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Book Review Essay: “The Puerto Rican Syndrome” by Patricia Gherovici

Psychoanalysis and techniques of psychotherapy in the US characteristically refuse to allow the facts and pressures of politics and history to enter into their practices and theorizations. If, as Patricia Gherovici claims, “Historically, psychoanalysis in the United States has developed as a medical subspecialty by trying the present itself as apolitical” (p. 191), her fascinating and complex book, *The Puerto Rican Syndrome*, responds to this symptomatic foreclosure by questioning the very basis of psychoanalysis:

When it ignores the “obvious political basis of its content,” is it because psychoanalysis is a clinical practice built upon singularity, difference, and particularity? Then how can it stand up to the challenge of history that entails an engagement with collective formations? How is the psychoanalytic practice affected by the political conditions of its day? How far do the affairs of the city extend? Could it be that psychoanalysis, in spite of its love for knowledge, passionately ignores, in fact actively ‘resists,’ the social? (pp. 164-5)

A study of a single, particular diagnosis, “the Puerto Rican syndrome”—a culturally sanctioned form of crisis behavior that has been treated as a medically pathologized episode or complex of symptoms—the book opens onto the operations of social reality within the unconscious, showing that politics and history are inevitably inscribed on the individual unconscious, that the collective is itself an unconscious formation, and that the investigation and handling of the unconscious, in therapy and analysis, is implicated in collective fantasies and biases.

The diagnosis of “Puerto Rican syndrome” originated in the US military in the 1950’s as a label for symptoms demonstrated by Puerto Rican soldiers, most of them serving in the Korean war,. The soldiers were classified as “patients with paroxysms of anxiety, rage, psychotic symptoms, and unpremeditated suicidal attempts, followed with depression and often amnesia about the spectacular crises” (p. 29). A study by the Veterans Administration resulted in a much cited report, “‘Ataques,’ Hyperkinetic Type: The So-Called Puerto Rican Syndrome,” a document that has never been published. A second study, “Psychopathologic Reaction Patterns in the Antilles Command,” published in the U. S. Armed Forces Medical Journal, characterized the syndrome through five reaction patterns to minor stress: 1) “‘a transient state of partial loss of consciousness, most frequently accompanied by convulsive movements, hyperventilation, moaning and groaning, profuse salivation, and aggressiveness to self or others in the form of biting, scratching, or striking; and of sudden onset and termination’”; 2) “‘sudden outbursts of verbal and physical hostility, with destructiveness, assaultiveness, and expressions of some persecutory trends’”; 3) “‘a behavior pattern of infantile regressions’ providing a general impression of ‘mental deficiency’”; 4) “‘pseudo-suicidal attempt’”; and, 5) “‘mild dissociation’: an inability to concentrate, forgetfulness, loss of interest in personal appearance, preoccupation, flat affect” (pp. 40-1). Gherovici interprets such spectacular

symptoms as a form of resistance to an impossible, unbearable predicament by patients described as having “a strong attachment to and dependence on the mother” (p. 42) and lacking identification with a father or father figure. The behavior, or “flight to illness,” brings about a “profit” by removing soldiers from combat to hospitalization, while it also issues the advantage of gaining higher rates of benefit or compensation upon discharge from the armed forces. This “syndrome” becomes the basis for the categories “ataque de nervios” and “nervios” listed in the Diagnostic and Statistical Manual of the American Psychiatric Association in a “Culture-Bound Syndromes Appendix” ascribed, curiously, to “Latin Mediterranean groups” (that is, populations from the Caribbean living in stateside communities). Importantly, Gherovici points out that the basis not only for the Puerto Rican syndrome but, as well, for many diagnoses currently listed in the DSM-IV originates with doctors working in the US armed forces.

