

“The vibrating red muscle of my mouth”

What has happened
to the diagnosis of hysteria?

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which, to substantial extent, has been submitted for the award of any other degree or diploma of a university or any other institution of higher learning.

Jenny Woods

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Abstract

Throughout written history, in both medical and literary texts, we find described a pattern of suffering, particular to speaking beings whose encounter with jouissance, with suffering and with the Other can be considered feminine in structure. The dominant discourses in psychotherapy at this time have largely, outside of psychoanalysis in the Lacanian field, discarded or diluted this diagnosis.

Explicitly, within the Lacanian orientation, following Lacan who follows Freud, I intend to explore the phenomena of hysteria, hysteric experience, and the treatment of hysteria. I begin with a brief overview of the history of the diagnosis, and continue with a focus on the clinic of hysteria in the latter part of the 19th century, including Freud's initial encounter with hysteria and Lacan's proposal of the hysteric's discourse. Reading both events in the history of this diagnosis opens a new way of thinking about and working with these speaking beings. Finally, I will consider the implications of my research in the fields of psychotherapeutic theory and clinical praxis.

Chapter 1: Why Hysteria?

I am filling the room
with the words from my pen.
Words leak out of it like a miscarriage.
I am zinging words out into the air
and they come back like squash balls.
Yet there is silence.
Always silence.
Like an enormous baby mouth.

The silence is death.
It comes each day with its shock
to sit on my shoulder, a white bird,
and peck at the black eyes
and the vibrating red muscle
of my mouth.

- Sexton, 1981, p. 319.

I am writing this dissertation for those outside the field of Lacanian psychoanalysis. Hysteria, both the diagnosis and the discourse, remain elemental in the field of Lacanian psychoanalysis. This dissertation is written for those in the psychotherapy community and beyond who have encountered hysteria only as a disorder rather than order; an order with a logical structure, an order with a logical symptom, an order which poses a question. To the best of my ability, I intend to avoid 'Lacanese', in the hope that this will create a document as widely accessible as possible. The terms I use which have complex meanings in psychoanalysis, such as desire, I use in a common dictionary sense unless explained otherwise.

Psychoanalysis and me

Psychoanalysis would not exist, as Colette Soler points out, but for the "gracious cooperation of hysterics" whom she names Freud's patient teachers (2003/2006, p. 3). Freud's desire for the hysteric, in my reading, was a desire for the hysteric's knowledge (1905/1997). Freud, hungry as he was for knowledge, began to suspect his hysteric patients held conceived within them a way of giving voice to that which had gone unheard. The desire of the hysteric in this enterprise, well, we shall see.

My first encounter of something beginning with 'psycho....' was when I was 11 years old. That year, I managed to get my hands on two talked-about books of the day – Germaine Greer's text *The Female Eunuch* and Arthur Janov's *The Primal Scream*. Both left their marks, Greer's remaining consequential in my thinking, and though I now avow an active critique of the therapeutic hatchlings of Janov's primal scream therapy, there was something that struck me in the idea that events occur in our lives, particularly our childhoods, that can somehow be revisited and worked through. I declared to my family my naive intention to become a psychiatrist, not understanding that this was not the noun I was looking for. Many years later, some 24 years ago, my engagement with psychoanalysis began in earnest while I was studying literature and cultural theory. While studying a postgraduate paper, *Women, Desire and Narrative* taught by Doreen D'Cruz, now an honorary research fellow at Massey University, I was introduced to some of the French feminist critics, writers and practicing psychoanalysts; Julia Kristeva, Lucelrigaray, and Hélène Cixous, to name those who were most influential for me. I became captivated by the idea of an unconscious which speaks a coded 'truth', and this cultivated a desire in me for knowledge in this field. However, I very quickly realised that to read these fierce, vital, brilliant women who were posing radical questions to the psychoanalytic establishment and indeed to Jacques Lacan, that I needed to read Lacan. Then, even more quickly, I realised that to read Lacan I needed to read (to really read) Freud. So, I did and have continued in the great pleasure and challenges of these texts and many more, my reading spreading out from these foundational documents as blood vessels from the heart, always returning.

