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Introduction to “Feminine Pathologies”

Accidental Stars

In 1917 T.S. Eliot wrote an astonishing prose poem entitled “Hysteria” that shows the power of hysteria in the body’s symptomatic swell whose sexuality, just shy of the margin, always threatens to break through. This seductiveness enters into the vicissitudes of identification and counter-identification as it travels between women and men. Eliot writes:

As she laughed I was aware of becoming involved in her laughter and being part of it, until her teeth were only accidental stars with a talent for squad-drill. I was drawn in by short gasps, inhaled as each momentary recovery, lost finally in the dark caverns of her throat, bruised by the ripple of unseen muscles. An elderly waiter with trembling hands was hurriedly spreading a pink and white checked cloth over the rusty green iron table, saying: “If the lady and gentleman wish to take their tea in the garden, if the lady and gentleman wish to take their tea in the garden...” I decided that if the shaking of her breasts could be stopped, some of the fragments of the afternoon might be collected, and I concentrated my attention with careful subtlety to this end.[1]

Starting from Freud, everyone who confronts the hysteric seems to imagine disappearing into her mouth: inhaled, lost, and pleasantly bruised by it. That is, if you do not give in to fear and trembling.

In the end, everything seems to fall around her, left with only accidental stars, dark caverns, fragments of afternoon, and contagious laughter. The hysteric laughs first and she laughs last. It is fascinating to think of this poem, specifically, as written in 1917. Freud will not write about women in their specificity again as he did in *Studies on Hysteria* (1895)[2], in the Dora case (1905)[3], and the *Taboo on Virginity* (1917)[4] speaking to the psychology of love in women. It is almost as if he falls prey to his announcement of a taboo on women, since all that one will find is the investigation of beating fantasies (1919)[5] stemming from his own daughter in which the feminine figure is always veiled, the case of the female homosexual (1920)[6] whom he dismissed from analysis for lying, and until his late essay *Female Sexuality* (1931)[7] where he finally returns to the by-then controversial topic.

While Freud is at the threshold in 1917 of moving away from the domain of the feminine, Eliot extracts the poetic message of psychoanalysis regarding the hysteric, and identifies with Freud in his doctor’s dream of a woman *par excellence*. If we remember Freud’s dream of Irma’s injection, he disappears into Irma’s mouth while trying to find some stability in words; at first in the clown-car band of doctors and their silly diagnoses, and finally, in the most elusive dream fragment, the final formula for desire, written in bold print before him—Trimethylamine (HC3)—the solution to Irma’s feminine ails[8]. Freud’s formula or ‘solution’ opens the dream book and is the essence of the signifier: both a word and a chemical compound, body and word together, a libidinal word or a word for an evanescent libidinal economy, that means nothing and everything at once.

HC3, Lacan points out in his reading of the Irma dream, establishes a transference to Freud by a psychoanalytic institution that he couldn't have known would be born. He emerges from the hysteric's mouth with the signifier of all signifiers. Desire, psychoanalytically speaking, is to be read. Who teaches us about this task better than the hysteric's cipher of symptoms? This is the story from 1895-1917, the first two decades of the field. Where are we now? And what has femininity or gender got to do with it?

It isn't fashionable to talk about the 'feminine' or a 'feminine position' or 'feminine pathology' today, as if we were stuck in some yesteryear bourgeois Victorian Freudianism that hasn't caught up with the verdict on Freud's misogyny and modern day politics. From our perspective, this both is and is not true. Hence the provocative title of this issue of *The European Journal of Psychoanalysis*. We wager that there is still something to be learned by a clinical psychoanalytic thinking that catches fire when it accepts the premise of feminine psychopathology, of psychopathology that is specifically feminine and speaks of something singular to femininity. We say this not in an essentialist way, but historically and structurally, pointing to both the origin of psychoanalysis, its birth in a clinical encounter with women, and a something 'irreducible' about sexual difference that was always Freud's starting point. The hope is that this exploration will not simply reinforce a series of gendered stereotypes, but will in fact unravel them and reveal something surprising, pointing to new arenas of psychoanalytic working through.

