A NON-OEDIPAL PSYCHOANALYSIS?

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A Clinical Anthropology of Hysteria in the Works of Freud and Lacan

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« *Développez votre étrangeté légitime* »
'*Develop your legitimate strangeness*'

(René Char 1983, 160, our translation)

« *Et le normal n'est évidemment nulle part* »
'*And normality is of course nowhere*'

(Jacques Schotte 1984, 65, our translation)

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A Clinical Anthropology of Hysteria

Hysteria as a Philosophical Problem

Hysteria is characterised by convulsive attacks, mysterious pains in various parts of the body, an inexplicable loss of functions (speech, for instance) and conversion symptoms: corporal symptoms such as paralysis for which no clear organic cause can be found. This syndrome was already known to the Greeks. As the name 'hysteria' indicates, they linked this syndrome with the 'agility of the uterus'. The Greeks viewed hysteria as a typically female problem: the uterus travels throughout the whole body, and in this way constantly causes different symptoms in different locations (globus hystericus, pains in various parts of the body and so forth). Only in the 19th century when medicine and anatomy specialists started studying hysteria as an affliction of the nervous system, one that had nothing to do with a uterus with a penchant for travel, could the possibility of hysteria in males also be considered (Micali 2008).

During the second half of the 19th century hysteria became almost an epidemic in Europe in general and France in particular (Micale 1995, Showalter 1997). This epidemic was also relatively short-lived: by the end of the 19th century the diagnosis of 'hysteria' (along with other related syndromes such as multiple personality disorder) became obsolete, and by 1915 hysteria had disappeared from the majority of psychiatric textbooks as an independent syndrome (Micale 1993).[1] To this day there is still extensive speculation about the reasons for the meteoric rise and equally rapid demise of hysteria in 19th century France. In feminist circles this problematic is often linked to nascent feminism and the fight against Victorian morality. Various feminist authors regard hysteria as a product of conflicts linked to gender roles and female sexuality. Hysteria, they write, is an implicit form of feminism.

[1] The fact that hysteria disappeared from psychiatry textbooks does not mean, however, that hysteria no longer exists. Perhaps these patients simply no longer seek the help of psychiatrists *per se*. In this vein Stone calls the disappearance of hysteria an illusion that is closely connected to the split between neurology and psychiatry (Stone 2008). Besides, it is not a stretch to imagine oneself in the auditorium with Charcot while watching (the 'healing' that occurs during) the celebrations of certain religious sects. So the problematic of hysteria's 'disappearance' is much more complicated than is sometimes claimed (see, amongst others, Showalter 1997).

It is an attempt by female (and male?) patients to escape everyday reality, which is perceived as unfair and unliveable. In this way then hysteria is a proto-language. Hysteria's corporal symptoms are a code these patients adhere to in order to communicate a message they are otherwise unable to express for a number of reasons. These messages bear on our positions as 'man' or 'woman' and the ways in which we can or should experience – or give form to – our 'masculinity' or 'femininity'.[2]

These sundry positions already make it abundantly clear why hysteria would be a compelling source of interest to the philosopher: Hysteria confronts us with the key problematic of modern-day philosophical anthropology. Not only is hysteria intrinsically linked to the problematic of sex and gender, but at the same time it also puts into sharp focus the problematic relationship between 'body' and 'mind'. Although hysterical symptoms have no physical causes, they speak to those willing to listen.[3]

But as a problematic hysteria is confined to the domains of neither psychiatry, nor philosophy. In fact hysteria also plays a major role in 19th century literature. In their novels (Madame Bovary, Eline Vere...) Flaubert, Couperus and others give form, often in a very pointed fashion, to the atmosphere of the hysterical environment. For this reason not only are there connections between hysteria, nascent psychiatry and philosophy, but literature must also be included in this network of references. This further complicates the philosophical question regarding the meaning of hysteria for an understanding of human existence.