Fidelity

Subjects don't choose a Truth. Rather, a Truth creates its subjects. A subject does not precede a Truth. Rather, someone is 'subjectivated' (made a subject) in a sudden conversion to a Truth. Once someone is a subject, they experience the Truth as a compulsion or necessity (Robinson, 2015).

Or, as psychoanalysis might put it, an unconscious truth is an element in the emergence of the subject, and the moment of knowing what one has known all along demands a response, a taking of responsibility for one's truth and one's desire. Alain Badiou writes that "all resistance [Badiou refers to political resistance, not psychoanalytic resistance] is a rupture with what is. And every rupture begins, for those engaged in it, through a rupture with oneself" (1998/2012, p. 7). Occurring at a time of abjection, my encounter with the clinic of psychoanalysis brought about a rupture with the singular form of acceptance of my "what is", a rupture, indeed, with

myself or more accurately, what I thought myself to be. Might this have been in Badiou's words a "subjectivization ... through which a Truth is possible. It turns the Event towards the Truth of the situation for which the Event is an Event" (2016, section 3, para. 4)¹.

In an elegant condensation, Peter Hallward describes Badiou's notion encountering the Event as "precisely the void of the situation, that aspect of the situation that has absolutely no interest in preserving the status quo as such" (2003, p. 114). I experienced this rupture of "what is" to radically locate my thinking, my praxis and my politics, if it is indeed possible to separate these phenomena, within the field of psychoanalysis in the Lacanian orientation. When Badiou proposes the concept of Fidelity, describing Fidelity as being "drawn from the domain of love to designate all generic procedures in which a subject commits him or herself to working out the consequences of the occurrence of an [E]vent in a situation for the transformation of that situation" (1988/2005, p. xxxiii). The influence of Lacan is unambiguous in the philosopher² Badiou's theories of subjectivity, the formalisation of the subject, but more significantly for this writing, on Lacan's concept of desire. Lacan's concept of desire is complex and multifaceted, and for this text I use desire in its ordinary sense. Yet, one thing that is sustained throughout Lacan's (and Badiou's) oeuvre, throughout the body of his teaching, is that we must never give up on our desire. Desirously maintaining Fidelity to the Event of psychoanalysis, I intend both in the methodology and ethic of this research to commit myself to working out the consequences of the Event.

The situation

This notion is difficult to understand because when we speak of repression we imagine immediately a pressure, a vesicular pressure, for example. That is, a vague mass, undefined, exerting all its weight against a door that we refuse to open. Now, in psychoanalysis, repression is not the repression of a thing, it is the repression of a truth. What happens then, when we want to repress a truth? The whole of history is there to give us the answer: it is expressed elsewhere, in another register, in a ciphered, clandestine language. Well, this is exactly what is produced with consciousness. Truth, the repressed, will persist,

¹ For the purposes of clarity, I intend to capitalise words with 'ordinary' meanings used by Badiou and Lacan (event and real for example) that go well beyond those meanings in matrices of their thinking, though neither them did this.

² Badiou is not a psychoanalyst nor has he been an analysand. He says of this "[l]ike Lacan himself, I believe and have always felt one should undertake an analytic cure only if you are effected by symptoms that introduce too much impotence or suffering into your life" (Badiou & Roudinesco, 2012/2014, p. 18)

though transposed into another language, the neurotic language. Except that we are no longer capable of saying at that moment who is the subject speaking; but, that is speaks, that it continues to speak (Lacan in Chapsal, 1957, n.p.).

