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Observations from Working with Female Obsessionals

Summary:

This paper is based on observations and speculations derived from the clinical practice of two women psychoanalysts in the United States where they encounter a growing prevalence of female obsessiveness. They investigate what might be different about obsessional features in men and women and how this might define differently the direction of the treatment. By way of Joan Riviere, who takes an obsessional woman as the example to develop her notion of womanliness as masquerade, they test how useful the notion of the phallus is in these cases, while problematizing the implied connection between Lacan's concept of semblance and the clinical direction of the cure.

Where have all the beautiful hysterics gone? Lacan once asked. Is it possible that there may have been a shift from obsessiveness as a defining core feature of male neurosis, what Freud calls a "preference" or "choice", to obsessiveness as a veneer that covers over hysteria in women as much as men. We would like to offer some observations and speculations from our clinical practice in the United States where more and more often we encounter what we see as a tendency to female obsessiveness and investigate what might be different about obsessional features in men and women, and also, how this might define differently the direction of the treatment.

Freud talks in "The disposition to obsessional neurosis" (Freud 1913) about a move from anxiety hysteria to obsessional neurosis. There is a link between a hysterical structure burdened with too much anxiety and the shift to obsessional neurosis. Think of the women in our practice that consult for symptom-pictures like phobia, panic attacks, and generalized anxiety. There is often some failure with regard to full-scale effects of repression, which contributes to the infamous *belle indifférence* of the hysteric and her characteristic lack of anxiety. Without the transformation of, let's say, a classical conversion symptom which links an unconscious idea to the body, the door is left wide open to certain kinds of obsessional solutions that bypass the body and enter into the realm of thought: doubt, worry, the parasitism of repetitive conscious thought, negation, degradation, especially when it comes to the Other who must be blocked, out-run, and whose presence must be more or less reduced to a zero point. None-the-less, the obsessional defense against desire, especially in women, betrays its hysterical core and a question arises concerning not just diagnosis but the position of the analyst in the unfolding transference.

Take, for example, the case Freud (1913) mentions of a female patient who moves from anxiety hysteria to obsessional neurosis. The first illness was produced by the frustration of her wish to have children, combined with her husband's sterility. The patient did all she could to prevent her husband from guessing the cause of her difficulties, but, Freud writes, unconsciously "her husband understood, without any admission or explanation on her part, what his wife's anxiety meant; he felt hurt, without showing it, and in his turn reacted neurotically by—for the first time—failing in sexual intercourse with her." It was at this

point that there was a change in the nature of the patient's illness. Freud explains the choice of obsessional neurosis over hysteria, as a regression of this woman's libido to the infantile anal erotic and sadistic stage. Her symptoms of extreme washing and cleanliness were measures set against the injuries she thought other people had to fear from her. In this piece, Freud considers obsessional neurosis simply as a variant of hysteria (p. 315) and in the two examples he gives of women patients, the change in "choice of neurosis" is produced by a regression to the earlier anal-sadistic libidinal developmental phase. Freud even generalizes this potential involution and refers to an almost ineludible destiny—the march towards becoming the cantankerous, petty and mean, overbearing, nasty "old dragon" into which sweet loving young wives and tender mothers may morph themselves when their sex life regresses to the pregenital sadistic and anal-erotic stage "after the genitals have fulfilled their function" (p. 324). If we should hear anything in this, perhaps it is not about the inevitability of chronic hysteria, or its inescapable morphing into obsessional defense, but rather a question that it raises and will continue to raise about desire, sexuality, and what it means to be a woman.

Feminine Masquerade and Obsessional Womanliness

Exploring the development of women's sexuality, Joan Riviere wrote a text where she comes up with the notion of feminine masquerade. This essay became a favorite of Lacan, who discussed it in "Signification of the Phallus" in *Écrits* (Lacan 2006a). Riviere cites the example of a female obsessional in order to elaborate on her notion of feminine masquerade in a "fully developed heterosexual womanhood". It is as if female obsessional and fully developed womanliness were connected, as if we could always find traces of obsessional in any fully developed womanhood. Riviere's clinical example is the case of a successful professional American woman whose work entailed writing and public speaking. Her symptoms had a history:

All her life a certain degree of anxiety, sometimes very severe, was experienced after every public performance, such as speaking to an audience. In spite of her unquestionable success and ability, both intellectual and practical, and her capacity for managing an audience and dealing with discussions, etc., she would be excited and apprehensive all night after, with misgivings whether she had done anything inappropriate, and obsessed by a need for reassurance. This need for reassurance led her compulsively on any such occasion to seek some attention or complimentary notice from a man or men (Riviere 1929, p. 305).

Those men she would seek were father-figure substitutes who not only reassured her about her performance but also offered her sexual attention. "[S]he was attempting to obtain sexual advances from the particular type of men by means of flirting and coqueting with them in a more or less veiled manner. The extraordinary incongruity of this attitude with her highly impersonal and objective attitude during her intellectual performance, which it succeeded so rapidly in time, was a problem" (ibid.).

