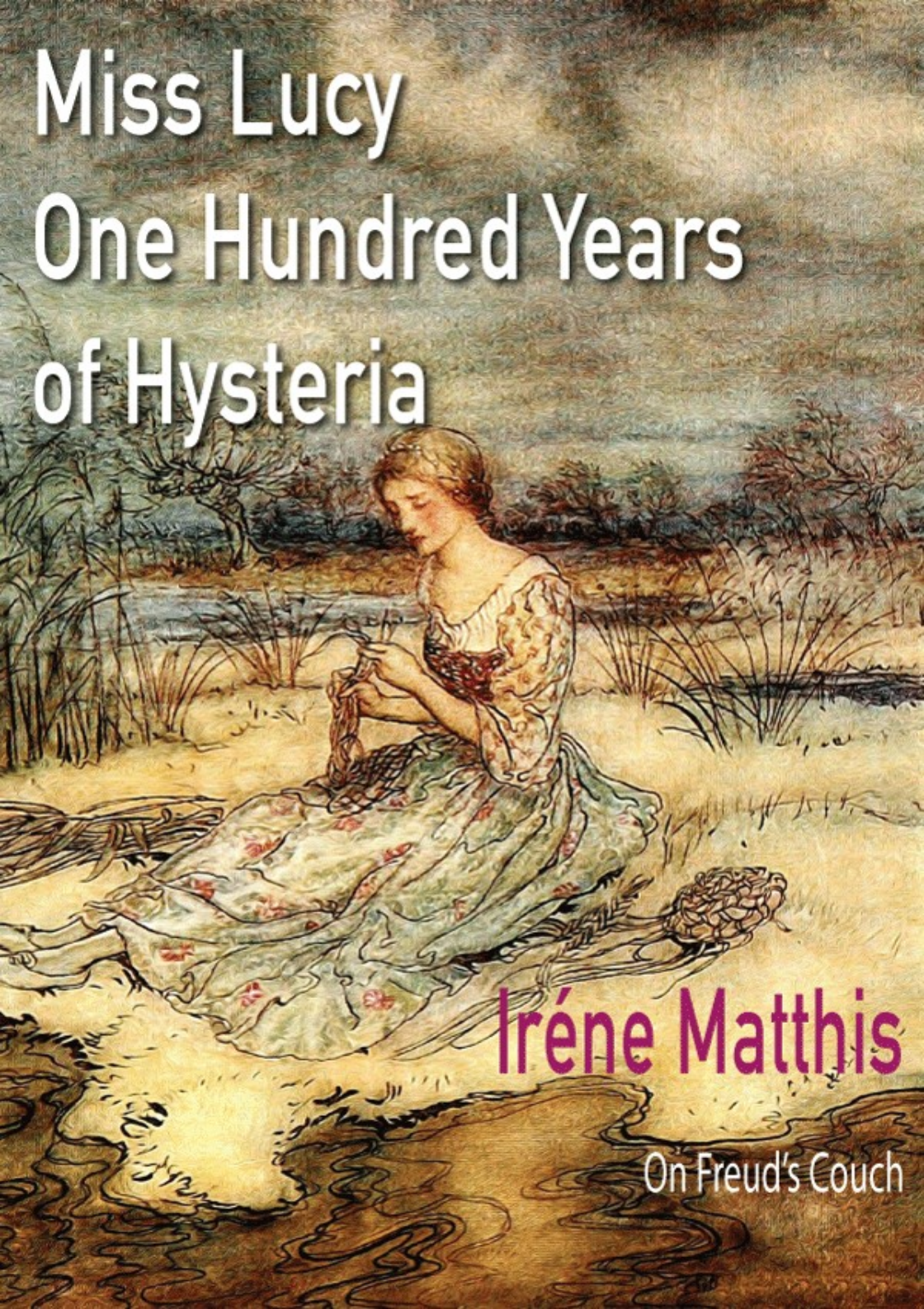
Miss Lucy One Hundred Years of Hysteria



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On Freud's Couch

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The hysterical symptom is unique. It exposes a gap in our understanding of the human being. Suddenly our common sense is faced with something incomprehensible, a discrepancy; reality for the patient is something quite different from what it is for her counterpart, the doctor. For the patient the suffering is in the symptom, which, for example, may be a paralyzed leg. Her movements bear clear witness to the fact that the leg is not serving its purpose. She limps, dragging her foot, using her whole

body to force it ahead, quite simply, making things difficult for herself. As for the doctor, the astounding thing for him is the fact that the paralysis does not really exist, that is, there is no organic basis for it. The leg should not be paralyzed. But no rational argument in the world can convince the patient that it is possible for her to use her leg normally. The physiologically healthy leg behaves as though it were paralyzed; it is intact and unusable all at the same time.

On the basis of this discrepancy the hysteric is termed “sick”; her symptoms are classified as pathological, affecting her body. She first poses her question to the doctor with her body, not with words. The question takes the form of a riddle.

The Riddle of the Hysteric

The riddle with which the hysteric confronted Freud was not new. Mention of hysterical symptoms can be found in the oldest extant records of medical discoveries—in the Egyptian papyrus scrolls from Kahoun dating from 1900 B.C. Then as now the "doctor," who was trying to solve the riddle, was a man, while the hysteric, who had posed the riddle with her body, was a woman. The word hysteria comes from the Greek *hystera,* which means uterus, and it was taken for granted, as we have seen (p. 6), that only women could contract this illness since it was thought to be caused by the wanderings of the uterus in the body and its tendency sometimes to move into "wrong positions." We recall Freud's referral of Frau Emmy's daughter to a gynecologist for treatment of a retroverted uterus. (See p. 20)

The narcissistic woman, whom Freud writes about in *Introduction to Narcissism,* has, like the hysterical woman, always aroused man's desire. "Such women have the greatest fascination for men, not only for aesthetic reasons, since as a rule they are the most beautiful, but also because of a combination of interesting psychological factors" (Freud 1914d, p. 89). For the same reason the hysteric attracts the man's attention to herself.

As a result of a "combination of interesting psychological factors," the hysterical woman was a central figure in all those male gatherings before the turn of the century where the origin and treatment of hysteria were discussed. Freud was only one of many who were interested in hysteria. There were also Breuer, Charcot, Bernheim, Liébeault, and Janet.