Psychoanalysis and hysteria

In this book we consider a number of philosophical questions raised by hysteria. However, we cannot do so in too direct a fashion nor do we want to. A direct approach would require a degree of comprehensiveness that far exceeds our capacity. We discuss the philosophical problematic raised by hysteria on the basis of an analysis of the work of Freud and Lacan. There are good reasons for this. Freudian psychoanalysis originated as a by-product of the above-

[2] See Showalter 1997 and Bernheim & Kahane 1990 regarding the various positions in this debate.

[3] At the same time the rapid rise and equally rapid demise of the 'hysteria' diagnosis inevitably begs the question concerning the status of psychiatric categories. Are we dealing with trans-historic 'natural kinds' or are these categories simply historical constructs (and what then does that mean?). Or does this problematic defy such a simple dichotomy? In this regard see Hacking 1995 and De Block & Adriaens 2010 amongst others.

mentioned epidemic.[4] Freud established psychoanalysis by approaching hysteria from a psychotherapeutic instead of the neurological perspective[5] to which many of the prominent psychiatrists of his time adhered.[6] This has far-reaching consequences for our understanding of hysteria. It implies that hysterical symptoms are not caused by a (supposed) organic lesion but are, rather, the expression of a psychological meaning. In the first instance Freud himself links this meaning to a real, psychological trauma: hysteria is a consequence of a child's sexual seduction (a female child in particular) by an adult, in the first instance the father. Thus the various philosophical problems we mentioned are inscribed in the founding act of psychoanalysis itself: the relationship between 'body' and 'soul' (physical symptoms have a psychological meaning) and the problematic of sexuality and gender, which are tied up with the dominance of the patriarchal family in this instance. The first part of our book deals with the way in which Freud's insights into these themes evolves in his work. Central to this discussion is Freud's text on Dora (Freud 1905a).[7]

[4] We do not consider the problematic of an internal link between developments within psychiatry, the origins of psychoanalysis and this 'epidemic'. In this regard see, amongst others, Showalter 1997.

[5] Particularly Charcot, under whom Freud studied, and who played a crucial part in the rise and demise of the diagnosis of 'hysteria'. In this regard see Micali 1995, Hacking 1995 and Appignanesi 2008, amongst others.

[6] It would be unfair to claim that Freud's only focus during the last two decades of the 19th century is on hysteria. From the start both his theoretical and clinical concerns are of grander pretensions. However, during this period – up until the first version of *Three Essays on the Theory of Sexuality* (Freud 1905b, *passim*) – Freud uses hysteria as a matrix through which he considers and understands pathology as a whole.

[7] The importance of Freud's text on Dora far surpasses its narrower psychoanalytic sense in a significant respect. If the problematic of hysteria plays an important role in discussions concerning sex and gender, it does so even more in *Fragment of an Analysis of a Case of Hysteria (Dora)* (1905a). This text has always been used to illustrate Freud's (numerous?) prejudices against, for instance, women and homosexuality. This explains why 'Dora' could return to the foreground as an emblematic figure in the context of discussions concerning feminism during the 1980s. In these discussions Dora represents the average woman who rebels against oppressive patriarchal culture, of which Freud would be the perfect representative. In this debate Dora is the model for all women suffering under male prejudices and male social and cultural hegemony. Which woman, asks Helène Cixous, is not Dora (Cixous 1976)? In this way almost 100 years after Freud's text first appeared, Dora became a cult heroine of literary criticism and feminist criticism on psychoanalysis in particular. To expound on this problematic would lead too far afield here. For an overview of a number of important texts in these discussions, we refer to Bernheim & Kahane 1990.

Fragment of an Analysis of a Case of Hysteria ('Dora') (Freud 1905a) plays a central role in the development of Freud's theory of psychoanalysis and hysteria. This text marks the apex of Freud's concern with hysteria, a concern that lead to the discovery of psychoanalysis in the 1880s and 1890s. Together with *Three Essays on the Theory of Sexuality* (1905b) and Freud's book on *Jokes and their Relation to the Unconscious* (1905c), both of which appeared in 1905, it provides a systematic summary of Freud's psychoanalytic insights around 1900. A thorough reading of these texts reveals that during this time in his intellectual development Freud interprets psychoanalysis as *a pathoanalysis* or – what comes to the same thing – a *clinical anthropology*. In these texts Freud indicates that we can only ever adequately understand human existence in terms of its pathological variations. According to this model, pathology indicates in an exaggerated way the forces and tendencies that form and determine our existence. Here then psychopathology does not appear as the negative of a supposed normality. Rather, it shows us the structuring elements of human existence. In this way Freud breaks from traditional philosophical anthropology that considers psychopathology exclusively from the perspective of a negation of psychological health.