Riviere analyses the situation as an expression of unresolved rivalry with the mother and interpreted the sexual acting out as "an unconscious attempt to ward off the anxiety which would ensue on account of the reprisals she anticipated from the father-figures after her intellectual performance. The exhibition in public of her intellectual proficiency, which was itself carried through successfully, signified an exhibition of herself in possession of the father's penis, having castrated him" (ibid.). According to Riviere, she offered herself sexually to these men to appease what she imagined as their desire for revenge for having castrated them. "This was done by masquerading in a feminine guise... It is significant that this woman's mask, though transparent to other women, was successful with men, and served its purpose very well. Many men were attracted in this way, and gave her reassurance by showing her favor. Closer examination showed that these men were of the type who themselves fear the ultra-womanly woman. They prefer a woman who herself has male attributes, for to them her claims on them are less." (ibid., p. 310-311). Both men and women in this example play with masquerade as an exchange whereby the woman is given and/or has a penis.

In the conclusion of the paper, Riviere opens up more questions. The patient's successful strategy to obtain recognition from the seduced father-substitute had its pitfalls:

By *giving* her recognition, he *gives* the penis to her instead of to the mother; then she has it, and she may have it, and all is well. 'Recognition' is always in part reassurance, sanction, love; further, it renders her supreme again. Little as he may know it, to her the man has admitted his defeat. Thus in its content such a woman's phantasy-relation to the father is similar to the normal Oedipus one; the difference is that it rests on a basis of sadism. The mother she has indeed killed, but she is thereby excluded from enjoying much that the mother had, and what she does obtain from the father she has still in great measure to extort and extract. These conclusions compel one once more to face the question: what is the essential nature of fully-developed femininity? What is *das ewig Weibliche*?

The conception of womanliness as a mask, behind which man suspects some hidden danger, throws a little light on the enigma. (Ibid., pp. 311-312).

While one might take at face value Riviere's seemingly normative conclusions that a woman must give up trying to have or extort the phallus, curb her sadism, and identify rather than rival her mother, there is a more interesting reading of her paper. In fact, what is so strange in Riviere's paper is that she admits, to her own surprise and even resistance, that womanliness and masquerade are synonymous, as if to say that there is not any genuine womanliness, or that womanliness is always what lies beyond all mechanisms of identification, even identity, gender identity, and the power struggles that erupt in love. She posits that in this beyond, one finds that there is something about the capacity to receive, an über-feminine receptivity, that can only come from accepting that one does not have it, without retaliation, without disappointment, without the arousal of sadism and anxiety. The question is, what does this receptivity have to do with womanliness?

Unsullied by Desire: The Phallus and the Obsessional

That a question of the feminine points to a mysterious beyond is what fascinated Lacan in Riviere's paper. For Lacan, Riviere opens up the question of the phallus as something one can be and have... which also means that it is something one can "not-have". These options are as open to women as they are to men. The irony of feminine masquerade is that even if it aims to extract the phallus through recognition or love or force, by pretending to be or have the phallus to assuage oneself or gain traction with an other, all of this includes a knowledge that one can be without it, that it can be lost, and, that in order to want it from someone else, one has to recognize that one is really truly without it themselves, and that once it is given, the other is without it also. One of the issues Riviere's paper circles around, in a Lacanian *avant-la-lettre* style, is the perennial question of lack. Let us recall that Lacan moves beyond Freud when he adds to the binary of "having" or "not having" the phallus the possibility of "being" the phallus. With Lacan's shift, woman's lack becomes a plus—the possibility of masking lack by accepting it while concealing it even from herself, "appearing" to be the phallus, as it is exemplified by Riviere's notion of feminine masquerade.

Lacan designates the feminine position as one of "seeming," of making semblance of "being the phallus". Does this mean that hysteria due to its propensity to mask the Other's lack should be considered synonym with hysteria? Even though one may find in Lacan's work many instances in which he refers to the hysteric in the feminine and to the obsessional in the masculine, he expressed explicitly that "the hysteric is not necessarily a woman nor is the obsessional necessarily a man" ("*non pas que l'hystérique soit pour autant obligatoirement une femme, ni l'obsessionnel obligatoirement un homme*", Lacan 2006b, p. 386). Here we are not so concerned with a clinical type ascribed to a specific gender as to how a sexual positioning, a positioning determined by a particular relation to castration and lack, may be affected by clinical structure, much in the ways explored by Riviere. What neither explored more specifically is this question of female obsessiveness, although both seem to mention these structures at critical moments of theorizing this very question. It is well known that Freud ran into trouble early on in his career when at his return from Paris he presented to his Viennese medical colleagues a case of male hysteria. He shocked his

Viennese professional associates who could not accept the existence of male hysteria and lost any hope of an intellectual collaboration with his local colleagues. Discouraged in his quest to perform any diagnostic gender bending, Freud retreated for several years to the splendid isolation of his private practice.

If Freud was not gender-biased in his diagnosis of patients, there has been in psychoanalysis, however, a coupling of hysteria with women and obsessionality with men. Dora remains the paradigm of hysteria while we know very little about her mother, who is described in passing by Freud as an obsessive house-keeper. We only know that “[t]he relations between the girl and her mother had been unfriendly for years. The daughter looked down on her mother and used to criticize her mercilessly, and she had withdrawn completely from her influence” (Freud 1905, p. 20). The mother harassed her daughter with disapproval and “was occupied all day long in cleaning the house with its furniture and utensils and in keeping them clean—to such an extent as to make it almost impossible to use or enjoy them. This condition, traces of which are to be found often enough in normal housewives, inevitably reminds one of forms of obsessional washing and other kinds of obsessional cleanliness” (Ibid., p. 20). Two main issues emerge from Freud’s observation. First, it looks as if Freud were saying that traces of obsessionality make housewives “normal”. The second is: What role did Dora’s obsessional mother play in the young woman’s hysteria? It is often said that, unlike hysterics, obsessionals feel that their mothers loved them too much. This excessive love betrays a phallic investment on the child as privileged object of a thus completed mother. In return, the obsessional will worship a model of woman unsullied by desire, neither desirous nor desirable. Is this the case in our current practice with female obsessionals?