In Freud's time, however, science approached the hysteric's question from a conception of the body as a biologically-physiologically distinct unit. But as Freud was the first to show the question could not be answered without bringing in another aspect: the relation of the body to the patient's account of it, that is to say her way of talking about her body. This meant that a linguistic perspective on the question of hysteria—indeed, on our way of understanding how humans function—was brought in, or created. It was in the *talking* cure that the human subject came into view. Without this transfer to the domain of language, Freud's work would never have led to psychoanalysis, per se. But the leap between body and language had to be translated and analyzed. It is no exaggeration to assert that (figuratively

speaking) psychoanalysis was born out of the hysterical woman's womb.

Through her special symptomatology, bound to and expressed by her body, the hysteric uncovered a basic difficulty in the matter of body and language, faced by each one of us: the leap from biological body to linguistic symbolism via the imaginary body. The hysteric has been held up half way through this leap. She —like her imagined body—still hovers high above the abyss that language was to have bridged. In that way she generously provides us with a keyhole for viewing what is hidden behind the reality we feel we have accepted in everyday life. From the perspective of the peephole we can divine and construct the movements and processes that are going on on

the other side of the language wall, but through that wall we may not pass.

The Hysterical Body

Freud's first theory about hysteria, which he worked with at the end of the 1880s and the beginning of the 1890s, was bound up with physiology. To be sure, he rejected the hypothesis that illness was the outcome of a degenerative process that after a couple of generations resulted in nervous breakdown in certain families, but he still assumed that hysterical symptoms had an organic basis. Perhaps an infection or some other organic disturbance predisposed a certain physical area to become a site of a mental disturbance as well. The psychic problem attached itself to the physical injury by association. This meant, for example, that they might be found close to each

other in time or space. If, while suffering from a throat infection with a bad cough, someone was struck by a psychic trauma, her hysterical symptom might show up in the form of a nervous cough. If one leg had a tendency to go to sleep, perhaps because of a physiological weakness of the muscle while the hysterical patient-to-be was watching over her dying father, the hysterical paralysis might then affect the same leg. Even today the greater part of all medical psychosomatic research is grounded on the same basic premise.

In this kind of theoretical approach, the phenomenon of conversion, where the psychic conflict is expressed by a physical symptom, there is assumed to be biological reasons for the choice of the hysterical symptom and its localization in the body. This means that the

physical symptoms in themselves are mute: they do not tell tales of any deeper significance beyond the fact that there is an organic weakness that should be treated as such. It could be said that the manifestations of the psychic conflict in the body lack symbolic significance. When Miss Lucy, whom I will introduce shortly, came to Freud in the autumn of 1892 with her *anosmi* (she had lost her sense of smell), the first explanation she had been given by doctors was that she was suffering from chronic rhinitis. That was that. The problem was that this inflammation of the nose proved difficult to cure. When, in addition, she reported an olfactory hallucination—she was troubled by a smell of burnt pudding— clinical reality, forced medical science to look beyond physiology

toward new ways of understanding. Miss Lucy was referred to Freud.

He discovered the importance of narrative and speech, something that Breuer had already pointed to. He began now to listen with less bias to what the patient was saying and to interpret it literally. Fräulein Elizabeth, for example, whom Freud treated for walking difficulties at about the same time as he was treating Miss Lucy for *anosmi,* showed quite concretely by her walking difficulties how she "had come to a standstill" (*stehen bleiben),* how, as she said, she "could not move from the spot" (*nicht von der Stelle kommen könnte)*. She was "standing alone and found that painful" (*Alleinstehen schmerzlich empfunden)*. Her body began to join in the conversation, becoming concrete speech. "I stand all alone in life," the patient complains,

and, to prove it, turns herself into a statue-like figure, desolate and unmoveable. Another of Freud's patients came to him with facial neuralgia. It turned out that the pains were linked to an unkind rebuke she had had from her husband. It was, as she expressed it, like "a slap in the face" *(ein Schlag ins Gesicht)*. The symptoms began "to speak"; there was a language of the body.

Freud never relinquished the hope that in the end an organic basis would be found for the physical-psychic symptom. For example, in 1914 he writes in his article on narcissism that "we must recollect that our provisional ideas in psychology will presumably some day be based on an organic substructure" (1914c, p. 78). In his clinical work, though, it was becoming more and more obvious to him that he could work only

with the psychic processes, at least for the time being. This is apparent in the letters he writes to Fliess in 1896. The choice of the body zone and of a symptom had now become a question of *Aufmerksamkeit,* i.e., the attention or the interest the patient directed toward his body, or parts of it. The cause of the symptom was not only to be found in a physiological fact, for example, an organic injury or an infection. The focus became the context and the situation, the patient's relation to and thoughts about other important people, her body position and her perception of her body, and the verbal descriptions she gave of the event. In this perspective the body became what it was imagined to be. As such, the imaginary body could be used as a linguistic tool; it could be given a symbolic import. Freud

began to pay attention to what the body was trying to express.

By following the body clues one could come to grips with the psychic conflict. However, this required psychic work. It is a process reminiscent of the poetic route to the essentials:

> I occupy a question I can not answer and the question
> is an open place where a human's trail out there
> where a living image is moving past Is a film
> of a
> Face

as Katarina Frostenson expresses it in 'The Visitor" (1985, p. 62).

It was a question such as this that Miss Lucy brought to Freud in the autumn of 1892. She was an English governess in a Viennese family in

which the mother had died, and the governess had had to take her place with the children. She came to Freud because of a symptom that had affected her sense of smell. She no longer reacted to any odors at all, not even the most stinking and pungent ones Freud tested on her. She was suffering, it could be said, from a lack of smell. But in the empty place left behind, a hallucinatory olfactory sensation occurs. All the time she smells burnt pudding.