In 2015 I began Auckland University of Technology's graduate diploma with the hope of gaining a place in the Master of Psychotherapy programme, currently the only university pathway to registration with the Psychotherapy Board of Aotearoa New Zealand (PBANZ). Within days of beginning the course, I noticed the hostile dismissal of Freudian, and even more so, Lacanian psychoanalysis. *What is going on here? Whose discourse does this silencing serve?* I was told by a lecturer, and this could be written in capital letters, "do not read Freud". What, I wondered, would happen to me if I continued reading Freud? When discussions in which Freud, Freudian technique, Freudian ontology and what was called the "traditional" or the "old way" developed in classes, the discussion was carefully steered away from and sometimes overtly shut down by lecturers. Ironically, this 'old' psychoanalysis being referred to is very much alive and well in many parts of the world, as well as in the psychoanalysis I was engaged in at the time.

As I thought about this, my peers, who knew of my love of psychoanalysis, began to offer their noticing of this, confirming my observations. This was this case with all but a very small number of lecturers. My curiosity was piqued. *Why silence or suppress? Again, whose discourse does this silencing serve?* If it were a simple indifference to psychoanalysis, who would care what I or any other student read if sound academic and clinical work was produced? In addition to this topic that staff averted was another that we noticed as students, sex. In an earlier research project, I conducted a review of the relational and intersubjective fields of psychotherapy in the area of the sexual³. For the purposes of that research I defined sex, sexual and sexuality as the explicitly sexual: what one does or does not do, or fantasises or dreams about doing or not wanting to do, as sex acts, and/or to, and/or with or without the other or others: specifically the unique 'sexual' of each individual, while excluding notions of sexual identities and identity and gender politics. The theory paper for the first year of the Masters programme, *Relational Theory and Ethical Practice*, a 30-point full-year paper, included only one sexuality class, *LGBTQ Sexual Identities*, a class devoted to the politics of sexual identity. *Why?* I wondered. *Why disavow, if not indeed*

³ I note that though there are relational and intersubjective practitioners who use the term psychoanalysis for what it is they do, I, when it is necessary to refer to these psychotherapies, will call them relational or intersubjective psychotherapies. It is almost universal within the relational and intersubjective fields that the founding psychoanalytic concepts of drive, the unconscious, transference and repetition are refuted. If we take a car, remove the wheels and the chassis, add a hull, replace the steering apparatus with a rudder, remove the engine replacing it with an outboard motor and a mast with a sail, delete much of the cab section leaving only sides and seating, what we have, though it is a vehicle, can no longer be called a car. My analogy highlights my purpose of avoiding confusion for the reader who has read the term in other contexts, to define psychoanalysis, in the footsteps of Lacan who to the end of his life called himself a Freudian, as a continually developing praxis and theory in which four concepts, the unconscious, repetition, transference and drive are fundamental (Lacan, 1973/1981, 1980/2011).

foreclose, the explicitly sexual in the relational and intersubjective model? Why not talk about sex? My analysands certainly do. I did in my analysis.

What my research, a careful and methodical searching of the literature, found was that within six edited books in the field containing 69 references to sex, not one addressed the explicitly sexual. And out of these, some 25 were critiques of Freud. In 23 papers in the relational and intersubjective fields with the terms sex or sexual in their titles, only one engaged with the sexually explicit.

I began to hypothesise an articulation between the absence of the sexual, or curiosity towards knowledge of the sexual and the absence of what Lacan calls “the Freudian thing” (1966/2002, pp. 334-363). The idea of an articulation between sexual curiosity and a desire for abstract knowledge is not new. In *Analysis of a phobia in a five-year-old boy*, Freud notes this, stating that “[t]hirst for knowledge seems to be inseparable from sexual curiosity” (1909/2001b, p. 9). And this is not a chance observation, Freud affirms this on multiple occasions (1920/2001a, 1900/2001a, 1900/2001b, 1912-1913/2001).