Three female analysands come to mind. One who couldn’t stop worrying about work, who took thirty minutes to send out the most routine email, who religiously kept to-do lists that were never completed, which kept her up late at night. She knew full well when she came to therapy that the idea of completing the to-do list was horrifying to her and there must, at all times, be one or two items to be transferred day after day, undone. With this horror was also a jouissance experienced when checking the box in front of an item on the list. One might say it was this jouissance that she did not want to let go of in any final act of completion. A cut in this cycle was necessary, but no presence, no Other, was given enough room to intervene in the smooth surface of an infinite to-do.

Another patient, so busy pleasing everyone—her mother, her boss, her roommates, her colleagues—never had any sense of what she wanted, except perhaps to exact the most bitter revenge on those with whom she was prostrate, a compulsive register of thought from which her only escape was through another compulsion, hobbies involving arts and crafts where the jouissance of mastery could run at full speed. She could not detach herself from either her unfulfilled thoughts of revenge or her isolated activity. She linked this to a long history of childhood masturbation, a strategy in which the Other is blocked from entering in on the level of desire. My body, my jouissance: this has nothing to do with you.

A third analysand, a nurse practitioner in her early 30s, complained bitterly about how she felt forced to date a man she did not really like, who was not smart enough, bored her, and worst of all, liked her too much, professing what she felt as “too much love” for her. She stayed with him just to spite an ex-boyfriend who did not want to be with her. All her life choices, love, career, and even housing, were not her wishes but commandments that came from an Other (her parents, a friend, social conventions) that she wanted both to please and to reject. She did not have what she wanted or more precisely, did not want anything; she just did what she was expected to do. Her jouissance derived from her projected ambivalence—she loved what she hated and hated what she loved, cancelling out in the transaction any subjective responsibility. But alas, she happened to discover that the degraded boyfriend she was dating for a few months had an attractive ex-girlfriend who still kept a soft spot for him. A mad jealousy and a surge of anxiety ensued. This analysand had to acknowledge that she desired her new boyfriend after all, and felt totally at risk. The rise in status of her current boyfriend had another complication. She had adroitly managed to neutralize his desire by doing everything for him, giving him everything, as if he would lack nothing, reducing his desires to demands that she would dutifully satisfy—she cooked for him, took care of his cat, gave him rides everywhere, paid his bills, bought him expensive presents. She found out that he was not completely dead after all. His being

desirable in the other woman's eyes broke this analysand's balance of controlled dissatisfaction. The immutable stasis of a deadened desire was shaken. Her jealousy revealed that the object she thought was completely under her control could be wanted by others, could want others, could flee, could be lost.

Contrary to the typical obsessional male, this woman as a child was never her mother's favorite nor was in any way in a privileged position with regard to her. This feeling of rejection was exacerbated by the fact that she was an adopted child. In fact she always felt that her mother was radically unsatisfied, "nothing is ever good enough for her." She tried to supplement this gaping emptiness by being very clingy and demanding as a child, repeating situations in which her mother would have to reject her. For instance, she would experience night terrors and spend entire nights calling for her mother. Silence was the only reply. She would leave her bed and lie on the floor for hours, crying in front of the parent's closed bedroom door until she would fall asleep. By way of rejection she was inscribed in the parent's couple, marooned in front of a locked bedroom disturbing with her cries whatever she fantasized was happening behind the closed doors. Occasionally, her father would come out and take her back to her own bed. Guilt, mortification and contrition have ensued ever since.

Here we have the classical clinical picture of traits Freud ascribed to the anal character: ambivalence, obsessional ideation, doubt, isolation and undoing, ritualization, and reaction formation. Unlike the classic male obsessional, this analysand was someone who does not seem to have been heavily invested phallically by the mother. She was all along aware of the mother's dissatisfaction, a persistent and prominent feature in her mother's personality, and yet she was never invested as the mother's phallus but rather as a symbol of perpetual dissatisfaction. What was then the phallic logic at play here? She was clearly not a supplement for a maternal satisfaction which would have been conducive to a phallic identification. How can we explain structural traits that betray an obsessional economy of desire?

The Obsessional Woman Does Not Exist

Marc Strauss in his paper *On the Female Obsessional Neurosis* [1] thinks that it is a misnomer to speak of the female obsessional at all. At the same time, he acknowledges that women have more and more access to the world of men and male competition, given the vicissitudes of a masculinized professional sphere that leaves open the paths of obsessional neurosis to women, in particular the dream of a seamless world order in which desire never makes its messy appearance. Strauss' observation is not too different from what Joan Riviere described in her paper "Womanliness as Masquerade." There she observed that:

Not long ago intellectual pursuits for women were associated almost exclusively with an overtly masculine type of woman, who in pronounced cases made no secret of her wish or claim to be a man. This has now changed. Of all the women engaged in professional work today, it would be hard to say whether the greater number are more feminine than masculine in their mode of life and character. In University life, in scientific professions and in business, one constantly meets women who seem to fulfill every criterion of complete feminine development. They are excellent wives and mothers, capable housewives; they maintain social life and assist culture; they have no lack of feminine interests, e.g. in their personal appearance, and when called upon they can still find time to play the part of devoted and disinterested mother-substitutes among a wide circle of relatives and friends. At the same time they fulfill the duties of their profession at least as well as the average man. It is really a puzzle to know how to classify this type psychologically (Riviere 1929, pp. 303-304).