It is for all these reasons that we want to study the philosophical problematic raised by hysteria from a Freudian perspective. After all, it is precisely in and through the study of hysteria that Freud revolutionises the question of the relationship between normality and psychopathology. Hence, we should not only ask wherein lies the philosophical meaning of hysteria. We should also conduct a closer examination of the philosophical meaning of psychoanalysis.

Psychoanalysis as method

Psychoanalysis is a method with which to trace unconscious psychological processes. Dreams, slips of the tongue and symptoms appear as unmotivated phenomena strange to consciousness, that at the same time arouse suspicions of hidden meaning. The task of the psychoanalytic method is to find this hidden meaning and clarify the psychological continuity behind consciousness' discontinuity. Apart from hypnosis, the psychoanalytical method is the only way this task can be completed. It consists of two complementary ground rules: free association of the analysant and the suspended attention of the analyst. The analysant must say everything that comes to mind even if it is embarrassing, crude, painful, uninteresting or frivolous. It is the task of the analyst to lead the analysant in free association, constantly reminding and encouraging him to speak freely through an attitude of suspended tactful

attention, free of moral judgments and psychological 'insights' (Lacan 1953-54, 7)

On the one hand, this psychoanalytical method has a cathartic effect. The expression of what has hitherto been kept silent, and the accompanying venting of suppressed affects, are liberating and can even make a number of inhibitions, symptoms and fears obsolete. On the other hand the method of free association quickly demonstrates its own boundaries as it inevitably stalls because of strong resistances. Libidinous constellations attract associations like a vortex and smother expression. Irresolvable problematics persist in an endless repetition, far beyond their conscious appearance in analysis. In this way the limits of free association bring to light the recalcitrant libidinous forces and peculiarities that form the constitutional source of symptoms.[8] The power of the cure depends on the degree to which these libidinal factors can be absorbed into the spoken word, something for which these factors show no preference. Freud specifically emphasised the limited power of the psychoanalytic method in his early and very late works (Freud & Breuer 1895a, 17 and Freud 1937, passim).[9]

The domain of psychoanalysis

Above all, psychoanalysis lends itself to the domain for which it was devised: psychoneuroses. Freud distinguishes three forms of psychoneuroses: hysteria, obsessional neurosis and paranoia.[10] The major case studies of Dora's hysteria (1905a), the obsessional neurosis of the Rat Man (1909b) and Schreber's paranoia (1911) are, therefore, the cornerstones of Freud's clinical anthropology. When Freud writes about other pathologies, for instance sexual perversions, he is not interested in the first place with the clinical elucidation of these phenomena as such, but the way in which they play a role in the symptomatology of psychoneuroses. This is most evident when he discusses sexual perversions in the *Three Essays on the Theory of Sexuality*. What interests Freud is not so much the problem of perversions, but how perverse urges and phantasies lie at the basis of the symptoms of conversion hysteria. And when

[8] "If the strenght of the instinct is excessive, the mature ego, supported by analysis, fails in its task, just as the helpless ego failed formerly" (Freud 1937, 230).

[9] The power of the psychoanalytical method can sometimes be increased through an adaptation of the classical psychoanalytical technique and setting. Such an adaptation is not the same as an abandonment of the method.

[10] From 1918 Freud extends his clinical interest to melancholy.

he examines homosexuality around 1910, he seeks to understand how the homosexual-narcissistic problematic plays a part in the symptomatology of paranoia.