In part, this dissertation is an act of political resistance (Badiou’s use of the term) to the disavowal of psychoanalysis in the teaching of psychotherapy in Aotearoa. Knowledges, including sexual knowledges, which are presented as a *fait accompli*, produce in me a powerful interest in what is being excluded, prohibited or foreclosed and a desire to interrogate the master’s knowledge as such – a most hysteric of positions, if I may say so. If, as Lacan tells us, “[t]he structure of a neurosis is essentially a question” (1997/1955-56, p. 174), and if as Freud states “that the symptoms constitute the sexual activity of the patient” (2001a/1905, p. 163), what is it about this sexual question the hysteric poses that some of us no longer want to cipher? Moreover, how does this affect the ways in which we work with those who come to us with their suffering, for whom hysteria, at a time not so long ago, would have been a diagnosis?

Hystoria

“... but the hysteric very often affirms her dispossession with ferocity, sometimes arriving at sacrifice” (Palomera, 2012, n.p.).

“... a neurosis never says foolish things, any more than a dream” (Freud, 1909/2001b, p. 27).

My exploration into the history of the diagnosis of hysteria has led me back through the centuries. For some three and a half millennia, hysteric suffering has been

recorded in medical texts. The famous Egyptian medical text named the *Kahun Papyrus*, sometimes called the *Gynaecological Papyrus* (c.1900 BCE), tells us of a complex of symptoms; weeping, irritability (especially towards her family), general malaise, headaches, exhaustion, pining for something she does not know (Tasca, 2012). Amulets have been found from this era on which the following request to the Egyptian moon god Khonsou or Sachmet: "Fasten the womb of so-and-so in the right place, O [you who raise] the disk of the sun!" (Aubert, 1990, p. 425). The articulation between sexuality and a certain type of suffering of the psyche and the body is present here.

By 500 BCE, the Greek physician Hippocrates had coined the term hysteria, derived from the Greek *hysterā*, womb, in conjunction with the apparently long-held understanding that the womb wandered through the body from the pelvis causing disturbances to a multitude of functions – physical, mental and spiritual (Adair, 1995-1996; Jouanna, 2012; Sigerist, 1961; Sigerist, 1967). Plato represents the womb “as animate creature, desirous of childbearing, that strays through the body and causes all manner of diseases if it remains barren too long” (Aubert, 1990, p. 423). Magic was made in the form of “spells preserved in the magical papyri and on inscribed and carved stone amulets” as well as “recipes for drugs, pessaries, clysters, ointments, and fumigations”, the goal of which was to tame the womb (ibid, p. 422).

Curiously, this complex of diverse symptoms was also called the “sacred disease” by some of the Hippocratic doctors (circa 400 BCE) who describe hysteria as affecting primarily “girls of marrying age when they remain unmarried [the recommended cure for which was] that they get married as soon as because, once pregnant, they are cured” (Jouanna, 2012, p. 100). Hippocrates’ treatment of the disease involved fumigations of foul-smelling substances near the mouth to drive the womb back to its correct position, and of sweet-smelling substances placed at the vulva to draw the womb to its correct position; together with marriage, sex and childbirth; and prescriptions of undiluted dark wine. Galen⁴, a Greek doctor who lived some 300 years after Hippocrates⁴, thought the womb wandered according to lack of sexual satisfaction, and sex was prescribed as a curative. Galenic practitioners would use manual stimulation of a woman’s genitals to bring about orgasm as part of their cure for hysteria (Grose, 2016b; Maines, 1999).

There is not scope in this work for a comprehensive study of the writings on hysteria and hysteric phenomenon of the centuries, though the histories are fascinating, reaching across medieval mystics and the ‘demon-possessed’, later the ‘witches’ of the hunts, during the enlightenment the cases of nymphomania and, the great

⁴ There is contemporary assertion that the works of Galen were written not by one individual but by multiple writers, and over a much longer period than has been assumed (Gilman, 1995).