The trouble for Riviere is the overlay of masculinity and femininity and what it hides—namely, trouble with both having and not having "it". For Strauss this amounts to a "dream of control" which is fundamentally incompatible with desire. This is true, he says, in any theory of psychoanalysis. No contract can be set up with jouissance, try as one may, which is why the obsessional is so much more prey to anxiety than the

hysteric, setting up his or her desire as impossible. Nevertheless, as he says, the manifestation of the breaking point in the stiff eternity in which obsessionals would like to erect their self-image, must look different in men than in women. Insufficiencies, anxieties, and symptoms must appear differently—be it the insufficiencies felt as a woman, feelings about the body, or differing images of self to that experienced by obsessional men. It is to this difference that Strauss points to, asking a question of the clinic of female obsessiveness, that we would like to speak.

Sole Master on Board

Lacanian formulations about hysterics and obsessionals often look too dichotomous, too black and white, failing to capture the specificity of any case. But that is true of all diagnosis when viewed against the intricacies of clinical work. None of it should be taken as a hard and fast truism, used to judge what it is that a patient comes to say. Nevertheless, there is something useful in articulating these structures to aid in thinking about how to direct a treatment, acting as a kind of framework or map that helps one find one's way clinically in an unfolding treatment. Marc Strauss indicated in a recent presentation in New York that it is like a map and compass that analysts use to orient themselves, but which find their limit once one is in the real world and needs to find their way. They are simply tools that we, as clinicians, are constantly developing, and should be taken as such, something to be used, refined, contested through other evidence.

“Nothing”, writes Lacan (2001, p. 221), “is more difficult than to bring the obsessional to the point of being backed up against the wall of his desire” (Seminar VIII, *Transference*), which is why working with obsessionals can feel so difficult and tedious:

...with obsessionals you must not give them the least bit of encouragement, of deculpabilisation, indeed even of interpretive commentary, which goes a little bit too far because then you have to go much further than that, what you would find yourself coming to and conceding to your own great disadvantage, is precisely this mechanism through which he wants to make you eat, as I might say, his own being as shit. You are well taught by experience that this is not a process in which you will be of any use to him, quite the contrary (Ibid., p. 178).

For Lacan, the obsessional wants a master who does not desire, unlike the hysteric who desires a master that is found wanting. So it is precisely with and through desire—contra any obsessiveness in the analyst him or herself—that the analyst must work in working with an obsessional. Desire, not being their business, means that “the tasks of nature are not his strong point, nor indeed anything that leaves him sole master on board... namely the extreme functions of responsibility, pure responsibility” (ibid., p. 222-223). The analyst and the obsessional are in a kind of dialectic where it is absolutely necessary that the analyst assume this pure responsibility for his act in the treatment of obsessiveness, without justification, pity, or recoil.

Let us provide other clinical examples: A lawyer came to see her analyst because of long standing panic attacks. She was obsessed with the image of herself as “damaged goods” and desperately wanted to be repaired. Being a lawyer—slick, powerful, uncompromising—was also part of the construction of this undamaged self. She was a good patient. She found in what was said a multitude of homework assignments and diligently went to work. When she got no response as to whether she was doing well or not, completing her assignments adequately or not, the treatment took a more hysterical overtone. At times the anxiety was tremendous. At other times, more analytic, she voiced her frustration which crystallized over the course of a year into a demand that she be told that all her problems were due to the fact that her father was perverse. He should not have done what he did to her. Not duped by the demand, what seemed most important to her was an image of a competent father, a father whose desire wasn't the point that unraveled not only him, but her also. Without justification, without reason, but without a kind of counter-strength, the demand was refused so that the fantasy could be more fully evinced, a point of contact with a hatred of her own desire that was crucial. “I don't think I can say that”, would often be the phrase repeated back to the

patient by the analyst, emphasizing with it a lack of knowledge, of certainty, of understanding about her desire.

After a dream of burning a baby with hot tea and massive feelings of remorse and guilt, she got sick (something that made her very anxious) and spilled soup on her vagina while in bed. She ran to the bathtub to cry as she washed her injury, furious that she had made this mistake. In this “act” she repeated a lost scene in which her father came in and screamed at her and hit her while she was in the shower. What is of less importance, quite contrary to common sense, is his abuse (ground well-trod by her and in her previous therapies), but rather her act as an act of taking over and identifying with her father’s jouissance. The jouissance was a jouissance of hatred for desire, directed at her femininity—the baby, her vagina—something she had not until then been able to take responsibility for. This moment of taking responsibility, indeed a kind of critical separation from her identification with her father, was the turning point that brought about the possibility of the end of this analysis. The identification covered over a position of “not-having” linked to being a woman. The latter was less preferable to her masculine identification with a father she was extremely and rightfully ambivalent about.