Gherovici contends that the diagnosis of Puerto Rican syndrome is flawed and inaccurate: “the symptoms grouped under the label Puerto Rican syndrome produce antagonistic and inappropriate classifications because they do not constitute coherent symptom sets” (p. 90). Invented to organize its symptoms and separate them from psychotic behaviors, the label covers several categories. In fact, the syndrome describes responses within Puerto Rican culture as behavior appropriate to crises; within such a context, it is “viewed as an expectable state of being for anyone under stress” (p. 73), and it is recognized and treated by mediums in the rituals of Espiritismo, a kind of indigenous, quasi-religious therapy. If the “illness” marks a cultural phenomenon, so also does the diagnosis, since it too emerges from its culture, and “the perspective of those defining symptoms and treatment for psychiatric conditions is affected by their culture” (p. 73). Gherovici exposes the bias inherent in psychiatric evaluations and treatments, particularly obvious when applied to the conditions of cultural others and “exotic” sites; consequently she questions “how universal, objective, and rational can psychiatry be from a cultural point of view? The DSM-IV diagnostic criteria rely on the utilization of Western Euro-American conventions about illness, behavior, and social standards as if they were in fact culturally free and universally applicable” (p. 76). The professional bias in the diagnosis is congruent with a history of colonialism in Puerto Rico and of a continuing politics of class in communities like the North Philadelphia barrio in which Gherovici works. Here, she claims with irony, the American “concept of productivity acquires a new dimension—in consideration of the location of so-called Hispanics within the power structure of wider society: instead of being encouraged to produce goods, they are expected to produce symptoms” (p. 23). According to Gherovici, the mental health profession, by pathologizing the poor and the traditions of minority and immigrant groups, continues an imperial project engaging mental health institutions that ultimately extends to domesticating every citizen in a project in the name of “the American fantasy of disciplining the unconscious through total management” (p. 93).

Refusing the well-meaning paternalism of treatments that sponsor family therapy and an active and involved therapist who provides advice and opinions, Gherovici applies Lacanian psychoanalysis to analyze the Puerto Rican syndrome. She understands it to be a hysteria that condenses the history of the island subjected to warfare, colonial domination, and US control and encapsulates a politics of accommodation and resistance. Adopting psychoanalysis in her work with a minority population, she refutes the common opinion that psychoanalysis is inapplicable to the poor or the cultural other. In fact, the therapeutic strategy “exemplified by the offered solution, giving advice, and advocating in the name of the poor” is held to perpetuate class domination as “it undoubtedly replicates an oppressive social power structure” rather than “steering toward the subject’s separation from the Other’s tyranny” (p. 188).

The practice and theory of psychoanalysis are hence not divorced from the pressure of history and the play of politics. Gherovici examines Freud’s analysis of what he called “The castle by the sea dream” alongside his writings on the crowd to come to the formulation that “identity is structured like a crowd” (p. 169) and, conversely, that “the collective becomes itself a formation of the unconscious” (p. 167).

If we agree that the collective is a formation of the unconscious and that the individual, far from preceding the crowd, is in fact produced by it, as the mirror-stage teaches us, then the unconscious is singular yet traversed by the plural; the unconscious makes of the collective a singular question.

The subject, however, is lost in the dream but reappears in the telling of the dream. . . . If the social link materializes the oneiric life, . . . one may say that the social link allows us to dream awake. (p. 181)

The subject is structured by language permeated by the politics of race and class, by the interface of the sexual and the social. Ultimately, the unconscious is inhabited by a history. In the specific case of Puerto Rico, the appropriation of a signifier for a culture in the diagnosis of a syndrome points to the political element in the unconscious by suggesting “that nationalities are engraved in the human psyche” (p. 21).

Looking at the specific case of the Puerto Rican syndrome, Gherovici speculates whether the *proton pseudos* Freud discovered at the origin of hysteria is not a deception but rather an error responding to a complex history, “a lost memory of a national ideal that is mistaken for a perception of current injustice” (p. 262). At the crossroads of the Caribbean sea, the island of Puerto Rico was conquered and settled by Spain following Christopher Columbus’s landing in 1493. Raided by the English, French, and Dutch, attacked by disease and weather, it was invaded and won by the United States in 1898 during the Spanish-American war. Subsequently, it became the site of a large navy base, and the US continues to use it as a “university of war” for naval testing and training, despite repeated popular protests. The island’s contemporary political scene is fractured by the demands of three parties, one calling for independence, one accepting the official status of “free association” with the US, and the third seeking statehood. Gherovici maintains that the *ataque de nervios*, the Puerto Rican syndrome, appropriates and provokes the master signifier of Puerto Rico’s political situation: namely, the “permanent union”, a kind of performative statement that institutes normalcy to cover over violence and instability. Gherovici argues that the island’s relation to the US is undone in the dissociated condition of the hysteric; the hysterical “ataque” spectacularly restages on the body the attacks the island endured over centuries. Individual subjects, even when they are removed from the island, then repeat cultural memory, making “each individual *ataque* an unwilling allegory of a collective situation. They are also being reminded of a history they often ignore, but that weighs on them like a ghost, a hangover of a painful past. This is why they ‘suffer from reminiscences’” (p. 17).