women artists and writers (Hustvedt, 2011; Scull, 2009). And though sociological and medical histories have been written, I have not been able to find a psychoanalytic reading of hysteric phenomenon which spans the last three millennia in a single work (Micale, 1989; Rousseau, 1993; Scull, 2009; Veith, 1970). Further, there is not the scope in this piece of research to expand beyond Western writings. However, the literature suggests that symptom complexes which read as something to do with a problematic feminine sexuality and something to do with a lack in satisfaction have and continue to be described throughout the centuries, the twists and turns of epistemological and ontological upheaval, both in medical texts and literature (D'Cruz, 2009; Micale, 1989). Further, it can be safely asserted that hysteria maintained a position as a diagnosis, and as a cultural phenomenon, in both the literary and medical writings of Western histories until the last 60 years or so, when the sexual question of the hysteric began to be unhitched from his or her complaint. Though a male subject can be a hysteric, my focus throughout with women.

In 1952, the diagnostic category of hysteria was not included in the DSM I, with hysteria's multifarious symptoms being relocated primarily to the diagnostic categories of conversion reaction and phobic reaction. In 1968 hysteria makes a muzzled comeback in the DSM II as hysterical neurosis, either conversion type or dissociative type or as the personality disorder hysterical personality. When we arrive at the DSM III, the diagnosis has transmuted into somatoform disorders and dissociative disorders, or histrionic personality disorder (APA, 1952, 1968, 1980). This diffusing of hysteric 'truth' into silos of disorders – depression, anxiety, eating *disorders*, borderline personality *disorder*, somatoform *disorder*, sleep *disorders* and dissociative identity *disorder*, premenstrual dysphoric *disorder*, female sexual interest/arousal *disorder* and female orgasmic *disorder*, to name a few (APA, 1952, 1968, 1980, 2000, 2013; Hustvedt, 2011; IsHak, 2013). There is a fascinating statement in the DSM III, which asserts that "the concept and the term 'hysteria' have been avoided", and that "the term 'hysterical' has many historical connotations" (APA, 1980, pp. 377-379). What are these connotations? Beyond the insinuation that hysteria connotated something unacceptable, I found no material either in the DSM II or from my search for other documents accessible to the public which might show the decision-making processes of the editors.

In the behavioural medical pharmaceutical model of psychiatry and psychology hysteria hasn't been heard of since, which of course, is not to say that it's not speaking. While other forms of psychotherapies appear to have abandoned, neutralised or untethered hysteria from the question the hysteric subject poses to the Other, psychoanalysis in the Lacanian field not only maintains the diagnosis of hysteria, Lacan elevates hysteria to one of the four discourses which he proposes (1990/1973, 2007/1970). On reviewing 20 contemporary texts from the Lacanian

field with topics as varied as psychoanalysis with babies and children, obsessional neurosis, love and transgender sexualities, 15 of the 20 contain references, and some lengthy discussions, on hysteria (Aflalo, 2015; Dor, 1999; Eidelsztein, 2009; Fink, 2007, 2016; Gherovici, 2017; Gissert, 2018; Grose, 2016b; Lacan, 1973/1981, 1997/1959-60, 1998/1972-73, 2007/1969-70; Moncayo, 2008; Nobus, 2005; Owens, 2017; Soler, 2003/2006, 2014; Van Haute, 2012).

The focus of this research is, therefore, to engage a psychoanalytic study in the form of a reading into the question: *what has happened to the diagnosis of hysteria?* I will limit myself to the earliest discoveries made by Freud, essentially the first two volumes of the complete works in which Freud encounters hysteria, as this is the moment of rupture with what had gone before. Secondly, I will focus on Lacan's writings on the discourse of hysteria which Lacan proposes in Seminar XVII. Beyond this introduction, I will not engage further with the medico/psychological or relational and intersubjective fields of psychotherapeutic praxis. Partly, this is because in my preliminary research I have engaged in some depth already, and have found that hysteria has been erased or blurred to the point of illegibility in these fields. Even in the preliminary readings regarding the question of this research, it became clear that the answer is 'not much'. Because the scope of this project creates a limit of its own I intend to focus on what is present rather than absent.