Lacan writes, “... the subject prefers not to look into it. You will always meet this prudence in the obsessional” (ibid., p. 221). And still, love assumes for the obsessional the forms of an exalted bond. What he expects to be loved is a certain image of himself. He gives this image to the other and keeps his being for himself. Maintaining this image of himself is what chains the obsessional to maintaining a remote distance from himself, which is precisely what is so hard to reduce in the analysis. Interestingly enough, with female obsessionals, the point at which one often needs to use their desire is around the question of one’s femininity, feminine “weakness”, or lack, as the chink in the armor, or the hole hiding at the surface of the image. One’s “feminine” being as an analyst becomes a point of exchange.

The female patient demands an Other that is seamless, from which she both cannot detach and is ultimately detached from in an insular jouissance. The transference between a female obsessional and a female analyst is a very special transference, one that we speculate might look more obsessional than if she were with a male analyst. Perhaps. But in any case, one has to see the hook from which one is suspended. To counter the illusion of being uncastrated, kept at a distance so as to seem uncastrated, in other words, to challenge a position without desire in which the obsessional subject exists hidden in a series of demands and counter-demands that revolve around the exchange of an image. This transference floats between being the mommy-made-perfect or who demands to-be-made-perfect, and the unflinching father who demands everything and desires nothing. Lacan’s point is that what is desired is ultimately avoided because of the implications of desire—the sole master on board is as helpless, as prone in his act, as anyone else, and yet, he is not relieved of having to act.

The Obsessional Factory

The failure with respect to the act appears in what we might call the obsessional factory of child rearing practices, preached today in endless chat rooms and parenting manuals. In this type of parenting there is an obsession with limits which are solved through “obsessional structures for children” which preclude desire, behavior plans that are regulated systems of reward and punishment. All these strategies imply a displacement of responsibility from the parties involved in the game. Parents seem more and more terrified of displaying their desire to their children and do everything to reduce their children’s desires to satisfiable demands. Everything is justified, everything is followed by the book, in which case responsibility for what is aroused by an act is fundamentally avoided. The limits that are set somehow do not function as limits because the parent has evaded that piece of a limit that has to be linked with his or her being: “It is because I say it is”. The child is given the option to respond in kind, usually with hostility, directed at the parent and what has been said, a return of the repressed encounter of desire with desire. It is not Dr. so and so, it is not the rules or the sticker chart, it is this parent-child couple constructing a limit that doubles as a manifestation

of their ultimate separation from one another.

The obsessional factory is a factory in which parent and child want an Other who does not want. It is not childhood navigated as a series of wants, losses, difficult desires, and separations. It is a childhood in which these are to be controlled and covered over as much as possible. An example comes to mind: a little boy that was caught stealing, a symptomatic outburst in the context of his developing treatment. His two mothers (a lesbian couple) and his analyst discussed the act and the necessity to hold to an agreed upon punishment. Both decided that it was best if he had to return the stolen item and apologize as well as paying a determined amount of money to a charity of his choice. In treatment, the little boy explained that his mothers had in fact 1) taken him to the store where he had stolen the item, but then told the shopkeeper that he accidentally took it, and 2) chosen themselves the charity that he had to donate his money to, using money from the future, not money he had in his well-tended bank account. It is important to note both negotiations of the agreed upon punishment in a doubled symptom of avoidance: to avoid confronting the child's act and guilt, but also to take from him the moment of choice which manages to negate the sacrifice as a self-willed sacrifice, a loss actively chosen and submitted to by the child. The picture is one in which there is no lack, something that no doubt contributed to this symptom of "stealing" in order for something to be missing. This missing object, as Lacan always said, is something that must be encountered at the limit, on the edge of a rim, and this encounter is something the obsessional factory always manages to mitigate, to step back from, to leave suspended.

Two other examples come to mind. The first is of a mother who, while she complains bitterly about her toddler daughter's stubborn opposition to her attempts at disciplining her, suddenly experienced a great sadness and huge disappointment even though she had managed to impose her wish. The mother's wish was to force the daughter to keep wearing her coat on a very cold day during the winter. Her daughter submitted to her authority, albeit fleetingly. This submission forced the mother to confront her precarious position facing the law that she represented as a parent. In fact, she did not want to know about the Other's desire; her daughter's willful autarchy covered over the possibility of a failed Other.

Another example is an obsessive mother who finds it challenging to set limits to a son who is invested as the phallus for both her and her husband. The phallus in this case is the "problem child," a boy who requires special care and the interventions of a number of specialists—psychologists, speech-therapists, group therapists, psychiatrists, pediatricians, behavior coaches, school counselors, whereas no solution, be it scientific or magic, could ever solve his problems. He was placed as an imaginary object of a castration postponed to "the day he would start listening to us and behave normal." This brings us to the question of what is postponed in obsessional neurosis and one of its most strident and overbearing features—procrastination.

Procrastination, Procrastination, Procrastination

One of the defining features of obsessionality is procrastination and it is a complaint as much evinced by women in our practice as men. Does obsessionality deal better with the type of big Other today, one that is too 'un-castrated', too full? It is not a matter of the hysteric propping up the Other who is found lacking, but rather a negation (and phobic fear) by the obsessional of the Other. A blocking of the Other from wanting anything. We have noticed a shift in this regard from a hysterical complaint, "that's not it", to "not there yet". It is a kind of feminine procrastination or belatedness. It is reminiscent of the childhood sexual fantasy that the "penis" will grow. The idea is that there will come a time, later, when X will be encountered. "For now, I'm not ready". The confrontation can only be forced, never an act of will or desire. This is why deadlines are so helpful for the obsessional neurotic—"it is not my act, it is the Other forcing me to do this, even though I am not ready yet." Beyond the excuses we are all accustomed to in men, with women the idea of not being ready, of not "having it" yet, of not being big enough, will take on a particular phallic value in which we none-the-less recognize a trace of their femininity.

