

Retrieved from:

The European Journal of Psychoanalysis

Dec 2, 2023

<https://www.journal-psychoanalysis.eu/articles/hysteria-the-bet-of-psychoanalysis/>

Sergio Benvenuto

# Hysteria, the Bet of Psychoanalysis

## Summary:

This text considers hysteria both historically (the denial of hysteria as a real disorder by “progressist” thought since the XIXth century) and clinically. It refers to some of Freud’s famous cases (Cäcilie, the dream of the Beautiful Butcher’s Wife) as well as to the author’s own practice, in order to show that hysteria remains a very commonplace syndrome today (even in its conversion form), and that the common cliché (also shared by analysts) that the hysteria of Freud’s time has disappeared, is an oblique way to deny the validity of psychoanalysis and to suggest its death.

The author shows that Freud’s interpretation of hysterical symptoms as “logical”—in the wider sense of “being signifiers”—formed the basis of psychoanalysis’ bet on establishing the “logical” character of the unconscious. Moreover, the author, developing part of Lacan’s thesis about hysteria, tries to show that, beyond the “logical” tissue of conversion symptoms, hysteria as such should be interpreted as a way to maintain the subject’s dissatisfaction, in order to perpetuate the existence of the subject itself as an unfulfilled being. In this sense, Lacan’s originality lay in shifting from the “metaphorical” Freudian approach to hysteria, to its “metonymic” (center-less, without any final meaning) character. Towards the end the author attempts to sketch-out some features he finds essential to maintaining the concept of hysteria and its focal role in psychoanalytic thinking.

## A “Logical” Symptom

The day before I started to write this paper, a 20-year-old apprentice plumber, Nicola, came to me for a consultation. He was scared because in recent months he had been suffering from “panic attacks” – the term the family doctor had foisted on him. In fact, at certain moments he became prey to a terrible anxiety accompanied by tingling sensations or shivers on his ankles, wrists and chest. His doctor had told him that “these are psychological things”. Nicola knew nothing about psychoanalysis.

He tells me that for three years he has been dating a girl he considers more “respectable”, studious and well-read than he; but he has never given up the habit of going to nightclubs with his best male friends. For a couple of years, up until a year ago, he had also had an affair with another girl. When his partner discovered this, she flared up and forbade him to ever go nightclubbing with his friends again. Nicola submitted to this, and ... the panic attacks began.

At one point, after a fifteen-minute interview, I ask Nicola what the sensations he feels during his crises remind him of. He answers, without thinking it over, that the pins and needles, and trembling in his ankles, wrists and chest remind him of a prisoner’s chain and iron rings (an association I had made too and was almost certainly expecting).

I cite this symptom of hysteric conversion precisely because it is so elementary. Nicola himself, even without having ever read a single line of Freud, grasped what Freud had managed to understand about his late 19<sup>th</sup> century patients: *the metaphorical character of hysteric symptoms*. Psychoanalysis was born from this kind of gaze, a gaze an Italian plumber was able to grasp on his own after just a fifteen-minute session: an outlook that reveals the *logical* character of the symptom, in particular of the hysterical symptom. By “logic” I mean the fact that what appears as a disease of the *Leib*, of the sensitive body, is recognized as a signifier (as Lacan would later say), something more on the order of *logos* than of *zoé*, animal life. I.e.:

<i>Literal Signifier</i>	<i>Figurative Signifier</i>	<i>Signified</i>
<i>Pins and needles, and shivers in:  ankle, wrists, chest woman</i>	“being chained like a prisoner”	being limited by  a relationship with a

We certainly cannot reduce what we call hysteria to conversion symptoms. Hysteria articulates a certain rhetoric, in which something is expressed that can also be shown in ways other than conversion. Indeed, in Nicola too, an hysteric structure, beyond the symptoms he “interpreted” himself, later emerged.

When we say that psychoanalysis is a psychotherapy that interprets (and does not, for example, prescribe), we mean that psychoanalysis was born precisely by delving into the “logical” domain that hysteria opens up more than any other syndrome. And we can safely say that Nicola is no less and no different a hysteric than Cäcilie in 1889.

### **Cäcilie’s Silver Plate**

Cäcilie – in treatment with Freud between 1889 and 1893 – may be considered the first person in history to have been cured through psychoanalysis. Though Freud at that time used the cathartic method, the failure of this method with Cäcilie drove him towards the psychoanalytical technique[1].

Cäcilie is the *paradigmatic patient*, she represents “the Freudian Unconscious for Dummies”, and the ABC of “the unconscious structured as a language”. Indeed, with reference to this patient, Freud pronounced these words:

It may be that it does not take linguistic usage as its model at all, but that both hysteria and linguistic usage alike draw their material from a common source[2].

Here Freud thematizes the close relationship between a symptomatic network (hysteria) and metaphor, and he proposes a common source for both. Lacanism was entirely built on giving an answer to Freud’s question : that is, the common source is the very structure of language.