Following the Clues

Following in Freud's footsteps as he takes on this mysterious symptomology is like spying on a Sherlock Holmes as he goes about his work. In Miss Lucy's case the symptom can be traced back to an occasion when she received a letter from her mother in Glasgow, to whom she had planned to return. Her plans to leave her service

in the Viennese family, to whom she had become very attached, had been brought about by her difficulties getting along with the rest of the servants. Still, she was reluctant to leave the children, having sworn on their mother's deathbed to take care of them. When her mother's letter arrives Miss Lucy is "playing at cooking" with the children, and they teasingly snatch the letter from her, believing that it has arrived for her birthday (which she will celebrate in two days). In the hunt for the letter they show her great affection and she ends up in acute conflict between her wishes to leave the house and return to England, and to carry out her duties to the motherless children. Here we find an example of the tug of war between wishes and intentions that are in conflict with one

another, which Freud had begun to describe as the basis of the symptoms of “defence hysteria.”

While Miss Lucy and the children hunt for the letter they forget their “cooking games.” Suddenly they become aware of the smell of burnt pudding.

From that day, Miss Lucy’s sense of smell is gone. It is as though the disappearance of her sense of smell will help her to forget something else, and this was not only, as we shall see, a matter of the conflict between her wish to leave the house and her duty to stay with the children. The conflict had deeper ramifications, which were aroused at the moment she read the letter from her mother and smelt the burnt pudding. So strong were her emotions that the ego was overwhelmed and at that moment she was not

able to contain the conflict. Instead the symptom cropped up. Something disappeared: her normal sense of smell. Something else had also disappeared, something that no one even knew had been there: the repressed conflict between loyalty to the children and the wish to return to her mother.

We leave Miss Lucy a moment in the nursery for a necessary digression. One *moment* has been crystallized: the letter from her mother has just arrived; and a *place* has been chosen where the symptom takes shape: the nose, which registers the smell of burnt pudding. These are the details of reality, the material the subject will make use of in order to throw both herself and the doctor off track. Instead of an acute psychic conflict—which is completely understandable and which could be talked about—to Miss

Lucy's simple cold is added, from this moment on, a chronic affliction of the nose membranes complicated by an olfactory hallucination. This requires treatment.

In other words a leap occurs, showing that the subject has no direct and "natural" relation to surrounding reality or to her own body; instead, both will be transformed, converted into something else, in a process of creation out of which the subject's story is born. This process reveals (lies behind) the desiring subject's imaginary creations, based on the junction of elements (in time and space) that reality offers as the building blocks of this story. In these junctions or nodal points (Freud calls them *Knotenpunkten* in *Studies in Hysteria)* the process of signification has its origin. From this

point on, the body begins to “talk.” Here is the starting point of the symptom.

The hysterical symptom is often a matter of something that has been lost or negated—as in a paralysis (“couldn’t move”), an anesthesia (“couldn’t feel”), a blindness (“couldn’t see”), and an anosmy (“couldn’t smell”). In today’s clinical experience the symptom of negation shows up also in language: “I don’t know ... I don’t know ... I don’t know.” An analyst hears this never-ending melody emanating from the couch like the rhythmic chorus of a folk song. But the phenomenon of negation is nothing unique to the experience of the analyst. Feminist scholars have revealed the same pattern of negation in literature written by women (Wik 1992, Witt-Brattström 1983).

In the place where something has disappeared, something else then emerges, in Miss Lucy's case the subjective odor of "burnt pudding." This implies that negation has been retained in the symptom itself. There is *no* smell and at the same time there is a smell which is *not* there (now). This is the language of the desiring body. Attention, *die Aufmerksamkeit,* will now be directed to this junction, *der Knotenpunkt,* located in an imaginary body.

Still another element will be crucial in this process: childhood. Freud takes this up in more detail in later work, as in the case of Dora and in his *Three Essays on the Theory of Sexuality,* published the same year (1905a,b). 'The nodal points" are linked to infantile sexuality, to childhood's erotic body and its fixation points (the primal scene, primal fantasy, and so on). It

is clear that the attachment to the somatic body does not disappear nor is it brushed aside, but rather it is made more complicated and is redefined. The body's symptoms (the hysterical) are created in the same way as the images of dreams. They are word/picture puzzles, which rarely lend themselves to smooth translations.

This production of symbols is a highly complicated process in which displacements and condensations—as Freud describes them in *The Interpretation of Dreams* (1900)—are the crucial components. In the repression of the psychic conflict, which is at the heart of the symptom, both of these factors are included. First "displacement," which does not mean symbolization in its ordinary sense but is just what it says: a displacement. Something becomes something else without there being any

affinity other than the fact that they are close to each other in time or space or in the tangible meaning of the language or even in the similarities of sound. Here we are dealing with a simple attachment or repression, which nevertheless requires the subject's personal memory. This may be difficult to awaken. The "simple association" may be extremely difficult to retrieve and confirm since it is completely dependent on a special occurrence or circumstance—in Miss Lucy's case "the letter from her mother" and "the smell of burnt pudding." Only the time, which is coincidental, ties them together.

Often, however, considerably more complex connections are hidden in the symptom. Several occurrences that are different but related by their similarity may be brought together and

condensed. By means of this metaphorical process the symptom is crystalized and reaches its "fullness," which as we shall soon see will happen in the case of Miss Lucy. Using as a starting point what Freud writes about these two phenomena in *The Interpretation of Dreams,* we can with hindsight elucidate what may have put him on the track in the case of Miss Lucy.

The Erotic Cathexis

Let us then, with the help of Miss Lucy and her hysterical symptom, illustrate the degree of difference there is between displacement and condensation. Freud has established when and how the symptom arose. The smell of burnt pudding comes at the same time as the conflict around Miss Lucy's wishes has been brought into focus by the arrival of the letter from her mother. Here a simple, associative connection

occurs, a displacement. Explaining how the symptom first appeared did not, however, improve the patient's condition, which one might have had reason to hope. The odor of burnt pudding was still there; it was insistent. So something more had to be brought in. Freud now thought, seemingly without any other basis than his own intuition, that Miss Lucy was in love with her employer, the father of the motherless children. He dares to suggest this to the patient and she immediately confirms it: '"But if you knew you loved your employer, why didn't you tell me?' asks Freud. 'I didn't know,"' answers Miss Lucy (Freud 1895, p. 117).[1]

After this second interpretation the odor of burnt pudding gradually diminishes; instead Miss Lucy begins to talk about another "subjective" odor: the smell of cigar! Freud

takes up this new scent and follows the trail further. Several scenes are now reported from life in the family where Miss Lucy is employed. The father, head of the family and her employer, smokes cigars. So does a guest who often comes to lunch and who, on one occasion, kissed the children after enjoying his meal. The father flared up and shouted at him, "Don't kiss the children!" Miss Lucy took this personally, perhaps—we may speculate—because she had not warded off the kissing or because she herself was tempted by it. Since then the smell of smoke has haunted her. An even earlier incident is concealed behind this scene, when a female guest kissed the children on the mouth. On that occasion, since it was a female guest, the father was able to control his fury until the guest had departed. Then he vented it on the unfortunate

Miss Lucy. He said that he would hold her responsible if anyone kissed the children on the mouth, and if it happened again he would entrust the children's upbringing to other hands. Her dreams of winning his love and becoming not only a deputy mother but also the father's wife —hopes that had been kindled shortly before when the father had talked intimately with her about the children's upbringing—had been crushed.