Let us further explore the question of the relation to the phallus in women. They are less duped by the phallus. Still, there isn't the idea that she can separate via the phallus. The phallus exists in a system in which loss is avoided, which leaves woman prey to the Other's desire without mediation. Therefore the object *a*, functioning as inheritor of the phallus as a representative of lack or minus phi (-?), is not fully operating. This leaves the subject reckoning with doubt. Questioning every action is a way of instituting an Other who will sanction, approve, incriminate, forgive, and so on, and who is everywhere and thus not anywhere, because as soon as an answer is found a new question emerges and the cycle recommences. The Other is there merely as spectator of the doubting. The obsessional strategy beckons as a way of constructing some kind of relief both in submitting to the Other and simultaneously negating it. "People pleasing", mothering, keeping the Other phallicized, are modalities that we hear women say they cannot step back from, even with their own children who exhaust and deplete them.

Nevertheless, they do not believe in their own cognition like male obsessionals, and we can see that they are often able to cut repetitive strains of thought or compulsive symptoms. A patient would catch herself in session, "I'm just spinning my wheels" or say, "this is really unproductive way of thinking or speaking". But movement forward towards loss, the recognition of sexual difference, play with the phallus as a signifier, remains difficult. It is something that can endlessly be put in abeyance. Being less duped is thus both a vice and a virtue. Colette Soler (2006) says that women since they have a feminine body they have something of the Other in themselves and cannot be deluded into believing that they are whole, that they "have it". This might be one reason why they will cut off an obsessional thought loop. They are not so protective of this facade. There is some truth about castration written in their body. But between this sense of one's thoughts as unproductive, ultimately not where "it" is, it is avoidance of the confrontation with the Other that takes hold. This is why Freud's sense that anxiety hysteria can shift into obsessional neurosis is so important. Lacan as well felt that anxiety hysteria (or phobia) acted like a revolving plate between hysteria and obsessiveness, in a kind of indecision or lack of decision, as to an ultimate guiding structure.

This indecision is funnily enough mirrored in the medical discourse that surrounds the female body. It is, as we all know, still a site of massive anxiety. But this anxiety is countered through ideals of regulation and control. Think of the words that surround reproduction—family planning, birth control, irregular menstruation. They are all expressions of an impulse to master, to control, to bring order, to keep things in line. There is a kind of fundamental negation of the temporality of desire and the body. Reproduction is about an admission of mortality and there is some denial that covers over what is essentially the messy life of a woman's body and desires. We have had several female patients come in with a diagnosis of PCOS or Polycystic Ovarian Syndrome, often diagnosed in adolescence simply because of "irregular" menstruation. The idea is that these women do not ovulate on their own, perhaps because of too much testosterone. We'll leave the psychic implications of the diagnosis of having too much of the male hormone to the side, despite the fact it is highly relevant. The cure for PCOS is birth control which is started in their teens. The women we have seen procrastinate an encounter with their bodies without this system of regulation, spending decades at times fearing what will happen to them should they not manage their bodies from the outside. One patient fantasized that when she stopped birth control and her PCOS emerged she would get acne all over her body and grow hair on her back and face. Unable to face this monstrous self-image, she insisted on waiting for the perfect moment for the encounter and came up with innumerable reasons why the time was never the right time. It was postponed indefinitely.

Aren't family *planning* and birth *control*, egg freezing, "shopping" for a sperm donor in catalogs that resemble dating websites", gestures predicated on the idea that conception is not subjected to contingency, as manifestations of a fantasy of a total management of the sexual drive? How can the obsessional dream of control, in particular of femininity, not be recognized in this? And finally, is this postponement of motherhood, of an encounter with the female body that cannot be controlled, of desire beyond any system of control, desire as truly Other, also what takes place in a kind of feminine procrastination? And doesn't any analysis seek to provide a space in which desire can be encountered as such—as a point of radical lack?

Separation: What's Love got to do with it?

How does the phallus work for the female obsessional? We have seen that women can often reside in the dual position of both looking to men for a phallus and not looking to them for it at all, because “they are shit”, because, as they see it, the phallus is a “fraud”. This still retains a belief in the phallus, although under various shades of negation, including a missing phallus that is a point of accusation. In what this analysis described as a “two part dream— one part representing masculinity and the other femininity”, she said about the masculine half that she was overwhelmed by the feeling that “there was so little for me there”. The ambiguity of the phrasing is marvelous: *for me there*, betraying her desire to be included, *so little for me*, betraying her disappointment at what could be given, *so little*, her rage and accusation, *was so little*, also her hope that there could be more in the future. In the dream she was looking for something to compensate for the problems on the feminine side, and one had the feeling that there was not enough on the side of men to separate her from a mother who is both admired and hated. This “so little” often sent her compulsively back to her mother who she sought to change, to make whole. This is often where we see aggressivity in obsessional women concentrate itself. They despise their mothers but seek to keep them close and under their vigilant gaze.