Freud considered Cäcilie a particularly important patient and even took her to Nancy to see Hippolyte Bernheim. He described her as a “highly gifted lady”, and appreciated her artistic talent and the poems she wrote. In short, she was a patient worthy of Freud’s genius[3]. However, because Cäcilie proved to be particularly resilient to hypnosis, she served Freud the unconscious “on a silver platter” (Roudinesco & Plon 1997, p. 630). Thanks to her, Freud understood that the important thing was not so much re-actualizing traumatic events, but rather *laughing over one’s symptoms after interpreting them as witticisms*.

Cäcilie had come to Freud after violent spells of neuralgia which came upon her suddenly two or three times a year. We shall not go into the details of how Freud analyzed Cäcilie's specific symptoms by leading them back to metaphorical expressions. We shall limit ourselves to a synoptic table:

<i>Literal Signifier</i>	<i>Figurative Signifier</i>
<i>Symptoms</i>	<i>Bad Event</i>
Facial Neuralgia	“My husband gave me a moral slap in the face”
Pain in the right heel	“A false step with strangers”
Pain between the eyes	“My grandmother penetrated my brain [mind]”
Pangs in the cardiac region	“I have been stabbed in the heart”
Cephalalgia	“I got an idea into my head”
Sore throat	“I've got to eat the crow”

Let us consider the case of her “facial neuralgia”. Cäcilie told Freud that years earlier she had had a period of conflict with her husband. Once, during a quarrel, her husband made a remark she felt to be highly offensive. In telling Freud this, she had rested her hands on her cheeks and said that it was “like a slap in the face!”[4] After the evocation of this scene, the neuralgia disappeared. The cause of the pains was therefore a metaphor, “a moral slap in the face”.

The fact that these symbolizations are expressed through the pathetic body of the subject – with her own flesh – was long considered a specificity of hysteria. Conversions are *a suffering of the metaphoric flesh*. Often, however, the hysteric subject suffers more from his vocation of being defeated than from somatic conversion.

Insofar as we bet on the “logical” character of certain symptoms, we are and continue to be psychoanalysts. I would say that being an analyst presupposes the hysteric symptom. This explains why the phrase we have heard for decades—“the kind of hysterics Freud saw no longer exist, and, in fact, hysterics tout court no longer exist”—actually implies, albeit unknowingly, that psychoanalysis no longer exists. However, I don't think so.

From my point of view – which is certainly not the point of view of the DSM-5 – I would make a rough guess that around 30% of the people I have in treatment would be diagnosed as hysterics.

For example, many firmly deny that any “hysterical arch”[5] can be found today. Yet, in a recent film put together by psychiatrist Carlo Di Bonaventura, we see hysterics doing things very similar to this famous hysterical arch[6]. The film compares “hysterical attacks” that appear – as they already did to Charcot – quite different from the tremors and agitations of neurological origin. We no longer see the hysterical arch because we no longer want to see it.

A peculiar irony of history has turned the very syndrome, that allowed Freud to highlight the process of repression, into the object of a massive repression, more so than any other “Freudian” syndrome.

## **The Repression of Hysteria**

Hysteria has been dropped both as a term and a concept, particularly in the English-speaking world. For over a century, burdensome connotations have been associated to the term and concept of “hysteria”, precisely

insofar as it implies something that still speaks very much to us, the “Women’s question”.

Feminism in the English-speaking world considers it as something of a milestone the fact that in 1952 (the year DSM-I appeared) the American Psychiatric Association removed hysteria from the official nosography. Note that the removal of the “hysteria” category occurred precisely when the influence and prestige of psychoanalysis had reached a zenith in the United States.

Evidently the crude genital reference in the etymology of the term – from *hystéron*, uterus – was enough to turn the word hysteria into a sort of offence against any political correctness. Despite the fact that in the late 19<sup>th</sup>-century, Charcot, Breuer and Freud had already disconnected, at least in theory, hysteria from the feminine gender – insofar as they admitted that a male hysteria did exist[7] – the thinking at the time was that hysteria was an illness connected to the female genitals. A recent movie may help us understand this traditional view.

A British film by Tanya Wexler, *Hysteria* (2011), reconstructs in an entirely fanciful way the life of English doctor Joseph Mortimer Granville, who in 1883 invented the electric vibrator. This rather outlandish film shows the young Granville working for a London doctor specialized in a widespread Victorian therapy: curing hysteric women by massaging their vulva, thus providing them with an orgasm that was not (apparently) recognized as such, but was defined as a “paroxysm” (since the female orgasm, according to the prevailing doctrine of the time—the movie informs us— was only “vaginal”). We are miles away from Freud’s and psychoanalysis’s approach to hysteria. In the English-speaking world’s depiction, however, the diagnosis of “hysteria” still bears the mark of an obtuse misogynous medicine.

In fact, this doctor of hysteric women – his motto is “Half the women in London are suffering from hysteria” – is presented as a cynical, conservative swindler, unlike his daughter, a philanthropist, socialist and suffragette who does not believe in hysteria. She ultimately convinces Granville that “hysteria” is merely a combination of indispositions that express the dissatisfaction of British women at the time, forced to deal only with boring household duties, kept far from public life, the sexual objects of husbands who were inattentive and awful lovers.