W(h)ither Hysteria?

De-ciphering the place of hysteria within, betwixt and beyond the world we like to consider the psychoanalytic landscape is an interesting, if difficult, task. How many of us have heard some rendition of the following when we bring up the possibility of hysteria?

"Hysteria? Seriously? That doesn't really exist anymore, right? Sure, you can come to terms with something as hysteria, but that's staying true to some sort of ideological frame that simply doesn't capture our contemporary clinical experience (another way of saying that Freud is dead). Not that the DSM is any better (note the negation), but hysteria is simply outdated and somehow misogynistic."

Of course, what is lost in this conception of hysteria is precisely one of its most fundamental characteristics; hysteria moves and grows beyond the confines of whatever conceptual grid we try to fit it into. If it's not here, now, it's there; wherever we have made *there* out to be (Victorian era, "pain clinics", fibromyalgia, eating disorders). To listen to and for hysteria is to move, with our analysands, with our bodies, moving psychoanalytically, thereby comprising a *psychoanalytic movement*. Which is to say that hysteria lives in the light of metaphor, and yes, the drift of metonymy.

So where does hysteria move now? Where does it threaten to break the surface? The essays in this issue speak directly to this question. They investigate, they analyze a linguistic-logical domain opened up by hysteria. Instead of idly sitting by as psychiatry, psychology, and political ideologies attempt to suture up this realm, this wound or thorn in the side of conscious rationality, each of the following articles makes a move on this fissure in knowledge that gave and continues to give birth to psychoanalysis and the question of sexual difference that is at the heart of hysteria.

Going further, the essays in this issue remind us of what it is to think *with* hysteria. As a refusal that speaks a need for a lively economics of desire, hysteria helps us to think psychoanalytically, both in terms of actual clinical practice and as a discourse of and on psychoanalysis; for it is in a movement, the discursive turn, from hysteria to psychoanalysis and back again, that we come to see how each lives off the other. Hysteria needs psychoanalysis as much as psychoanalysis needs hysteria, but for different reasons and aiming at different ends.

Enough has been written regarding the role played by hysteria in the birth and formation of psychoanalysis so that no further elaboration is warranted here. However, it is important to note that hysteria has staged

analogous dramas in other fields, particularly medicine and psychiatry. Whereas these latter two firmly believe that their methods will finally, and once and for all, cap, stem or dry up hysterical symptoms as well as the recriminations and undermining of professional competencies that the mere presence of the hysteric makes manifest, psychoanalysis differs in that it looks to hysteria for something of itself. And in this way, hysteria is the master that psychoanalysis lords over; asking of hysteria that it produce something worthwhile and vital by way of unconscious knowledge. Psychoanalysis brings to life the hysteric as analytic subject, a subject that will question desire and her relationship with the Other. What is radical in this setup, for it is indeed a setup, is that psychoanalysis keeps hysteria open, flayed and itself always wanting and wanted. We willingly disappear into her mouth, all the while hoping that signifiers will be coughed up as a result.

Hysteria, Anorexia and Clinical Technique

We have divided the ten articles that comprise this issue into three sections. These sections speak to the day-to-day, session-to-session, work of clinical psychoanalysis. This evocation of how feminine pathologies appear today—hysterics and anorexics, feminine fantasies, and a clinic of women—brings much to bear on timeless questions of theory and technique, as well as, the analytic task of reading symptomatology, listening for the vicissitudes of sexuality, and the time consuming task of tracing fantasy in the unraveling of an analysis. Along the way, we believe we are offered some hints not only about how analyses might end, the cure, but also about the future of psychoanalysis itself.

Hysteria

We kick off the issue with Sergio Benvenuto's historical and contextual take on hysteria. It is a fundamental text, quickly establishing a link between the kinds of hysteria that suffused the world that Freud swam in and more contemporary manifestations. One of the lessons of Benvenuto's essay is his description of the "logical" domain that is opened up by hysteria, and how an investigation of this now too quickly dismissed realm gave rise to psychoanalysis. He even goes so far as to say that without hysteria, we have no psychoanalysis, and if we fail to see it today, it is only because we do not want to. Benvenuto is also quick to mark and remark on the distinctive refusal that is hysteria; a Victorian female refusal to play the game of satisfaction and equality, opting instead for unfulfillment and dissatisfaction. The hysteric asks to be subjected, only so she can refuse it.

