)

The problem of remembering, forgetting and repetition also began to become a problem for Freud. To start with he was faced with his patients telling him that they had already known in advance what was said in the analysis, which suggested a form of disassociation, and also the phenomena of ‘screen memories’ which appeared to be filling in the ‘gaps’ of memory. Furthermore, and more significantly, Freud was developing his theory of unconscious fantasies, which by definition could never have been forgotten, which led to the need for constructions in analysis.

There was also a move from repetition to repetition-compulsion via the idea of the compulsion to repeat. The repetition-compulsion was something that engaged the whole being of the subject (the ‘manifest personality’), rather than simply his or her
symptoms. This had serious implications for the theory of resistance and how it was handled in the analysis. If the subject's 'whole personality' was now in the grip of a 'resistance' it was impossible for the analyst to engage with the 'healthy' part of the patient's ego (the path of ego psychology). Instead, resistance had to be seen as *transference resistance* which could then be extrapolated to *transference neurosis*. This necessitated a new approach to the analytic process – *working through* the resistances.

Verhaeghe argues that Freud's paper *Remembering, Repeating and Working Through* was a major turning point in his conceptualisation of neurosis. The idea of 'forgetting' effectively disappears along with the notion of 'remembering', and the ideas of unconscious (primal) fantasises and constructions in analysis appear in their place. Repetition becomes repetition-compulsion, resistance becomes transference neurosis, and the necessity for working through appears. In the process a new theory of the drives and the ego emerges.

With regards to Freud's theory of the pleasure principle, this is forced to undergo a radical reworking which he elaborated in *Beyond The Pleasure Principle*. One of the motivations for this was Freud's realisation that the hysterical subject was desiring the desire for satisfaction rather than satisfaction itself – the accumulation of tension appeared to be pleasurable to the hysteric whilst the discharge of tension appeared to be disappointing.

Furthermore, the repetition-compulsion appeared to be an exception to the pleasure principle, and also resistance was functioning in the service of the pleasure principle – and was emanating from the ego. What was being repeated in subsequent relationships was the rejection by the first love of the subject (mother or father), which was essentially a repetition of a trauma in the Real as an attempt to install the 'anxious expectation' that was missing from the original experience. Such an installation would allow the trauma to be controlled through a binding of tension to representation of the trauma – which would allow abreaction.

At this point, as Verhaeghe points out, the pleasure principle appears to have been reinstalled. However, Freud then moves on to a completely new theory of the drives by introducing the idea of life and death ones (Eros and Thanatos). Eros is directed towards fusion whereas Thanatos is directed towards de-fusion and ultimately death. The 'pleasure principle' becomes the 'Nirvana principle' (though this is not a term used in Freud's paper), which is aimed at reaching a zero point of tension (death), but this is countered by Eros, which aims at increasing tension and thus prolonging life. Later on Freud re-defines the pleasure principle as a modification of the Nirvana principle in the service of Eros.

The second theory of hysteria also opened up the possibility of recognising *sexual differentiation* (whereas in the original theory the female version of the Oedipus complex was regarded as being the same as the male version but in reverse). This follows on from Freud's explanation of the emergence of Eros – using Aristophanes' myth of the original complete human being that was split into male and female.

Verhaeghe argues that the use of this myth, and that of Eros and Thanatos, are essential for the understanding of hysteria. Firstly in terms of the primary fantasies
that are constructed retroactively. The subject needs to acquire sexual identity through symbolic identification with a signifier – but for a woman this signifier is lacking, which leads her to desire to find the mythical condition prior to the division of the subject – ‘the hysterical unisex fantasy’. Secondly in terms of the driving force or leitmotiv that determines the productions of the unconscious. This is the myth of the original fusion, the absolute subject. The hysterical symptoms, as realised fantasises, are attempts to answer the lack in the symbolic, and could be summed up as ‘all subjects are alike’ – which can then manifest itself in notions of ‘equality’.

However, the hysterical subject aims as sustaining desire for the lost paradise, not finding it – which would ultimately lead to psychosis with the subject being the passive object of desire/enjoyment for the Other.

Verhaeghe argues that Freud’s new theory of hysteria inaugurated three ‘ur’ (primary) phenomena: primary repression, linked to the lack in the Symbolic; primary fantasy – as an answer to the lack; and the primal father, whose construction was a necessary element in the repair of the lack in the Symbolic.

The hysterical subject is the subject divided by language and therefore every speaking being occupies the position of hysterical subject. The hysteric refuses phallic pleasure and aims for another enjoyment, which leads to endless dissatisfaction and an endless shifting of desire, which is a form of repetition with the Real as the virtual finishing point. Psychoanalytic treatment shifts from an attempt to impose an end to the displacement of desire (the master’s position) to attempting to reveal the structure in which and through which desire is moving – which involves a working through. It also involves the use of Deutung (pointing) – a focusing on small sections of free association with the aim of bringing ‘indestructible’ unconscious desire to light. These ideas were all taken up and elaborated by Lacan.

References