I have dwelled on this film because it faithfully reflects a widespread point of view in liberal environments. For many “progressists”, saying out loud that “hysteria doesn’t exist” was and still is an act of rebellion no less important than demanding equal pay for men and women for a same job. This rejection of hysteria eventually was exported in continental psychoanalysis too. Indeed, Freudian, or even Lacanian, female philosophers have ended up embracing a historiographical cliché: that Freud –although an Austrian—presumably was confronted with a “Victorian” mentality that denied women sexual pleasure, and that this mentality was building a society in which pleasure for women as such was not contemplated.

In fact, I think that the lively interest, even fascination, hysteric women aroused in Victorian times can be explained rather by the hysterical pursuit by women, albeit unconscious, of unfulfillment. In my opinion, what men found disturbing in the late 19<sup>th</sup> century was not the fact that hysterics expressed their dissatisfaction for their submissive condition in this oblique “pathological” way, as the doctor’s daughter argued in the movie. After all, it was around that time that feminism was born and the first great results in women’s rights were achieved. And the evolution of psychoanalysis is inseparable from the extension of rights to women, first in English-speaking countries, then in many others. Rather, men found it disturbing that, in a world designed for women to be as happy and as satisfied as for men – given that society was marching triumphantly towards progress and gender equality – hysterics weren’t willing to play the game. Instead, to those who wanted them “equal to men, and just as satisfied”, they flaunted their dissatisfaction which these women clung to as their most precious possession.

Anyway, after throwing the term hysteria out the door, the syndrome of hysteric conversion has climbed back in through the window. The DSM-5 (APA, 2013) talks of “Conversion Disorder” – alias Functional Neurological Symptom Disorder[8]. We also find features of the classic hysteric syndrome in “Somatic

Symptom Disorder”[9] and “Panic Disorder”[10]. After all, the DSM reaffirms the preponderance of females suffering from Conversion Disorder with statistical data: we read that this disorder is between two and three times more common in women[11]. Is hysteria then still recognized, but with new cosmetic names?

### **The Dream of the Beautiful Butcher’s Wife**

Freud invented psychoanalysis by dealing both with hysterics and with dreams. Hysteria and dreams converge in the reconstruction of a particular dream known as that of the Beautiful Butcher’s Wife[12]. Freud discusses it after having affirmed his essential thesis: that every dream represents in a hallucinatory form a wish (*Wunsch*) as satisfied. He does notice, however, that some patients, after the analyst’s theory has been communicated to them, hasten to bring to the analyst some sort of dream that apparently does not satisfy a wish at all, but quite the contrary.

“You are always saying that a dream is a wish fulfilled,” begins an intelligent[13] lady patient. “Now I shall tell you a dream in which the content is quite the opposite, in which a wish of mine is not fulfilled. How do you reconcile that with your theory? The dream was as follows: I want to give a supper, but I have nothing available except some smoked salmon. I think I will go shopping, but I remember that it is Sunday afternoon, when all the shops are closed. I then try to ring up a few caterers, but the telephone is out of order. Accordingly I have to renounce my desire to give a supper.”

I reply, of course, that only the analysis can decide the meaning of this dream, although I admit that at first sight it seems sensible and coherent and looks like the opposite of a wish- fulfillment. “But what occurrence gave rise to this dream?” I ask. “You know that the stimulus of a dream always lies among the experiences of the preceding day.”

### **Analysis**

The patient’s husband, an honest and capable meat salesman, had told her the day before that he was growing too fat, and that he meant to undergo treatment for obesity. He would rise early, take physical exercise, keep to a strict diet, and above all accept no more invitations to supper. She proceeds jestingly to relate how her husband, at a table d’hôte, had made the acquaintance of an artist, who insisted upon painting his portrait, because he, the painter, had never seen such an expressive head. But her husband had answered in his downright fashion, that while he was much obliged, he would rather not be painted; and he was quite convinced that a bit of a pretty girl’s posterior would please the artist better than his whole face.[6] She is very much in love with her husband, and teases him a good deal. She has asked him not to give her any caviar. What can that mean?

Goethe: And if he has no backside, How can the nobleman sit?

As a matter of fact, she had wanted for a long time to eat a caviar sandwich every morning, but had grudged the expense. Of course she could get the caviar from her husband at once if she asked for it. But she has, on the contrary, begged him not to give her any caviar, so that she might tease him about it a little longer.

(To me this explanation seems thin. Unconfessed motives are wont to conceal themselves behind just such unsatisfying explanations. We are reminded of the subjects hypnotized by Bernheim, who carried out a post-hypnotic order, and who, on being questioned as to their motives, instead of answering: “I do not know why I did that.” had to invent a reason that was obviously inadequate. There is probably something similar to this in the case of my patient’s caviar. I see that in waking life she is compelled to invent an unfulfilled wish. Her dream also shows her the non- fulfillment of her wish. But why does she need an unfulfilled wish?)

The ideas elicited so far are insufficient for the interpretation of the dream. I press for more. After a short pause, which corresponds to the overcoming of a resistance, she reports that the day before she had paid a visit to a friend of whom she is really jealous because her husband is always praising this lady so highly. Fortunately this friend is very thin and lanky, and her husband likes full figures. Now of what did this thin friend speak? Of course, of her wish to become rather plumper. She also asked my patient: "When are you going to invite us again? You always have such good food."