Freud's texts on so-called 'applied' psychoanalysis should also be understood in terms of this psychoneurotic triad of hysteria, obsessional neurosis and paranoia. Freud's interest in literature and religion is, after all, but a continuation of his clinical interest. According to Freud there are 'profound similarities' between hysteria and literature, between obsessional neurosis and religion and between paranoia and philosophy. In this way he compares Schrebers' delusional system with his own theory formation (Freud 1911, 78-79). Freud approaches culture from his analysis of the three psychoneuroses. His views on culture are, therefore, not really an extension of the domain of psychoanalysis or an 'application' of the psychoanalytical method beyond the clinical framework. What Freud investigates is how hysteria, obsessional neurosis and paranoia search for an application in life and how they make use of their respective affinities with literature, religion and philosophy in the process. From this point of view *Totem and Taboo* (Freud 1913a) is, for instance, not so much a hypothesis regarding the prehistoric origin of religion but rather a description of how the obsessional-neurotic instinctual constellation finds in religious taboos and rituals an exclusive space in which to socialise itself. Similarly, the aforementioned link between hysteria and literature can now appear in a new light.

Normality and pathology

The fact that Freud links the different psychoneuroses with different cultural forms already indicates that he does not fit these neurotic afflictions into the model of infections, for instance. An infection has a specific cause that attacks the organism from the outside. Hereby a categorical distinction can be made between illness and health. According to Freud, the psychoneuroses cannot be understood according to the model of such infections. They do not have specific causes and, consequently, can only be gradually and quantitatively distinguished from normality: "It would be idle to seek in them for pathogenic excitants. They shade off by easy transitions into what is described as the normal; and, on the other hand, there is scarcely any state recognized as normal in which indications of neurotic states could not be pointed out" (Freud 1940, 183). Strictly speaking, the neuroses cannot be distinguished from a condition of psychological normality. At the same time neither does Freud distinguish strictly between neurosis and psychosis. This is already clear

from the fact that he considers paranoia a psychoneurosis. Nor does he have a problem with the fact that in hysteria a variety of psychotic conditions can occur that "are yet derived immediately and exclusively from hysteria" (Freud & Breuer 1895a, 249) and that in the Rat Man's obsessional neurosis "a kind of delusion or delirium" (Freud 1909a, 164) plays an important role. Through seamless transitions not only are the psychoneuroses bound up with normality but also psychosis.[11]

Pathoanalysis...

In *Szondi avec Freud* Jacques Schotte lays the foundation for what he called a *pathoanalytical* reading of Freud (Schotte 1990, 147). Such a pathoanalytical reading is based on the Freudian devaluation of the distinction between normality and pathology, which we outlined above. Freud uses the image of a broken crystal to clarify his conception of the relationship between normality and pathology: "We are familiar with the position that pathology, by making things larger and coarser, can draw our attention to normal conditions which would otherwise have escaped us. Where it points to a breach or a rent, there may normally be an articulation present. If we throw a crystal to the floor, it breaks; but not into hap-hazard pieces. It comes apart along its lines of cleavage into fragments whose boundaries, though they were invisible, were predetermined by the crystal's structure. Mental patients are split and broken structures of this same kind" (Freud 1933a, 58-59). Pathoanalysis elevates this crystal analogy to a heuristic and ethical *principle*. The different forms of psychological disorder do not stand *over against* psychological normality; on the contrary, they display a specific disposition that is active in normal inner emotional life, yet is expressed in an excessive way in pathology (Schotte 1990, 149).[12] For this reason the pathoanalytical perspective compels us, according to Freud, to assume an old-fashioned attitude of respectful modesty in the face of the psychologically ill, since their lives symbolise the problems

[11] This insight is powerfully addressed in the psychoanalytical tradition by Melanie Klein. For more recent examples of this same insight in the tradition of evolutionary psychiatry, see Adriaens 2008.