Here, in other words, it becomes apparent that another odor is hidden under the first. Indeed, it even seems as though the first odor (of burnt pudding) has arisen later and may have been used to cover up and hide the earlier smell. In the smell of the cigar, we might say, the symptom "reaches its fullness."

For us it is interesting to note that the cigar smell, which seemingly turns up during the course of the treatment, perhaps has to do not only with Miss Lucy's employer but with the doctor himself, also a cigar smoker. Freud always smoked cigars during his sessions, so the smoke that is suddenly in evidence may derive from several forbidden love objects. A displacement takes place from the smell of burnt pudding to the smell of cigar, and in this new odor several incidents and scenes are condensed. In the consulting room the cigar smell is more than hallucinatory. Freud's own presence and influence are certainly significant in these condensations. 'The transferences" go from the mother's attachment to the children to the woman's attachment to the man. In the transference relation to the cigar-smoking

father/employer/man/analyst, the woman's love object emerges as that which has rejected her, made her into a "nothing," into a mere servant, a governess. It will be another seven years before Freud is able to formulate his ideas on the clinical and theoretical importance of transference relationships. He will do this in the case of Dora, or rather in the aftermath of her broken-off treatment. (See Chapter 3.) But the phenomenon has already been described in Miss Lucy's case history.

At the next appointment two days later, all her subjective symptoms are gone; her sense of smell has been restored; Miss Lucy is well. The chronic rhinitis also seems to have gone up in smoke. One year later Freud again runs into Miss Lucy, who has remained in Vienna. She feels just fine and is in radiant health.

The Body Presented

The bodily symptoms of the hysterical patient demonstrate that the body does not function as an organic entity independent of the psyche. We have to think of the symptom as an *act* with an aim and a disposition. The hysterical attack is not a discharge but an *action* and it retains the original characteristics of every action— of being a means to the reproduction of pleasure," Freud writes to Fliess on December 6, 1896 (Masson 1985).

In her interesting book, *L'hysterique entre Freud et Lacan, corps et langage en psychoanalyse* (1983), the French philosopher Monique David-Ménard maintains that the hysterical symptom is characterized by a process of symbolization that has not been completed. To be sure, the body has begun "to talk," or as

Freud says, *"mitzusprechen,"* to join in the conversation. But it is a meagre language. Maybe we can compare it with the learning of single—but significant—words in a foreign and very difficult language: bread, water, chair, table. Saying the word "bread" is then equal to pointing at the loaf of bread on the table. But the word has still not been abstracted from the actual loaf of bread and so cannot be used symbolically, as for example in the doctrine of transubstantiation: "Take and eat; this is my body."

Thus the hysterical symptom is not a representation in the sense of being an idea (Fr. *représentation,* Ger. *Vorstellung)* but a presentation (*présentation*, *Darstellung)*. The hysteric displays her body as a kind of presence, as if it were a matter of course and was already

there.[2] A compulsive neurotic would make use of her body differently, not as a direct object but as a means of creating a kind of caricature—and consequently also a working through— of her essential fantasies. The compulsive neurotic makes use of a completely symbolic language in the sense that she uses the word in order to kill the object, as Lacan says.

One might say, as Monique David-Ménard (1983) does, that the hysteric both lacks body (as a means for symbolically working through conflicts and losses) and suffers from too much body (it presents and *is* the conflict and the loss). Everything that happens to and in it bears witness to an experience of having lost or having been deprived of something. What has been lost has to do with identity (as for example with Anna O., who in her hysterical absences could

neither speak nor understand her own language) and with the license to enjoy one's own body ("the secrets of the alcove," see p. 42). Instead, the body will all too often *present* the loss, a loss of identity and enjoyment, as exclusively a negative. As we saw with Miss Lucy, negation and negating dominated in every symptom. The body presented the presence of an absence, a loss.

Thus the material of the body is used in the hysteric not to create a symbolic expression of something else but to stage the loss. It is the pantomime that provides the model/paradigm for the hysteric's use of her body to present a conflict. "These attacks are nothing else than fantasies translated into the motor sphere, projected on to the motility and portrayed in pantomime," Freud writes in his short article,

"Some General Remarks on Hysterical Attacks" (1908c, p. 229). One might say that the body provides a stage on which a "movement" enters and plays the part of something as if it were "the somatic."

The movement, the performance of the phantasm, has the same status in hysteria as the manifest material does in a dream and must be analyzed in the same way, that is, not as one of the body's natural movements but as fragments, bits and pieces, that have lost their function.

It is obvious that something is out of order: something in the body is not working. Something has also disappeared: something that has to do with identity. Here it is time to refer again to the sexual theme, only hinted at in the preceding chapter, and see what has disappeared

from the sexuality of the hysteric and of psychoanalysis.

"The Secret of the Alcove"

"In the theory of the cathartic method there is not much talk about sexuality," Freud writes in his *Autobiographical Study* (1925, p. 22). In his case study of Anna O., Breuer explicitly states that "the element of sexuality was astonishingly undeveloped in her" (1895, p. 21).