Now the meaning of the dream is clear. I am able to tell the patient: "It is just as though you had thought at the moment of her asking you that: 'Of course, I'm to invite you so that you can eat at my house and get fat and become still more pleasing to my husband! I would rather give no more suppers!' The dream then tells you that you cannot give a supper, thereby fulfilling your wish not to contribute anything to the rounding out of your friend's figure. Your husband's resolution to accept no more invitations to supper in order that he may grow thin teaches you that one grows fat on food eaten at other people's tables." Nothing is lacking now but some sort of coincidence which will confirm the solution. The smoked salmon in the dream has not yet been traced.- "How did you come to think of salmon in your dream?"- "Smoked salmon is my friend's favourite dish," she replied. It happens that I know the lady, and am able to affirm that she grudges herself salmon just as my patient grudges herself caviar.

This dream admits of yet another and more exact interpretation- one which is actually necessitated only by a subsidiary circumstance. The two interpretations do not contradict one another, but rather dovetail into one another, and furnish an excellent example of the usual ambiguity of dreams, as of all other psychopathological formations. We have heard that at the time of her dream of a denied wish the patient was impelled to deny herself a real wish (the wish to eat caviar sandwiches). Her friend, too, had expressed a wish, namely, to get fatter, and it would not surprise us if our patient had dreamt that this wish of her friend's- the wish to increase in weight- was not to be fulfilled. Instead of this, however, she dreamt that one of her own wishes was not fulfilled. The dream becomes capable of a new interpretation if in the dream she does not mean herself, but her friend, if she has put herself in the place of her friend, or, as we may say, has identified herself with her friend.

### **"Why the Need for an Unsatisfied Desire?"**

Can we say that Freud's reconstruction of the dream is exhaustive with respect to what he has told us? I wouldn't say so. Something somewhere doesn't add up. This is what authorized Jacques Lacan to reinterpret the same case according to a new view, as we shall soon see.

Let's take the butcher's wife strange statement after saying she felt like eating a caviar sandwich: "... she has, on the contrary, begged [her husband] not to give her any caviar, so that she might tease him about it a little longer"[14].

Why does not giving her the caviar allow her to tease him? Indeed, she tells Freud that she "lovingly torments" her husband every time she can, so we should ask what pushes her to show her love by teasing him. Above all, exactly how does not making him give the caviar allow her to lovingly torment him? Freud himself states that he was not convinced by his patient's argument. However, he tells us nothing about the implication between failing to satisfy her desire for caviar on the one hand and the pleasure found in teasing her husband on the other.

Instead, Freud gives us a stroke of genius when he notes that the Belle forces herself to create an unfulfilled desire in her life and he wonders: "why does she need an unsatisfied desire?" This is the fundamental question to ask with regard to hysteria; and we can diagnose hysteria any time this question becomes necessary with regard to a subject. Some subjects need unsatisfied desires.

Here Freud does not answer his own question, and yet it is certainly *the right question* to ask. Because today we think that hysteria consists precisely in having to create for oneself a *versagten*, a failed, desire. What strikes us today is not so much the conversion symptoms; in fact, in this case Freud makes no mention of any conversions in the Belle. He only tells us that the lady is an hysteric, and he somehow also tells us that what the dream reveals is sufficient to illustrate what *that* hysteria (and hysteria in general?) consists of. Here too Freud impresses us not with the answer he gives, but with the question he leaves suspended: “why does she need an unsatisfied wish?” “*Wozu braucht sie aber einen unerfüllten Wunsch?*”[15]

Now, it is striking how the three actors of this story – the Belle, the butcher husband, the slim girlfriend – are all marked by *relinquishments*. The Belle relinquishes the caviar; the husband relinquishes invitations to supper and having his portrait painted; the girlfriend relinquishes the smoked salmon. Of the various relinquishments, the only one that immediately makes sense is the husband’s: he wants to lose weight, in order to be more attractive, we presume. His position is symmetrical to that of the slim girlfriend: the latter wants to put on weight, perhaps to be more sexually attractive. In all three, the desire to relinquish the fulfillment of particular desires is related to the desire to be desired – a desire that we all recognize as rather commonplace, *the need for sexual success*.

It is this that authorizes Lacan to speak about *metaphor*: this in effect implies distinguishing a proper sense from a figurative one. Now, if we read dreams and neurotic symptoms as metaphoric, we are ipso facto betting on the fact that there is a more interesting signification than the literal one, a signification that brings the metaphor to life and makes it such. Now, Freud reaches the conclusion that in most cases these metaphors go back, as in the true metaphorical meaning – “the latent content” – to a desire that can be qualified as sexual. In any case, for Freud we always arrive at a desire. If a dream is the imaginary fulfillment of a *Wunsch*, of a wish, then every dream is the metaphor of some sort of desire, i.e. of desire in itself.