Is this a propping up of the mother as phallic woman? Not fully relying on an external phallus, how do you limit a phallic mother? The age old answer is that we are in need of a strong phallus and then complain about our contemporary society with its broken systems of kinship, the supposed problems with the name-of-the-father that leads to even more reactionary and violent positions of upholding the phallus via extremism, misogyny, and racism. But this cannot simply be so, or rather it has always been thus. There wasn't a man where there is no longer one. Psychoanalysis is more interesting than this on the question of sex and the phallus. Perhaps our obsessional women can tell us more about this, much in the same vein as with Riviere and her clinical examples .

If there is a phallus operating, it is often an imaginary one, not yet represented as a signifier. But the possibility is there and in the case of female obsessiveness it is more present than it often is with men. Our observations from the clinic seem to speak to a particular guise of the phallus in female obsessiveness that deserves special attention and that is pointed to by Riviere: the phallus as what signifies itself as semblant or masquerade, the phallus in its signifying function. Masquerade means a play of concealment—there but missing, desired but also lost, loved but perhaps non-existent, which gives it its full value. Notably, it will retain the mark of the once hoped for organ which we should not be duped by.

Take for example the following dream of an obsessional woman patient: She is trying to fix a tandem bicycle. It is held together by a very fragile chain, makeshift pieces strung together. Someone comes over with an iron rod but she decides that what she needs is to get a horse. She finds herself at a farm and she can hear inside a stable this powerful horse, she can feel the rumbling of its breath and body, but she cannot see or access it. The people running the farm ask her if she wants to take a picture of herself with their totem pole. She is led away from the horse. She feels herself performing enthusiastically for this couple, but the totem pole feels dead to her and she wants her horse. She puts her hand on the totem pole and gets splinters. She begins to cry in session that she needs to find her horse, and that even when she finds it, she allows herself to be led away, to lose it. What is important clinically is not to be deceived by the multiple phalluses in the dream, and not to confuse what the horse represents as perhaps just another phallus. The constellation of phalluses exist in order to construct the important one—the living breathing but not visible and veiled horse that feels synonymous with something powerful in her own body. It is of a different order than either the damaged or fragile phallus, the compensatory iron phallus (that she's not interested in), or the dead phallus, the totemic ancestral phallus. The horse is “hoarse” but more “stable” because it acts like a signifier, a signifier of what can be lost, something she finds and loses simultaneously, something she doesn't have direct access to which is precisely what makes it a living, desiring, thing.

That she is “stable” and yet rendered too helpless in the face of the horse is another matter, and it is true that when it comes to this “horse” she often assumes a kind of passivity or lets herself be led astray because of

too much anxiety or a haste in wanting this object to be incarnate, present, concrete. She believes and desires it too much. But like little Hans' horse, it is there that, as Lacan will say, she can find the support she was always looking for in the world of the signifier; the horse can be constructed as a signifier and nothing more, as she rediscovers this horse again and again in various guises in the analysis. Importantly, the horse in Little Hans's case signifies for Lacan the possibility of separation from the mother, not via a strong phallus but in fact by the phallus as detachable, as capable of being lost and put into circulation.

The passivity with regard to sexuality often identified as characteristic of obsessional neurosis is a nostalgic reminder and remainder of the position of having been the mother's imaginary phallus. The prevalence of the anal object appears as a regression to what Freud describes as an earlier libidinal stage. It is clear in our practice that there is castration operating for obsessional women but perhaps not as strongly as for obsessional men. Do women use "degradation" as much? Degradation is a strategy by which everything is reduced to shit, always shit. If everything is shit, there is nothing to lose, one doesn't even recognize what is precious either to oneself or another, that might be wanted, taken, stolen, lost- what will truly act as a signifying phallus. Lacan often recognized that the hysteric is the one who tests the elasticity of the object as lost, playing with that point in desire that evokes powerfully the point of loss, the real point at which the object is suspended as a lost object, or in Lacanian terms, the object a. The obsessional avoids this encounter by instead playing with a degraded or idealized imaginary phallus. But it is only a short step from this degraded/idealized object to its place as an always already lost object. Indeed, the very question of the loss of desire, what makes the obsessional seem so dead and deadened, brings loss to the surface.

One illustration of this may be single African American woman, an anesthesiologist, who was quite aware that she had a lovely and attractive body but who could describe herself in a self-deprecating manner as having "one little blemish between her ears—her face." Indeed, her face may not have been normatively attractive. Nevertheless, this feature did not prevent her from having a hyper-active sex-life with numerous lovers. In fact, this may have been the secret of her success. She embodied both aspects of the object, the degraded and the idealized one. She was considered by her partners as the best lover they had ever had. She found this both thrilling and amusing: she admitted to never having experienced an orgasm in her life, neither by masturbating nor with a partner, male or female. However, she would always fake orgasms in a highly convincing manner. Her jouissance was to pretend, as uninhibited as she may have appeared to be, while remaining in control. This was a way of keeping something to herself in every sexual encounter. Her fake orgasm was thus raised to the status of a phallic object that she always had, all the while knowing she did not have it. She admitted that she would have felt embarrassed if her sexual partners would realize that she could not orgasm. She saved face by pretending to have what she did not. She was quite persuasive when creating for her partners the illusion that she was the perfect lover who never disappointed since she was always thrilled, pleased, and above all, satisfied. How different is this woman's deception from the use of masquerade as *semblant*?