Freud (1925) writes of his own published cases that he could present them without considering the issues that were important where sexual neuroses were concerned. He also makes a point of the fact that these four cases represent an earlier period in his work. In other words he seems to wish to give the reader the impression that there is something that has not been taken

into account, something that has to do with sexuality. Perhaps this restraint is motivated not only by the secrecy every therapist owes his patient but by Breuer's wishes and the conditions of Breuer's participation in the publication of the book on hysteria. This theme is also struck in the preface to the first edition. Due to secrecy the most instructive and enlightening material could not be published: "It is precisely observations of a markedly sexual nature that we have been obliged to leave unpublished" (1895, p. xxix). Thus as early as 1895 there was a clear awareness on the part of the authors of the relevance of the sexual theme. But it could not be talked about too explicitly.

In Chapter 1 we saw how the affects and the ideas, and memories associated with them, were at the core of Freud and Breuer's cathartic

method. Freud's rapidly growing experience, however, demonstrated that the emotional affects behind the neurotic symptoms were as a rule of a sexual nature, either sexual conflicts or the aftereffects of previous sexual experiences. Freud had not expected this. But it became for him a more and more inescapable fact that sexuality and its role in interpersonal relationships were crucial in the origin of neuroses. Breuer refused to follow suit, and his repudiations of Freud's ideas eventually led to a break between the two men. Freud had to continue alone in his attempt to understand the role of sexuality in the formation of neurotic symptoms. Several factors contributed to Freud's heightened interest in the role of sexuality. I will mention a few of them.

In *Studies on Hysteria,* as well as in his correspondence with Fliess, Freud mentions that when he takes up the question of sexuality with married women, they often claim that their problems have already begun before marriage. It is as if they wanted to protect their husbands. Freud, however, could always show that the problem was bound up with their marital life. In the account in *On the History of the Psychoanalytical Movement* (1914c), he recalls that much earlier he had heard three experienced doctors, much respected by him, express opinions along the same lines.

When Freud was a young house physician at the beginning of the 1880s, he was once out walking with Breuer. They ran into a man who evidently wanted to speak to Breuer urgently. Later on, Breuer disclosed that the man was the

husband of one of his patients. Freud writes: 'The wife, he added, was behaving in such a peculiar way in society that she had been brought to him for treatment as a nervous case. He [Breuer] concluded: 'These things are always *secrets d 'alcôve!*' I asked him in astonishment what he meant, and he answered by explaining the word *alcôve* (marriage bed) to me, for he failed to realize how extraordinary the *matter* of his statement seemed to me" (1914c, p. 13).

Some years later Freud heard Charcot tell a story about a married couple. The wife suffered from severe symptoms because her husband was either impotent or exceedingly clumsy in their sexual relations. Someone expressed surprise that such circumstances could have been the cause of the wife's symptoms, but then Charcot exclaimed vehemently: *'"Mais, dans des cas*

pareils c'est toujours la chose génitale, toujours … toujours … toujours,' and he crossed his arms over his stomach, hugging himself and jumping up and down on his toes several times in his own characteristically lively way. I know that for a moment I was almost paralyzed with amazement and said to myself, 'Well, but if he knows that, why does he never say so?'" (1914c, p. 14).

The following year, in 1886 or 1887, Doctor Chrobak, who was a gynecologist at the university hospital, handed over a patient who suffered from inexplicable anxiety attacks to Freud. Freud writes:

> When Chrobak arrived he took me aside and told me that the patient's anxiety was due to the fact that although she had been married for eighteen years she was still *virgo intacta*. The husband was absolutely impotent. In such cases he said, there was nothing for a medical man to do but to

> shield this domestic misfortune with his own reputation and put up with it if people shrugged their shoulders and said of him: "He's no good if he can't cure her after so many years." The sole prescription for such a malady, he added, is familiar enough to us, but we can not order it. It runs:
>
> "R Penis normalis
> dosim
> repetatur!" [1914c, p. 14-15]

Freud writes that these men had "told him more than they themselves knew or were prepared to defend" (1925, p. 24), but Freud himself had the courage to present, in due time, these ideas in public.

In the last few years of the nineteenth century, Freud was ready to admit the impact of these ideas on his work. The unfolding of the importance of sexuality encouraged Freud to expand his research to include the so-called

neurasthenics who crowded his waiting room. He wrote in his autobiography, "This experiment cost me my popularity as a doctor, but it brought me convictions which today, almost thirty years later, have lost none of their force. There was a great deal of equivocation and mystery-making to be overcome, but once that had been done, it turned out that in all of these patients grave abuses of the sexual function were present" (1925, p. 24).

The cure for these patients lay in a normal sexuality, defined and prescribed as: "Penis normalis. Repeatedly!" Therefore, with the banner of sexual enlightenment raised high, Freud (1898) writes in his *Sexuality in the Aetiology of Neuroses:* "[I]t is positively a matter of public interest that *men should enter*

upon sexual relations with full potency' (p. 278). Penis normalis. Repeatedly.

It is through the analysis of hysteria that phenomena such as splitting of consciousness, unconscious mental processes, resistance to remembering, and repression are first described. But not only described. What is equally important is that the descriptions are gradually welded together into a complex of etiological reasoning and explanation. This gives birth to a number of hypotheses relating to prognosis and treatment of the hysterical condition. Eventually this leads to the formation of a theory more or less generally applicable not only to hysteria but to all neuroses. Thus it is no exaggeration to state that hysteria is the mother of psychoanalytical theory. It was the hysteric's body that elicited psychoanalysis and gave it its

shape. Perhaps quite simply the reason is that the special *conversion* that characterizes the hysteric revealed the mechanisms of neurosis, clothed them in flesh and blood, as we have seen exemplified by Miss Lucy.

Hysteria was obvious. One could not help seeing it, precisely *see*. Other neurotic disturbances could lead a more sheltered existence in the world of notions and compulsive thoughts, but hysteria was visible. Charcot saw it and described it—as he saw it. Freud was unique in that he *listened* to the hysteric. He heard what she *said* and it is the hysteric's stories we meet in Freud's case histories. Charcot's hysteric is best captured by a painting, a drawing, a picture, as in the famous painting by Andre Brouillet that hung in Freud's consulting room; we listen to Freud's hysteric, on the other hand, we do not

gaze at her. I think that this was an important step for it meant that the ear trained on the accounts of the hysteric could begin to listen to the ideas of the paranoid or compulsive person —to thoughts that were not visible.