Chapter 2: Methodology

Following Freud's and Lacan's example, we try to make our study of texts a creative experience, and not simply the assimilation of written theory. By 'creative' I mean open to creative interpretation and linked to our own experience, our own questions and research, the clinical problems and the large amounts of mysteries and enigmas that we face every day. We treat these texts that we study and that we so much respect as living entities, not as dead letter; and this is only possible if we are able to link these texts – written in other times and places by people who lived and worked in very different contexts – with our own lives, and our own questions and practices (Rodriguez, L. cited in Restivo, 2013, p. 62).

Locating my position

The process of locating and defining a methodology for this project has been somewhat of a challenge. I struggled to find a methodology amongst the commonly suggested methodologies within the AUT university psychotherapy discourse that was a fit with how I wanted to engage in this research. Vanheule writes that "[o]utside of the evolutions within psychoanalysis, methodologists have developed a number of research strategies for the social and the human sciences known as qualitative research. Within this field, different methodological and theoretical approaches co-exist" (Vanheule, 2002, p. 336). In his paper, Vanheule discusses the complexities of adopting or borrowing of methodologies from other fields, including the fields of the social sciences and humanities when one works in the field of psychoanalysis.

It is incontestable that Freud's thinking had a significant and far-reaching, though not undisputed or critiqued, effect on 20th century thought, continuing to do so to this day. Indeed, with the development of the clinical praxis of the psychoanalytic method, Freud opened the possibility of a psychoanalytic episteme. The foundations of this psychoanalytic system of knowledge are based on the existence of an unconscious knowledge, a repressed knowledge which slips through the membrane of censorship of the ego, of our conscious selves, in the form of symptoms, dreams and parapraxis. Taking into consideration what I consider to be the silencing of the hysteric voice, my methodology therefore aims to hear that voice and in a sense be it.

Desire is central to Lacanian praxis and to the methodology of this dissertation. My encounter with desire leads me to research my question engaging a psychoanalytic hermeneutic reading of literature, whose justification I elucidate below. Jacques Lacan remained interested throughout his life in the concepts of desire, knowledge, and truth, writing and teaching about these in ways that have not only supported the continuation of a praxis but also continue to substantially contribute to the fields of critical, cultural, and philosophical scholars – Badiou, Žižek, Ruti, McGowan, and Copjec to name a few. In Chapter 1, I explicated my question employing Badiou's concepts of rupture, Event, and Fidelity to elucidate my engagement with psychoanalysis and hysteria. I will now proceed to consider truth and desire in psychoanalysis and Lacanian psychoanalytic ethics, while noting that at every turn Lacan problematises what we know as knowledge.

Psychoanalysis in the Freudian and Lacanian field has produced a significant body of literature, and indeed, there is a notable engagement with this material internationally within the field. The volume of writings on hysteria is considerable. A well-reasoned methodology must inform methods for identifying, selecting, processing, and analysing data. As Restivo highlights, “[s]cholars seem to be in agreement that all pursuit of knowledge is determined by the underlying theories that researchers hold concerning the universe they are observing. Without a theory, we are unable to select data from an overwhelming mixture of impressions” and this guides my selection of sources and of methodology (Restivo, 2013, p. 62).

Truth

Freud tells us that the repressed returns (2001/1915). Further, Lacan asserts that repressed representations are not any old content which hammers at the door of consciousness, but rather what is repressed is a truth (Chapsal, 1957). We know that truth has been radically problematised in post-modern discourse, particularly the concept of universal truth/s (Butler, 2003). Although Lacan's concept of truth is far from universal or static, it nevertheless remains singular, unique, and particular to each speaking subject's being. The truth of the subject “is a particular truth” (Lacan, 1997/1986, p. 24). Truth occurs at the level of a dynamic encounter: “truth is not a pre-given that one can grasp in its inertia, but rather a dialectic in motion” (Lacan, 2006/1966, p. 118). Truth, according to Riera, is the “question in which Lacanian psychoanalysis and Heideggerian thinking converge” (1996, p. 51). Heidegger states of truth that

to say that a statement is true means that it discovers the beings in themselves. It asserts, it shows, it lets beings be seen in their

unconcealing. The being true of the statement must be understood as discovery. Thus, truth by no means has the structure of an agreement between knowing and the object in the sense of a correspondence of one being to another (1972/1927, p. 44).