The Semblant in the Cure with Obsessional Women

This sends us back to the "*semblant*" as an object that is *somehow* deceptive, which means that one knows that it is not the object but that one can take it for the object anyway—

in the end, it substitutes for an object one knows does not exist. Psychoanalysis, we might say, offers a different kind of discourse, a discourse in which the link between desire, body, and speech is upheld at all costs. To achieve this, one needs to focus on the analysand's singularity and avoid the ritual of similar sessions conducted by an analyst who remains always the same, mimicking thus the obsessional structure. In "Lines of Advance in Psychoanalytic Psychotherapy," Freud (1919) warned about several risks in the analysis of obsessional neurosis. He indicated that a "passive waiting attitude" would eventually create a process of recovery without symptoms that would lead to "an interminable protraction of the treatment. Their analysis is always in danger of bringing to light a great deal and changing nothing." In

those cases, “the treatment itself has become a compulsion” (p. 166). What is important is the risk that obsessiveness poses to psychoanalysis. Let us be reminded that Lacan’s invention of the practice of variable sessions was a product of his work with obsessional patients. A certain level of inconsistency and surprise in the Other may allow for the emergence of desire. This essential attitude of the analyst of being open to surprise is a subjective disposition that can be described as a state of semblance, which Lacan described as “*faire la dupe*” (to simulate, to deceive). Lacan says “*la dupe*” using the noun in the feminine, thus pointing to a link between femininity and semblance.

Let us note that Lacan first referred to the notion of semblance when discussing masquerade in feminine sexuality following Riviere. The term is used later by Lacan to refer to the symbolic order, the Other, and how it relates to the imaginary and the real. The notion continues being developed and acquires more importance. An indication of this progression is the 1970-1971 seminar title “Of a Discourse that Would Not Be Semblance.” In Lacanian psychoanalysis, the *semblant* is a way of addressing the real of the jouissance contained in the symptom, bypassing negative transference and negative dialectics in the treatment that turn it into a compulsive structure in which nothing happens. Lacan had proposed this function of the *semblant* as an instrument to deal with jouissance in Seminar XX. There he states that “jouissance can be interpellated, evoked, pursued, elaborated, only on the basis of a semblance” (“*ne s’interpelle, ne s’évoque, ne se traque, ne s’élabore qu’à partir d’un semblant*” Lacan, 1975, p. 85 [our translation]).

This proposition has to be considered within the context of Lacan’s rethinking of the position of the analyst as support of object *a*. How does the analyst make semblance of the object *a*? In transference, the analyst occupies a position that does not depend on any real attribute of the person of the analyst but on the position occupied by the analyst in the treatment (any analyst can become “my” analyst). Transference-love will be addressed to that semblance, to the “nothing” that the analyst represents for the analysand. Thus the analyst operates as semblance of object *a*. Furthermore, Lacan suggests that analysts should transform through their bodies their existence as analysts into a representation: “make in one’s body and existence as an analyst a representation” (“*faire en son corps et dans son existence d’analyste une représentation*“ [2]. The imaginary function, located in the very body of the analyst, thus creates a space for the construction of the lost object and for its appearance as *semblant*. The real will be found in this object, even when located in the body of the analyst. It is a strange and radical idea. Analysts have to locate a representation of themselves in their body that exists as a *semblant*, as a masquerade, as a counterfeit, as a fake, as something that resembles *a*, in order for the analysand to use them analytically.

What we want to reflect upon is the fact that this paper is written by two women analysts who work with obsessional women analysands. We wonder how this function of *semblant*, when incarnated in a female body, can play out in the analyses of women obsessionals. Certainly, for both of us, there is a certain theatrical play around our bodies, clothes, make-up, including masculine and feminine attributes. This theatrical play will appear crucial in the unfolding of transference. Lacan argued elsewhere that it is tricky to be placed as a *semblant*: “The analysand is the one who manages to realize that his ‘I think’ is an alienation, that is to say that he discovers the fantasy as the motor of psychic reality, that of the divided subject. He can only do that by granting the analyst the function of (*a*) which he [the analyst] would not be capable of being without vanishing immediately.” (Lacan, 1967). This requires a know-how for which women seem more skilled. Lacan mentioned that women could become better analysts because of this, as if there would be a real, anatomically determined, predisposition or even a susceptibility to take the place of the object *a*. The analyst makes *semblant*, thus she pretends: “That the psychoanalyst should pretend or make semblance, as if he was there in order to let sexuality work well... is fully acceptable.... But what is annoying is that he ends up believing it, and then this freezes him completely.” (“*Que le psychanalyste fasse semblant, comme s’il était là pour que les choses marchent sur le plan du sexuel*“, is “*tout-à-fait admissible* .” But “*l’ennuyeux c’est qu’il finit par le croire, et alors ça le fige lui-même, complètement.*”) (Lacan, 1978, 12 May 1972). The analyst occupies the position of the *semblant* in order to sustain the space of a nothing. But she cannot believe in it or buy into her own tricks. If she is able to maintain this opening, it provides an empty space into which analysands insert their particular subjectivities. The role of the analyst

is to keep this empty space open, which implies being able to take the *semblant* as a *semblant* and nothing more. We can't take ourselves too seriously as analysts! The female obsessional teaches us something powerful about this precarious point.

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Notes:

[1] Published in this issue.

[2] Lacan, 1972.

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