Infantile Desire

On the narrative level, the roots of hysteria were supposed to stem from the father's seduction of the daughter. Freud was among the first who had the courage to speak of incestuous sexual abuse in public and to discuss the implications. This took place in an era of bigotry when the question of guilt (if it was considered at all) was resolved by declaring the girl the erring-seducing party. Freud, on the other hand, listened to these stories until he heard the echo of another tale in them: the myth of Oedipus Rex. Girls love their fathers. Boys love their

mothers. The infantile desire exists in all of us. "I have found in my own case, too, falling in love with the mother and jealousy of the father," Freud writes to Fliess on October 25, 1897 (Masson 1985, p. 265). Thus, the stories of actual abuses that Freud listened to did not only reveal reality's tragedies, but they also put him on the tracks of an *ur*-theme that reverberated in the phantasies of all human beings from the cradle to the grave. It turned out that actual sexual abuses were not a condition of a neurotic development, nor was the neurosis a necessary consequence of real abuses. The issue was more complex, and the complexity could more easily be conveyed in the form of fiction. As a fictional representation of human development, the Oedipus myth became one of the fundamental models of psychoanalytic theory.

Freud's *interpretative* work with the hysteric's story—some have thought that this is to fail the patient (Masson 1984, Miller 1983)—actually brought our understanding of a *general*—rather than only individual—human condition and the mechanisms of psychic conflict to a new threshold. The history of the hysteric produced its first theoretical landmark in the formulation of the Oedipus conflict. I no longer believe in my theory of the neurosis! exclaims Freud. The hysteric does not only suffer because her father has seduced her and abused her sexually, she suffers because this seduction is linked to her own inner desires. It is the drama of infantile desire that takes shape in these seduction fantasies, and sometimes, sadly enough, is also acted out on the stage of reality.

Psychoanalysis has neither the power nor the right to censor this reality, and the psychoanalyst is no police officer obliged to procure substantial facts at any cost. From a psychoanalytic point of view, everything being told is precisely narratives or stories. But they are stories worth taking seriously as descriptions of the psychic reality, the object of psychoanalysis. In the psychoanalytic treatment—and that is what we are dealing with in this context—the psychic work must forge a link between the sexual seduction initiated by the father (or someone else) and the structure of the subject's own desires, in order for the subject to become mistress of her own suffering. This work has the form of a cathartic process of symbolization that is painful but indispensable in every psychic change.

If the patient's symptom history is a story, then the theory of psychoanalysis, founded on this story, will be a mythology. Freud says so himself; the instinct theory is a mythology. In *Die Endliche und Unendliche Analyse (Analysis Terminable and Interminable,* 1937a) he calls forth the witch: *"So muss denn doch die Hexe dran"*—metapsychology. "Without metapsychological speculation and theorizing—I had almost said 'fantasizing'—*we* shall not get another step forward," he writes (p. 225).

On Structuring Sex

In Freud's interpretive work, the story of the father and daughter is transformed into a theory formulated in the myth of Oedipus. The Oedipus myth, however, deals primarily with the son and his father. What happened to the father-daughter relation? And where is the mother?

The patients' stories relate to paternal violence of one kind or another, as in the case of Katherina in the *Studies,* for example, or by a friend of the father's, as we shall see in the case of Dora in Chapter 3. They tell of encounters where one party uses his position of superiority to gain pleasure at the expense of the other: an adult encountering a child; someone legally competent in relation to a minor; a man in relation to a woman/girl in a patriarchal society.

There is a contradiction here that the Oedipus myth, as it is usually presented, disregards or obscures. A struggle between the sexes is going on here, not between different generations of the same sex as the Oedipus myth portrays it. Freud's case histories bring this struggle to the fore; in Chapter 1 I showed how,

for example, it came to light in the relation between Freud and Frau Emmy.

If we learn something about the hysterical symptom from the story told of a violent father and a victimized daughter, we additionally learn that sexuality—the "secret of the alcove"—also conditions the relation between man and woman. Finally, it might also suggest something about the relation between the doctor and the patient. If this is accurate, the clinical and theoretical aspects of the hysterical complex reflect a difference between the sexes as it may be manifested in a meeting distorted into a battle situation.[3]

To this theme we may also link the fact that Freud and other doctors have constantly complained that women will not give in; they do

not want to "get well." We find this complaint again in the Dora case, and in 1933 Freud writes in the article *Die Weiblichkeit* (Femininity):

> A man of about thirty strikes us as a youthful, somewhat unformed individual, whom we expect to make powerful use of the possibilities for development opened up by analysis. A woman of the same age, however, often frightens us by her psychical rigidity and unchangeability. Her libido has taken up final positions and seems incapable of exchanging them for others. There are no paths open to further development; it is as though the whole process had already run its course and remains thenceforward insusceptible to influence—as though, indeed, the difficult development to femininity had exhausted the possibilities of the person concerned. As therapists we lament this state of things even if we succeed in putting an end to our patient's ailment by doing away with her neurotic conflict, [pp. 134–135]

Clinical theory retains this verdict under the guise of a terminology that deals with negative therapeutic reactions and unanalyzibility and secondary gains; it also appears in the supposition that, due to penis envy, women's resistances in analysis are strong and might bring them to a premature end (Freud 1937a).

The hysterical symptoms were manifold and difficult to structure: they were "wandering," we might say, referring to the theory of the "wandering uterus" as the cause behind the symptoms. Charcot, Breuer, and others "succeeded," says Freud, in creating order in the symptomology. "Hysteria has been lifted out of the chaos of neuroses … [and that] makes it impossible any longer to doubt the rule of law and order," Freud writes in a report from his studies with Charcot in Paris (1886, p. 12). In a

letter to Fliess complimenting him on his work on menstruation, he says that Fliess has "thwarted the power of the female sex so that it pays its tribute to the law."

A theory that orders and organizes according to this "law" is the means by which the physician, the scientist, and the father may keep the Other within bounds—the suffering, "wandering" woman, marked by her symptoms. The theories and laws that emanate from the stories are, however, nothing but a mythology providing us with the words needed for conceptualization.

The elaboration of theories about the human psyche is intimately connected with the attempt to imagine an encounter between the sexes. In his role of superior being, the man formulates

the conditions for this encounter, an encounter that becomes a struggle for power between the sexes. Hence, the theory will become the law of sexual differences, written by the pen belonging to a position of authority and power.