What pushed the Belle to relinquish the caviar, a fatty food? Certainly not the need to lose weight, considering that – as she herself says – her husband prefers round women. Is our Belle perhaps expressing the desire that her husband may no longer desire her? Or does she wish to be more attractive to another man who desires that she were slimmer? Moreover, why does her friend relinquish the salmon? Salmon is a fairly fatty food too, and if the girlfriend’s desire really was to put on weight, is salmon not what she really needed?

We shouldn’t forget that Freud wants to turn our attention to *hysteric identification here*—to touch on a phenomenon that the psychiatry of the time was already aware of: imitative contagion. He quotes the case of a hospital where a female patient had hysteric convulsions; soon afterwards, several other female patients had exactly the same convulsions. According to Freud, this is because the other patients grasped the reason for the first convulsions: for example, a disappointing love letter. The first convulsion therefore went “viral”, as we would say today. In our specific case, Freud – who personally knew the slim girlfriend – does not clearly state that she too was in turn hysteric, even if what happens next lets us grasp this: the hysteric Belle imitates her friend who is also hysteric. And, in the same way as her friend hysterically relinquishes her favorite dish, smoked salmon, the Belle relinquishes her favorite dish, caviar. The important thing is that they both have an unfulfilled desire. *Wozu braucht sie aber einen unerfüllten Wunsch?* In this fragment of La Belle’s analysis, her strategic tendency towards unfulfillment is evident.

As I was saying, the need to have an unfulfilled desire is the *psychognomic* feature of hysteria. We know we encounter an hysteric (even a male one) when we realize that it is essential for him or her to live with some dissatisfaction as a backdrop.

This choice of unfulfillment also emerged in the aforementioned case of Nicola, where the sexually satisfying girl was actually the one he had ditched a year earlier, while his “official” girlfriend was somewhat dull, hypercritical, and very different from him. However, for these very reasons, he had elected the latter as “his” woman.

In our days, an endless cultivation of unfulfillment flourishes. And here in this desiring without ever being fulfilled, an unrecognized enjoyment is revealed: the eternal desiring manifests an enjoyment found in the void (which explains what Charcot had called the hysteric's *belle indifférence*). Hysterics, when finally fulfilled, miss the piercing but invigorating thrust of desire that makes them feel *still* alive. Of course, they complain about their failures, but their grumbling is the other side of a form of survival: to feel eternally desirous.

A current patient of mine, in her early sixties, abruptly lost her sense of smell and taste, and complained about pains in her right arm and shoulder which hindered her favorite hobby, drawing—all ailments which her doctor found to be without any somatic basis. Because they could be only hysteric symptoms, she reached the conclusion that these symptoms “meant” that her life was without *gusto*; not only does she not enjoy fleshly pleasures, but she is also handicapped by her pain. She had just obtained some important professional successes, and had gained among her colleagues a heretofore unobtained status of leadership. But the satisfaction of one of her deepest desires was intolerable, because she had to change her subjective being-in-the-world, she was risking to be “other” from what she had always been, i.e. a frustrated woman who had always bemoaned her failures. Her symptoms—which at once *meant* dissatisfaction and *realized* it—were a way to allow the desiring (and moanful) subject to survive.

Socrates too (in Plato's *Symposium*) said that the philosopher – for him, the superior man – is always devoted to Eros: he desires, and is never satisfied by knowledge or wisdom. The fulfilled cease to be philosophers, because philosophy is desire, not possession – an endless search of truth. The hysterics, however, even without knowing anything about philosophy, live as eternal addicts to desire. Thanks to their losses in love, they are always in love with desire.

## The Metonymic Drift

Jacques Lacan commented on the dream of the Beautiful Butcher's Wife in his essay “The direction of treatment and principles of its power”[16]. His commentary aimed at articulating his theory of *désir* (desire) as distinct from both *need* and *demand*.

Lacan writes: here Freud shows that in this dream a desire of the day before (*not* having to give a dinner) is satisfied through a *shift*, alluding to the desire of another (for smoked salmon). But this desire, Lacan adds, “is sustained in its eminent position by a desire that is of quite a different order, since Freud characterizes it as the desire to have an unsatisfied desire” (Lacan 1966, p. 98).

The deferment of the desired object, for Lacan, takes place in two dimensions: one is that of *desire for desire* (or meta-desire, if you wish), and the other is the *substitution of one desire with another* (or a sort of vice-desire). Desire for desire: our Belle signifies her desire to have an unfulfilled desire through her desire for caviar. For Lacan, the desire for caviar is the *signifier* of the desire as unfulfilled. Substitution of one desire with another: in her dream, our Belle makes a desire for smoked salmon appear instead of one for caviar. In Lacan's terminology, she substitutes one signifier (smoked salmon) with another signifier (caviar).

But what I find really important here is that Lacan says that dreams and symptoms are not only metaphorical, but also metonymic. Metonymy, a rhetorical figure, consists of signifying an object through something contiguous to this object (for example, saying “the Crown” to signify the monarchy), but more generally, it expresses a different logic compared to metaphorical signification: a functioning I would term *dissemination*. In other words, signification moves via contiguous elements, *de proche en proche*. Metaphor, insofar as it suggests a fundamentally univocal figurative meaning, is centripetal, it puts us through the funnel of meaning. Metonymy, on the other hand, insofar as it lets signifieds escape further and further away, always postpones sense to “another time”.