[12] The way in which the debate regarding the relationship between psychopathology and 'normality' has recently re-emerged in the field of evolutionary psychiatry seems to be in keeping with Freud's vision in a number of ways. It would be too much of a digression for us to discuss this problematic here. In this regard see, for instance, Adriaens 2008.

that also determine our own existences.[13] In a crude, excessive way hysteria, obsessional neurosis and paranoia give form to anthropological problematics that can simultaneously be expressed in a refined and socially acceptable manner in literature, religion and philosophy respectively: "Thus hysterics are undoubtedly imaginative artists, even if they express their phantasies *mimetically* in the main and without considering their intelligibility to other people; the ceremonials and prohibitions of obsessional neurotics drive us to suppose that they have created a private religion of their own; and the delusions of paranoics have an unpalatable external similarity and internal kinship to the systems of our philosophers. It is impossible to escape the conclusion that these patients are, in an *asocial* fashion, making the very attempts at solving their conflicts and appeasing their pressing needs which, when those attempts are carried out in a fashion that is acceptable to the majority, are known as poetry, religion and philosophy" (Freud 1919, 261). Thus Freud more or less considers normal emotional life, as well as the various important cultural forms, in terms of an interplay between tendencies that emerge in the different psychoneuroses (Schotte 1990, 145). The immediate implication is that a true symptomatology of these psychoneuroses also includes a clarification of their link with certain anthropological problematics and cultural forms. A pathoanalysis of obsessional neurosis, for instance, would then have to describe how obsessive rituals and thoughts relate to the confrontation with and revolt against a (paternal) authority, which is a common human problematic that only rages in a heightened way in obsessional neurosis, [14] *and* how this problematic of revolt, guilt and authority, which is restrained in rituals and obsessive deeds, moves in the direction of religious practices that cultivate and socialise this problematic (Freud 1907).

… versus developmental psychology

There is tension between the pathoanalytical perspective and a psychogenetic approach to psychopathology, which can also be found in Freud and which - to a large extent - determines psychoanalysis' development. According to this psychogenetic point of view the different psychoneuroses should be considered *developmental disorders* (Freud 1913b, 317-318). Psychoneuroses

[13] "Even we cannot withhold from them something of the reverential awe which peoples of the past felt for the insane. They have turned away from external reality, but for that very reason they know more about internal, psychical reality and can reveal a number of things to us that would otherwise be inaccesible to us" (Freud 1933a, 59).

[14] For a similar symptomatology of obsessional neurosis see Van Haute & Geyskens 2010.

then are *failed* attempts at, for instance, bringing the Oedipal crisis in childhood or puberty to a *good* conclusion.[15] Here the neuroses are the consequence of obstacles that retard or damage predetermined, functional psychosexual development, and according to this view neurotics are those who had shortcomings or were deprived on the way to normal adulthood. In this way Freud re-introduces a particularly normalising and psychologising tendency in psychoanalytic theory and practice. This also makes it clear why the psychogenetic view is at odds with a pathoanalytical approach. If neuroses are developmental disorders then they can be measured against an abstract ideal of normal development. They are thus not, as the crystal principle holds, purely quantitative exaggerations of common human dispositions. The relationship between the various neuroses and cultural forms then also becomes problematic. When the neuroses are considered excessive expressions of common human dispositions, it also means that psychoneuroses' cultural equivalents are thought of as anthropological phenomena grounded in human instinctual life as such. If obsessional neurosis is not based on a developmental disorder but rather on an excessive expression of a basal anthropological problematic, it also lends an anthropological basis to religious practices that express the same problematic in a cultivated manner. But, as Freud increasingly considers the neuroses developmental disorders, as regressions to an infantile stage, his appreciation for art and religion also changes. In the first place then religion becomes an infantile illusion (Freud 1927), and subsequently art only provides a "mild narcosis" (Freud 1930, 81). In other words, art and religion are simply consoling and intoxicating palliatives for infantile souls incapable of coping with reality, who have no patience for the scientific conquest of truth (Freud 1927, 49). According to such a view, art, religion and philosophy lose their anthropological weight. Freud then promotes the idealised fiction of a neuroses-free adulthood and a conception of science divorced from culture.

Beyond the Oedipus complex...

The strenuous relationship between a pathoanalytical and developmental perspective that characterises the work of Freud and psychoanalysis is closely tied up with the introduction of the Oedipus complex. In Freud's early texts on hysteria the idea that all psychopathology should be traced back to an Oedipal

[15] On resolving the Oedipal crisis in a 'good' way Freud says: "But the proces we have described is more then a repression. It is equivalent, if it is ideally carried out, to a destruction and an abolition of the complex" (Freud 1924, 177).