The Split

The discussion above is pertinent to yet another phenomenon that Freud investigated in connection with hysteria: the split between conscious and unconscious processes in mental life. According to Freud, this split characterized not only hysteria but all other symptoms originating in psychic conflict as well. The splitting was related to sexuality, and it was therefore sexual affects and ideas that were repressed and severed from consciousness. To make the repressed conflict conscious would serve only as a partial cure of the symptoms;

according to Freud there was also a need for "natural" gratification of sexual needs. For a man "natural" sexuality meant using his penis in a "normal" way, that is, no masturbation and no interrupted intercourse. There is no reference to a vagina in this context. It is as if it were either so taken for granted that it did not need to be mentioned or that Freud quite simply did not take it into account and leaves its existence and function in the dark. The same paradigm seems to hold true in the case of women. For her, the cure consists of a "natural" gratification that is completely dependent on the presence of a "penis normalis, repeatedly." The remedy, the cure, for both sexes seems to call for a satisfactory use of, or access to, a penis. There is no mention of the vagina, which the doctors seem to have forgotten—yes, even repressed.

This view is at the heart of the ideas that Freud would develop into a theory of "the phallic monism" during the first years of the twentieth century. Freud introduces this concept in his *Three Essays on the Theory of Sexuality,* published in 1905, but already his treatment of Dora between October and December of 1900 bears the imprint of his new ideas.

In 1898 Freud published his *Sexuality in the Aetiology of the Neuroses,* in which he recommends "penis normalis" to the hysterical woman. This publication is concurrent with Freud's remarks about the need to bring order to the female sex. Freud gives the impression of someone who is trying to establish the law of phallic power, both in his home and in his consulting room. In this context it becomes clear that both hysteria and the split in consciousness

—connected to and investigated in relation to hysteria— are questions of sexual difference, where hysteria is defined in terms of having or not having access to "penis normalis."

During these lonely but creative years, a change takes place in Freud's thoughts on femininity, on having a uterus, *hystera*. The female element no longer wanders about or goes astray in the body; it loses its way completely, disappearing, forever lost. Femininity turns into a question of not having. "It is to be suspected that the essentially repressed element is always what is feminine," Freud writes to Fliess in a draft (M) accompanying his May 25, 1897 letter.[4]

The split, the result of repression, is thus linked not only to sexuality (the repression of

sexual affects and ideas) but to sexual differences and the repression of the female element in them. More than forty years later it will be clearly stated in a project Freud began January 2, 1938, but never had time or was able to finish: *Die Ichspaltung im Abwehrvorgang* (The Splitting of the Ego in the Process of Defence, 1938a, p. 275-278). Here the splitting is clearly linked to sexual difference, defined as having or not having a penis. The uterus and the female sex organs have disappeared. No more wanderings.

Now if repression is caused by a conflict, and it is so defined, the conflict has to take place between the male and the female elements. In this conflict the former, armed with instruments of the law, tries to make the latter take up her lawful position—the site of repression, the

atopia (a non-place) of the non-existing sex—repudiated or, as Lacan would say, crossed out. Woman does not exist.

The Hysteria that Disappeared

Thus hysteria was put in order, seemingly at the price of repressing the female element in what constitutes sexual difference. I would like to ask whether this may have something to do with the riddle of "the hysteria that disappeared." Because for many decades now statements have been made that this is the case, in about the same way as we speak of the disappearance of polio and tuberculosis from our part of the world. We do not see hysterical patients except for the occasional exceptional case that hides in the shadows of the neurological clinics, merely confirming that hysteria is dying out.

It is interesting to note that as early as the *Studies*, Freud points out that in his practice pure hysteria is becoming more and more rare (1895, p. 260). It is as if hysteria is always on its way out: they said so a hundred years ago; they say so today.

Was it a couple of prescriptions of "penis normalis" at the turn of the century that made hysteria vanish? Or, amounting to the same thing, was it a more liberal sexual practice that worked the cure? Or was it the naming, the classification of, hysteria that dulled the edge of its power to incarnate unexpressed suffering? Was it quite simply the creation of a language, of concepts, for the psychic pain expressed in hysterical symptoms that made the inner conflict etch new grooves, creating other, as yet unnamed symptom complexes (perhaps, for

example, what today has been given the name *borderline*)? This would not be difficult for an analyst to understand. In his or her experience, naming dissolves the conflict and its symptoms; or rather, we can struggle with them at the level of language. Enunciation seems to cut the symptom short and put a full stop to its history.

The structuring of a sphere previously perceived as chaotic or unclear, the naming of its components and the establishment of the boundaries, gives us access to something which in itself seems to have a "curing" effect. (I am here disregarding the very crucial psychic work required for a lasting cure.)

I would like to round off this exposition of hysteria by questioning the statement that hysteria has disappeared. I present hysteria as

the riddle it once was, not to solve it but to give it its due: It exists. As an enigma, as the eternal question that drives us on by always eluding us. Hysteria behaves like a guerilla army, temporarily retreating before superior numbers, disappearing among ordinary farmers. But when time has gone its round, it reappears, revived, to put new spokes in the well-oiled wheels of science.

Hysteria is Dead. Long Live Hysteria!

Perhaps hysteria has been away, but it is hardly lost. It went underground for a while only to turn up again in a guise that testified to the flaws in the earlier concept. And so it starts all over again. Today we find the symptoms of hysteria in many forms of psychosomatic disorders. They are the illnesses of modern times: allergies and skin complaints, stomach

and intestinal problems, migraine and dizziness, muscle and joint pains, fibromyalgia—afflictions of all kinds expressing old torments in new dress. The body has not been spared hysteria. Psychic or mental conflicts are still transformed into physical symptoms by conversion. The symptomatology seems only to have become still more fragmented; hysteria has shattered.

Today the overwhelming array of manifestations possible in the field of psychosomatics again shows us hysteria in its wild, untamed state. Efforts to sort symptoms into new compartments, put them in order, are going on in biological medicine as well as in psychoanalysis. As an excellent example of the latter one can read Joyce McDougall's book, *Theaters of the Body* (1989). We have looked to theory in our efforts to free ourselves from the

symptom, the hysteria, the suffering. But as soon as freedom has taken on a fixed shape and the theory an integrated structure, theory becomes a regime of terror, old repression in a new guise.