Contrary to what is commonly stated, Lacan's originality consists not in having given emphasis to the linguistic dimension of analysis—something obvious—but rather in having emphasized the fact that, in the case of hysteria for example, it is not a question of reaching a fundamental signification. For example, in Kleinism, the ultimate meaning regards the relation of the baby to the maternal breast. Lacan affirms that there is no ultimate meaning (even if he also proposed a fundamental sense: the phallic one), but rather a whole swarm of signifiers which – in the case of hysteria – revolves around a lack, a void, which cannot be signified.

The metonymic experience is more common in the sexual “rhetoric” known as eroticism. In fact, sexual desire is aroused because of elements distant from strictly genital ones, that is, those that ought to be essential in a pure Darwinist vision. One need only think of many men who say they find the mere sound of the word “woman” in their language erotizing. A good part of female allure for men is valuable as a pure metonymy of the vagina; and these metonymies are sometimes more exciting than the vagina itself. Feminine and masculine attractions vary considerably between cultures and eras. In other words, metonymies take purely cultural directions. If today, for example, a man finds skirts or long female hair attractive, this is because wearing skirts and long hair have historically become feminine differential signifiers.

(The naiveté of most so-called evolutionist psychology consists in explaining every human trait as the result of an optimal Darwinian adaptation. The point is that evolutionist psychology ignores the “logical” – or linguistic – character of human desires and needs. It does not see the fact that metaphorical signification and metonymic shifting dominate our object choices in several fields. It is as if human eros tended to drift further and further away from the adaptive function in the Darwinian sense. A prime example of this would be the non-adaptive erotic use of the clitoris [Gould 1992]).

If eros is evidently metonymic, Lacan shows us that there is also a metonymy in the unconscious.

When I present the case of the Beautiful Butcher's Wife to students, they often say they consider the salmon a phallic symbol. Is this correct? Salmon and caviar are here also metonymies of what one relinquishes, they incarnate the object that is missing. They do not “signify” it, they shift it. (We can say that, in Lacan's terminology, metaphors are always phallic, and metonymies aim rather to the object *a*.) We can indeed say that hysteria disperses itself in metonymies, insofar as the latter disseminate a fundamental loss to which the hysteric clings for her or his own existence. In short, all metaphorical significations of dreams and symptoms turn out to be shifts of a fundamental lack, one that, in the case of hysteria, can be traced back to a loss or relinquishment of femininity, both in men and women.

The symptoms of obsessive-compulsive syndrome are also «logical». But in this case, more than metaphor and metonymy, the oxymoronic character of the obsessional symptom expresses a sort of contradiction. There is a paradoxical core in the obsessive structure.

This focus on the metonymic dimension goes beyond the clinical field, and enlightens the functioning of thought in general. There are two distinct ways of thinking, one I would call “systematic” (metaphorical), and another I would call “historical narrative” (metonymic). If we say, “water is H<sub>2</sub>O”, we state something systematic, metaphorical in a broader sense, because we establish a definitional equivalence, a paradigm: “Water *means* molecules of two atoms of hydrogen and one atom of oxygen.” Theoretical thought typically operates this way.

But one could say:

“In the year 1800, the chemist William Nicholson, conducting an electrolysis of the water, obtained distinct gaseous bubbles of hydrogen and oxygen on the surfaces of the electrodes.”

In this second case, one does not give a paradigmatic description of the water, but rather tells a story – syntagms. We can say that both *refer to* the same thing, but *say* different things. Someone who has a scientific or philosophical mind tends to metaphorical-systematic statements, while historical-narrative

speeches appear anecdotal, something good for divulgation. I would say that in our cultural tradition, the metaphorical systemic way of talking was/is considered prestigious and “masculine”, while the historical metonymicity was/is trivial and “feminine”. -We later realized the power of the second way of thinking, especially its power to shape the ideas of these masses to which we all belong. This is why the word “narrative” has become ever more in use, so that one hears, for example, that a conservative political view is a “narration” rather than an “ideological system”. I have the impression that this acknowledgment of the strength of metonymic thinking and speech is linked to the rehabilitation of a “feminine” way of thinking and speaking, which Freud was the first to highlight through hysterics.

As we have said, metonymic “feminine” thinking defers again and again the ultimate meaning, displacing without a definite end the signifiers. Like a TV serial, metonymic speech is always “open”. This is why Freud, when he writes about cases of hysterics, recognizes that he is recounting a kind of romance novel. And it is precisely this metonymic structure of hysteria that makes it difficult to “grasp” it as such—because the final “thing” of hysteria is in a certain sense always delayed. *Unsatisfied* by a final meaning, the hysteric holds on to her symptomatic dissatisfaction, her symptoms revolving around a void that cannot be *said* as such. Because her speech and life *express* this void, they cannot tell it.