Gherovici reads the *ataque de nervios* of the Puerto Rican syndrome as hysteria, as a message sent back to the Other that inverts the message of the Other. At the core of the hysteria she locates the anger of an obsession returned to the father who fails to obey the Law. The message of anger demands a correction, “to restore dignity and fair play. . . . I don’t like what you are doing. You are not being fair. Do not enslave me. Give me justice” (p. 93). It is directed at both the colonial power and at the Puerto Rican father whom observers have often described as weak and passive, a customary and even strategic response of men emasculated by power in a culture that values ritualized and ceremonial combat over warfare. The anger of obsession is a component of the violence of the *ataque* that itself sends a message to the Master in an inverted form: the *ataque* “stages a failed encounter . . . a seduction that challenges the imaginary wholeness of the Master. The return of the violence seems the only possible defense” (p. 139). As a defense, the hysteria converts the Master’s demand into a soldier for a powerful nation, saying, in effect, “I’m incapable of being efficient, soldierly, ‘aggressive’ in my violence. The only violence you can release in me is uncontrollable. It ‘attacks others or myself without discrimination. Therefore, I cannot be useful for your imperial program. I’m disabled” (p. 138). In contrast to the violence of paranoia aimed at a mirroring double, the *ataque* “is discriminatory but has no definite object. Unlike paranoiac violence, it is a pantomimic violence that represents the Other’s violence. The attack mimics so as to render the Other inconsistent, absurd, senseless” (p. 138). In Lacanian terms, the hysteric responds to the traumatic, failed encounter with the desire of the Other as an *objet a*: this, in order to expose in fantasy the lack of the Other through a signifier, “an enigmatic scenario condensed in a phrase” (p. 150), the *ataque de nervios*.

Gherovici corrects the simplifications of contemporary trauma theory—that reads all of collective and personal history as a wound transmissible to the psyche—when she analyzes trauma, in specific historical and political terms, through a signifying system. Trauma contains no single, universal meaning, because it is constructed in retroaction, in a repetition succeeding upon an initial failed encounter, given sense and place precisely in the signifying repetition. Every subject becomes a subject of fantasy in a traumatic encounter

with the question of the desire of the Other, but the fantasy of every subject is structured in a culture, a national past, and a particular family. The elegance of Gherovici's elaboration of obsession, hysteria, and trauma in the Puerto Rican community should lead to a reexamination of social practices and behaviors in other marginalized communities that have been similarly pathologized. For example, the idiomatic expression "Colored People's Time," used to describe the habit of African-Americans of arriving late, or even early, for appointments and schedules, may be read as the signifier of a cultural symbolic that refuses the domination of white America, while at the same it repeats a failed encounter with a history of violence and aggression that the dominant nation refuses to acknowledge. Contemporary African-Americans, like Latinos, are either early—models for fashion, entertainment, and sports imitated in mainstream attitude and style—or too late, masses left behind by urban gentrification, the demands of a changing economy, and inadequate education.

Likewise, Gherovici's critique of the uses of psychoanalysis and therapies in the US, her exposure of a national mental health industry emerging from practices in the armed forces, entering into a liberal project of social amelioration, and developing as a medical institution, offers a lens for self-examination to an enterprise not much given to self-criticism. In this context, an article in the *New York Times* of June 7, 2005, reporting that a new government study "suggests that 55% of Americans will suffer from a mental disorder during the lifetime," is telling: in a culture in which drug companies saturate commercial television with advertisements for prescription drugs, a widespread outbreak of mental illness can only increase consumer demands for medication.

The *Puerto Rican Syndrome* is a courageous work. Because Patricia Gherovici comes from Argentina, her writing offers an unsettling perspective on the US. The clarity and acuity of her theory are supported by clinical examples, by what she calls "North Philadelphia stories" that issue from the community mental health center she directs and that challenge, in particular, flashy Hollywood-like depictions of Latino women. This aspect of her study opens up the question of why the Puerto Rican syndrome, which arises in the context of a male, military setting, should so often be enacted by women. Gherovici repeatedly emphasizes that the hysteria is an appropriate, even strategic, behavior within its culture; in her Lacanian reading, it is a discourse providing a social link. She sometimes grants it a liberating function: "it requests that one observe how the hysteric's discourse gives birth to a liberating process instead of generating crippling neuroses.... Then the resilience, the protest, and the complaint conveyed by the Puerto Rican syndrome will find an expression that effectively undermines oppressive structure" (p. 26). Such an interpretation of hysteria as revolutionary challenge evokes the 1970's debate over hysteria in the context of psychoanalytic feminism. In particular, it calls up the exchange between Hélène Cixous and Catherine Clément in *The Newly Born Woman*, where Clément argued that hysteria changes nothing politically, does not empower the subject who suffers, and may even encourage the reassertion of domination. Perhaps it is the analyst, like Gherovici, listening to the discourse of the hysteric and intervening in it, who brings about transformation and liberation.