If theory is a set of statements formulating knowledge concerning the hysteric, these hysterics will always be beyond our grasp, fleeing from our knowledge of them. Frau Emmy and Miss Lucy were two of these hysterics; Katharina, Fräulein Elizabeth, and Dora were some others. On them was constructed the psychoanalytic building with all its towers and pinnacles, hypotheses and hypostases. But Frau Emmy, Miss Lucy, Fräulein Elizabeth, and Dora could not be kept behind the bars that theory constructed around them, and the enigma that they carried in their bodies escaped. Contemporary science confronts

the same riddle, the one the body presents but does not speak of, in the shape of Susan, Lily, and Rose. The hysteric poses a question: What does the tongue of that which is mute try to tell us? This question is the impelling force behind every process of creation. It awakens the wonder and curiosity of mankind. For Freud it resulted in the famous question, "What does woman want?"

Today's stories are different from the stories of a hundred years ago when Freud reached into the depth of the story to create the theory we recognize as the oedipal myth. It is not gospel that Oedipus today should be read as it was a hundred years ago, or that it is even the Oedipus myth that best describes the universal in our own time. What do the current myths and theories

look like, the ones corresponding to modern fairy tales?

Perhaps the plays of Eugene O'Neill represent the myths of our time? The anguish and interdependence that his characters display as they interlock in a scornful embrace of violence—might this be the enactment of our contemporary drama? Do the discordant voices of modern literature give expression to late twentieth-century desire and suffering?

If this is the case there is a crucial difference between these modern myths and the myth of Oedipus. Oedipus Rex is a story about "not knowing what one is doing." Oedipus's quest for knowledge leads to the revelation of what he has done and who he is. At the moment of realization he plucks out his own eyes, a

symbolic castration, and abdicates from the throne. Only when he is blind and castrated, like a woman, can he approach the truth (like the blind Teiresias who was half man, half woman). Today the hero knows from the start what has happened, what he has done. Knowledge of the violence, of the incest, is already there. The tortuous speech around the putrid corpse only serves to raise the level of disgust for, the terror and temptation of, the inevitable: uncovering the rotting cadaver once again.[5]

One hundred years of hysteria. We could add a zero and multiply by three, at least. What we meet in this time image is repetition—the rhythm of return, a female return, perhaps. It sings through centuries and millennia. Listening to this song and seeking to understand its melodic meanderings, its broken voice and its

moments of agitation—this might be like hearing the body speak. If we could for a moment hush the marshals of consciousness within us, we might be able to understand the music of the body, not as a symptom but as a message.

Certainly the body speaks in riddles but this is only to be able to disclose something without betraying it. It is the eternal tale of sexual differences and the effort to bridge the gap. It is a sublime song of many meanings that celebrates the tragedy of the impossible meeting and the joy and fascination of our endeavor.

Notes

1. Freud also uses this example to illustrate "the strange state of mind in which one knows and does not know a thing at the same time. It is clearly impossible to understand it unless one has been in such a state oneself," Freud writes, referring to an experience of

his own of this type. “I was afflicted by that blindness of the seeing eye which is so astonishing in the attitude of mothers to their daughters, husbands to their wives and rulers to their favorites” (1895, p. 117).

2. In a 1983 article, “The Uncompleted Trauma,” I discussed a similar phenomenon, in the context of the relationship between borderline personalities and dreams (Matthis 1992). In this article I tried to show how the neurotic differs from the borderline personality in his or her reactions to interpretation. The neurotic patient was able to recognize and understand the symbolic meaning of a dream. Thus, he or she could also acknowledge the anger and hate that was expressed in the dream and admit that these emotions were expressions of his or her own aggressitivity. The borderline personality, on the other hand, refused to acknowledge, indeed could not even understand that the aggressivity might be her own. From her point of view, the dream in which one of the dream figures was aggressive only showed what the dreamer herself was exposed to in reality. *Others* were aggressive and hateful to the dreamer and so the dream became only a repetition, even an enforcement of reality—not a symbolic representation and thus a working through of it.

3. This battle scene continued to show up in Freud’s writings. He mentions it again in *Female Sexuality*.

"Many women give the impression of spending their adult lives in a struggle with their husbands, in the same way as their youths were taken up by a struggle with the mother" (1931, p. 232). He writes further here that this hostile attitude is reinforced by the Oedipus complex but that it originates in the pre-oedipal phase.

4. Strachey and Masson do not agree on the interpretation of Freud's handwriting. Masson maintains that the original letter reads *vedrängende,* not *verdrängt,* i.e., the feminine is responsible for the repression rather than being the element repressed. I adopt Strachey's version because it is in agreement with other writings of Freud at this time (Masson 1985, p. 248).

5. Baudelaire's poem "Une charogne" (1861) gives us a notion of this fear and fascination in the form of poetry—yet again we find ourselves approaching that which we try to grasp by way of theory and conceptualization through the experience of art:

Les mouches bourdonnaient sur ce ventre putride,
D'ou sortaient de noirs bataillons
De larves, qui coulaient comme un épais liquid
Le long de ces vivants haillons.

Tout cela descendait, montait comme une vague,
Ou s'éelancait en pétillant;
On eût dit que le corps, enflé d'un souffle vague,
Vivait en se multipliant.

Et ce monde rendait unde étrange musique,
Comme l'eau courante et le vent,
Ou le grain qu'un vanneur d'un mouvement rythmique
Agite et tourne dans son van.

Les formes s'effacaient et n'étaient plus qu'un rêve,
Une ébauche lente á venir,
Sur la toile oubliée, et que l'artiste achéve
Seulement
par le souvenir.

-Et pourtant vous serez semblable á cette ordure,
A cette horrible infection,
Etoile de mes yeux, soleil de ma nature,
Vous, mon ange et ma passion!

Oui! telle vous serrez, ô la reine des grâces,
Après les derniers sacraments,
Quand vous irez, sous l'herbe et les floraisons grasses,
Moisir parmi les ossements.

Alors, ô ma beauté! dites à la vermine
Qui vous mangera de baisers,
Que j'ai gardé la forme et l'essence divine
De mes amours décomposés!

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