Jamieson Webster takes on the difficult task of writing a paper concerning what it is to listen, and ends up affirming the sheer humanity of the hysteric as a never-ending beginning, a position that is often trampled over in the discourse *on* hysteria. Hysterical amnesia, she notes wryly, is a way of keeping possibility open, which likens it to repetition, the again and again. In this essay, we are witness to a *listening to* and *with* hysteria, in sharp contrast to what is too often the case, namely the desperate foisting of knowledge and theory upon a fissure that cannot (thankfully) be sutured. And this listening to and with hysteria bears vital fruit for the practice of analysis, for it highlights the importance of a certain kind of constitutive amnesia and the beginning again and again of the analyst, and reminds us as well of the transgressive repetition qua difference-engine that is often at play behind the deadly repetitions that are all too commonplace in our clinical work. Hysteria's great gift is that it takes us out of our place as analysts, and in so doing allows psychoanalysis itself to proceed.

Patricia Gherovici's thorough tome on the history of hysteria from Freud to Lacan shows its central place in the development of each's oeuvre, marking the radical shifts and clinical rethinking that make up the early, middle, and late phases of thought attributed to each. In this way, Gherovici shows that what is at stake in the encounter with hysteria is a knowledge that she doesn't or cannot assume but which the analysis brings

her (and the analyst, one hopes) towards. Thus any stasis within psychoanalytic theory, any body of sedimented knowledge, will meet the hysteric with the guru that she doesn't need and who she will always show as imperfect. Thus Gherovici pinpoints the dilemma of the hysteric's infamous *belle indifférence*, transferential flights of fancy, and symptomatic pantomimes. She lies, acts, provokes, yes she is a simulator, but it is in these lies that she tells the truth. It is up to us analysts to hear it, to become "more perfect hysterics." One might recall here Jacques-Alain Miller's notion of the purified hysteric, which may be, according to Gherovici, simply another name for the psychoanalyst.

Finally, we turn to Roberto Cavasola's paper where he emphasizes the important search for knowledge *belonging to* or *about* women, even as they speak of men, as the heart of the hysteric's interrogation. In this way, our special issue on Feminine Pathologies turns in on itself; it isn't about illness particular to women, but about what it means to ask a question about "the feminine" which is sometimes veiled by symptoms, acting-out, or 'pathology' more generally. Following Cavasola then, the entire issue is hysterical! Cavasola points out that what is important is that this interrogation not simply end in a tragi-comic scene of the failure to breach the female enigma, but instead to produce a singular knowledge, to construct an answer for oneself, which is the mid-wifery task of psychoanalysis. Cavasola shows us that this may be the central disjunction between hysteria and femininity.

Anorexia

Anorexia, and eating disorders more generally, are often associated with hysteria and questions of the body and sexuality. Here, our authors tackle anorexia in its own right, sometimes contrasting it or condensing it with questions of hysteria, but not without evoking it in its absolute specificity as a complicated symptom picture. Claude-Noële Pickmann, someone who has been a champion of the utility of keeping the diagnosis of hysteria front and center for decades, especially in the face of its dilution into various personality disorders, or the grab-bag of all grab-bags, Borderline personality, here brings this acumen to bear on the question of anorexia. She presents to us a detailed case in which she makes the case that anorexia not be seen simply as a blockade against desire and the manifestations of sexuality, but rather as a trait that often bears in it, an appeal to the (name of the) father, to recognition of one's sexuality, and so a condition of possibility in an unfolding cure. In particular, Pickmann sees one patient's "eating nothing" as a quest for a lack, which betrays a quite 'hysterical' desire, namely, a symptom-attempt at separation from the Other. This is why, Pickmann warns, it is best not to disturb it or try to eradicate it.