### The “System” of Hysteria

It is hard to say that the hysteric woman does not accept her femininity, because neither Freud nor the post-Freudians have ever supplied a clear definition of the masculine and feminine. On the one hand Freud says we are all partially masculine and partially feminine, but for him masculinity meant at the most being active and femininity being passive. From this point of view, the hysteric’s femininity is problematic because she or he refuses to be passive, insofar as she or he considers passivity equivalent of “being subjected to power” and activity equivalent of “exerting power”. For the hysteric, being a woman means being subjected to the power of the other; hence the rejection of this position. In this sense, as the film *Hysteria* indirectly shows, historically hysteria and feminism back each other up, since hysteria fuels the dissatisfaction of being a woman which then takes on the “positive” form of political claims.

It is worth noting that Freud ends one of his last essays, *Analysis Terminable and Interminable* (1937c), saying that the most crucial obstacle to cure through analysis is the fact that both men and women do not want to accept the female position, identified as one of subjection. Women do not accept the fact they do not have a penis and men do not accept subjection to anyone who is more powerful. This is what Freud calls the developed organic bedrock (*gewachsenen Fels*) before which analysis risks either an interruption or an interminable future. In other words, it would seem that the greatest difficulty of psychoanalysis is precisely what it started from: the hysterical refusal of femininity. Hysteria would then seem the alpha-omega of analysis, its origin and its limit or setback.

In short, in psychoanalytic work, the concept of hysteria still has a crucial value. It is actually where some of the fundamental elements of psychoanalysis, which I shall now summarize, converge more paradigmatically than in any other syndrome.

– *Logical character of the symptom.* Hysteric somatization can be interpreted as a metaphorical formation. The hysterical body is a “talking body”.

– *Disseminative tendency of the symptom.* The metaphorical (figurative) signification joins with a metonymic dispersion (disseminative). This leads to the well-known hysteric imitation, i.e. the contagious nature of fits and the shifting of symptoms.

– *Desire perpetuates itself in the enjoyment of unfulfillment.* The hysteric subject tends to live unsatisfactorily. In Lacanian terms: subjects eternally re-launch their desire without ever fulfilling it. Their enjoyment consists of desiring.

– *Rejection of “femininity”*. Hysterics, both women and men, reject a female position, insofar as it is identified with a submissive position. Not only submission in sexual activity (for example, rejection of the hysteric woman to perform a passive role in coitus), but also in social relations in general. However, the rejection of submission implies that the need to submit is always at work.

– *Asserting power*. Because the female position is identified as one of submission, relations between the sexes are reinterpreted as power relations. This is what Adler called the “virile protest” specific to hysteria.

Lacan (1991) said that the hysteric needs a master in order that she may dominate him. Was this the “historical” answer some women gave to a world that no longer wanted them subjected to a master? But equality is a threat to the hysteric’s need to feel subjected so that she may reject her subjection and reaffirm her dissatisfaction. Hysterics did not want and do not want to sacrifice the disappointment that is the very condition for their enjoyment. Hence, we can say that it was the resistance of the so-called hysterics against the triumph of a generalized Utilitarianism that made them so worrisome – and fascinating – in the late 19<sup>th</sup> century. It was also what allowed Freud to go beyond the face value of “morbid” symptoms.

## **Bibliography:**

AA.VV. (1985) *Hystérie et obsession. Recueil des rapports de la Quatrième Rencontre Internationale* (Paris : Fondation du Champ Freudien).

APA [American Psychiatric Association] (2013) *Diagnostic and Statistical Manual of Mental Disorders. DSM-5* (Washington DC-London: American Psychiatric Publishing).

Appignanesi, L. & Forrester, J. (1992) *Freud’s Women* (New York : Basic Books).

Breuer, J. & Freud, S. (1895d) *Studies on Hysteria, SE, 2*, pp. 3-303. *GW, 1*, pp. 75-312.

Cavasola, R. (2013) *L’isteria, la depressione e Lacan* (Macerata: Quodlibet).

Charcot, J.-M. (1887) *Leçons sur les maladies du système nerveux, 1885-1887* (Paris : A. Delahaye).

Eidenbenz, C. (2012) “L’âme renversée. L’arc hystérique et ses corps à rebours autour de 1900 », *Pulsion(s). Art et déraison*, cat. exp. Namur, Musée Félicien Rops (Waterloo : Renaissance du Livre, pp. 51-89).

Freud, S. (1900) *Interpretation of Dreams, GW, 2/3. SE, 4*.

Freud, S. (1937c) *Analysis Terminable and Interminable*. *GW*, 16, pp. 59-99. *SE*, 23, pp. 211-253.

Gould, S.J. (1992) “Male Nipples and Clitoral Ripples”, *Bully for Brontosaurus* (New York-London: W.W. Norton & Co.) pp. 124-138.

Lacan, J. :

– (1966) “La direction de la cure”, *Ecrits 2* (Paris: Seuil).

– (1991) *Le Séminaire. Livre XVII: L'envers de la psychanalyse* (Paris : Seuil) ; Eng. Tr. *The Other Side of Psychoanalysis* (Norton, 2007) lesson VIII, “From the myth to the Structure”.

Luauté, J.-P, Saladini, O. & Walusinski, O. (2014) « L'arc de cercle des hystériques. Historique, interprétations / The “arc de cercle” of hysteria. History, interpretations », *Annales médico-psychologiques*, <https://www.em-consulte.com/en/article/907690>.

Millot, C. (1988) *Nobodaddy, l'hystérie dans le siècle* (Paris: Point Hors Ligne).

Nasio, J.-D. (1995) *L'hystérie, ou l'enfant magnifique de la psychanalyse* (Paris : Payot).

Roudinesco, E. & Plon, M. (1997) *Dictionnaire de la psychanalyse* (Paris: Fayard).

Swales, P. (1986) « Freud, his teacher and the birth of psychoanalysis », in P. E. Stepanisky (ed.), *Freud, Appraisals and Reappraisals*, vol. 1 (New Jersey: The Analytic Press), pp. 3-83.

Winter, J.-P. (1983) “L'hystérie masculine”, I et II, *Carnet de Psychanalyse de Louvain*, n. 4-5, Presses Universitaires de Louvain.

## Notes:

[1] Breuer & Freud (1895d), *SE*, 2, pp. 176-181.

[2]p. 181.

[3] In actual fact, her name was Anna von Lieben, née von Tedesco (1847-1900)(Swales, 1986; Appignanesi & Forrester, 1992).

[4] Breuer & Freud, 1895d, p. 178.

[5] Described by J.-M. Charcot, 1887. Cfr. Eidenbenz 2012.

[6] On the topicality of the hysterical arch, Luauté, Saladini & Walusinski, 2014. Their conclusions: “The arc of a circle cannot be considered a social construction. It would seem to be a natural phenomenon, as Charcot had interpreted it. We consider it a common and final path that places itself at the convergence point between the functional and the organic, pleasure and pain.”

[7] Yet the totality of patients Freud presents to us in his publications as hysterics are women. There is obviously a dyscrasia in Freud between the theoretical frame of his discourse and his actual practice. Cfr. Winter, 1983.

[8] APA 2013, p. 318.

[9] Ibid., p. 311.

[10] Ibid., p. 208.

[11] Ibid., p. 320.

[12] Freud 1900, *GW*, 2/3, pp. 152-154. *SE*, 4, pp. 146-150. Also in <https://psychclassics.yorku.ca/Freud/Dreams/dreams4.htm>

[13] “Witzige Patientin”: “witty patient”.

[14] Freud, 1900, *GW*, 2-3, p. 152. *SE*, 2, p. 146.

[15] Freud, 1900, *GW*, 2-3, p. 153.

[16] 1958, published in *Ecrits* (Lacan, 1966, pp. 98-106). Among Lacanian studies on hysteria, I recommend AA.VV. 1985; Millot 1988; Nasio 1995; Brousse 2000; Cavaola 2013.

## **Bio:**

**Sergio Benvenuto** is a researcher in psychology and philosophy at the National Research Council (CNR) in Rome, Italy, and a psychoanalyst. He is an editor of the *European Journal of Psychoanalysis* and member of the Editorial Board of *American Imago* and *Psychoanalytic Discourse* (PSYAD). He teaches psychoanalysis at the International Institute of the Psychology of Depth in Kiev and at Esculapio Specialization in Psychotherapy in Naples. He was or is a contributor to cultural and scientific journals such as *Lettre Internationale*, *L'évolution psychiatrique*, *DIVISION/Review*. His publications in English include: 'Wittgenstein and Lacan Reading Freud', *Journal for Lacanian Studies*, vol. 4, nr. 1, 2006, pp. 99–20, <https://www.journal-psychoanalysis.eu/wittgenstein-and-lacan-reading-freud1/>. « Perversion and charity : an ethical approach », in D. Nobus & L. Downing eds., *Perversion. Psychoanalytic Perspectives / Perspectives on Psychoanalysis* (London : Karnac, 2006). With A. Molino, *In Freud's Tracks* (New York: Aronson, 2008) nominated for Gradiva Award. "The Monsters Next Door", *American Imago. Psychoanalysis and Human Sciences*, 69, 2012, 4. "The Gaze of the Blind. Notes on Cézanne and Cubism", *American Imago*, vol. 70, 3, Fall 2013. "Does Perversion Need the Law?", W. Müller-Funk, I. Scholz-Strasser, H. Westerink, *Psychoanalysis, Monotheism and Morality* (Leuven: Leuven University Press, 2013). "Ethics, Wonder and Real in Wittgenstein", in Y. Gustafsson, C. Kronqvist, H. Nykänen, eds., *Ethics and the Philosophy of Culture: Wittgensteinian Approaches*, 2013, Cambridge Scholar Publishing. *What are Perversions?* (London: Karnac, 2016). *Conversations with Lacan. Seven Lectures for Understanding Lacan* (London: Routledge, 2020). He contributed to the volume *Coronavirus, Psychoanalysis, and Philosophy Conversations on Pandemics, Politics and Society*, edited By Fernando Castrillón & Thomas Marchevsky (London: Routledge, 2021). [[eu.jou.psy@gmail.com](mailto:eu.jou.psy@gmail.com)]

## **Publication Date:**

August 25, 2015