Svetlana Uvarova broadens the discussion of anorexia by arguing that it is, among other things, a production of contemporary liberal discourse. Whereas the 19th century featured an ubiquity of hysterical symptoms, Uvarova notes that these have been transformed into the anorectic symptoms of our time. Taking a different tact than Benvenuto, who sees hysteria as a peculiar refusal of the ideal of emancipation, Uvarova understands hysteria as partly a paradoxical embodiment of female resistance to social prohibitions. She regards anorexia as both a rejection of oral enjoyment, in the face of the contemporary imperative to enjoy, and as a way of showing an absence of lack via the pursuit of the ideal body. Skillfully employing the Russian fairy-tale and opera, *The Snow Maiden*, Uvarova works through the details of a complex clinical case that highlight the historical, social and individual antecedents of anorexia in the life of one person. In the process, she delineates the differences between Western and Soviet mythology.

We conclude this section with Domenico Cosenza's masterly theoretical and clinical exposition on the role of silence and speech in anorexia. Likening anorexia to drug addiction, Cosenza regards anorexia not as a call or message to the Other, as it is often supposed, but as a radical refusal of a persecutory and threatening Other. Furthermore, this refusal comes to constitute an extra-discursive and thereby non-lacking libidinal circuit that completely absorbs the subject. The anorexic subject's clinical relationship with speech and language points more to a logic of holophrasis than to metaphor, which places her closer to Lacan's structural triad of *psychosis–psychosomatic phenomenon–mental weakness* and further away from the now

classic association with hysterical anorexia. Drawing our attention to the silence of the non-neurotic anorexic patient, Cosenza notes that it is not a silence that resonates. On the other hand, when there is speech, it is of a kind that closes off silence. In either of these instances, a cutting off of the subject's relationship with her unconscious is accomplished. Cosenza finishes his article with a detailed set of reflections on a clinical case that highlight the anti-metaphorical function of anorexia as a subjective position.

Clinical Technique

We round out our issue with three detailed considerations on clinical practice. Cristiana Cimino reminds us that the subject of the feminine, from Freud to Lacan, has undergone extensive revision, all of which lead to important indications per the course of treatment. Indeed, not only is work on castration called for, but is called for an approach that encourages an articulation of singularity born of the fact that *women* go beyond the primacy of the phallus; While submission to castration is necessary it is not sufficient. A resizing of the father corresponding to the singularity of a woman is also warranted.

Geneviève Morel focuses her efforts on the often neglected difference between symptom and fantasy, and the staying power of the latter. After a lengthy treatment of Lacan's doctrine of the fundamental fantasy and its "fall", Morel goes on to examine a clinical case of hysteria, which despite featuring an excellent illustration of Lacan's notion of the "fundamental fantasy", is better understood when viewed via the theory of the symptom and the *sinthome*.

We end our issue with Matthew Oyer's wonderful insistence regarding hysteria and the psychoanalytic act. There are dangers and risks that are constitutive of the analytic act, and as such, it brings with it a pronounced hysterical "thrust" that we are well advised to pay heed to. Things are violently ripped open, cats make their way out of bags, and secrets surface only to disappoint. And we are left with a *what now?* as possible preamble to a *sinthome* worthy of the letter.

Notes:

[1] Eliot, T.S. (1903) *Collected Poems 1909-1935* (New York: Harcourt, Brace and Company).

[2] Breuer, J & Freud, S. (1895d) *Studies in Hysteria*, SE, 2 , pp. 1-310.

[3] Freud, S. (1905e) *Fragment of Analysis of a Case of Hysteria*, SE, 7, pp. 1-123.

[4] Freud, S. (1918a) *The Taboo of Virginity*, SE, 11, pp. 191-209.

[5] Freud, S. (1919e) 'A Child is Being Beaten': *A Contribution to the Study of the Origin of Perversions*, SE , 17, pp. 175-204.

[6] Freud, S. (1920a) *The Psychogenesis of a Case of Homosexuality in a Woman*, SE, 18, pp. 145-172.

[7] Freud, S. (1931b) *Female Sexuality*, SE, 21, pp. 221-246.

[8] Breuer, J & Freud, S. (1895d) op.cit.

Bios:

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