Truth or truths, therefore, can only be subjective truths, the truth of the subject. In this, a psychoanalytic hermeneutic reading, I encountered a process at the textual level, similar to the process of the emergence of truth via an unconcealing which occurs in free associative speech. Moreover, Lacan from his earliest works proposes truth as always enigmatic, yet appearing within the field of language, existing because of language (2006b/1966). "Truth", Lacan writes, "hollows out its way into the [R]eal thanks to the dimension of speech. There is neither true nor false prior to speech" (1991/1975, p. 228). Moreover, if the return of the repressed is a return of the subject's truth, then truth must bear witness to trauma, repetition and, thereby, an encounter with the Real. Consequentially, "[o]ne is never happy making way for a new truth, for it always means making our way into it: the truth is always disturbing. We cannot even manage to get used to it. We are used to the real. The truth we repress" (Lacan, 1966/1989, p. 187).

Striking out the idea that classical philosophy proposes, Lacan's truth is not beautiful. It is what makes the "signifier 'death' appear" (Lacan, 1991/2007, p. 172). In articulating truth with death, Lacan presents us with the truth of repetition and the real, beyond the pleasure principle. He says:

[w]e are forever wandering about in the dimension of love of truth, and everything indicates that this dimension makes the impossibility of that which is real slide between our fingers, at the level, quite precisely of the master's discourse, as Hegel has said. This fact necessitates the reference to what analytic discourse, fortunately enables us to glimpse and articulate exactly (1991/2007, p. 173).

Further, Žižek states that

[t]he aim of the psychoanalytic treatment is thus to (re)focus attention from factual accuracy to hysterical lies which unknowingly articulate the truth, and then to progress to a new knowledge which dwells at the place of truth, to a knowledge which, instead of dissimulating truth, gives rise to truth-effects [via] speech in which subjective truth reverberates. This notion of

truth, of course, belongs to a long tradition, from Kierkegaard to Heidegger, of despising mere "factual truth" (1997, p. 37).

I would add, for the purposes of establishing a methodology for this research, that in moving towards hysterical "lies" my preferred translation is "fictions", as in:

[t]hus it is from somewhere other than the Reality that it concerns that Truth derives its guarantee: it is from Speech. Just as it is from Speech that Truth receives the mark that establishes it in a fictional structure" (Lacan, 1966/1989, p. 338).

Here Lacan is saying that our particular truth is a fictional structure of fantasy which compels, a structure we create by means of language in response to our overwhelming encounters with the Real.

Desire

Spinoza defines desire "as human striving (or appetite) together with the consciousness of striving. So clearly human desire for Spinoza is part of the striving for perseverance in being and thus shares its character" (LeBuffe, 2020). For Spinoza, desire is "an action from which man [sic] cannot be free" (ibid). Lacan in part follows this, though Spinoza's philosophy is not central to his developing theory of desire, desire becoming crucial to his praxis, but what is key here is that when Lacan talks about desire, he is always talking about unconscious desire. According to Lacan, the entire project of psychoanalysis is a trajectory towards the subject coming to know the truth of their desire through the function of speech (in particular see, Lacan, 1973/1981, 1975/1998, 1966/2006a, 1966/2006c). In an early seminar, Lacan highlights the act of articulation itself as "the efficacious action of analysis. But it isn't a question of recognising something which would be entirely given. In naming it, the subject creates, brings forth, a new presence in the world" (1991/1978, pp. 228-229). However, there remains a radical incongruity that exists between the fields of speech and that of desire which produces a surplus of desire that remains unconscious, that cannot be spoken, that remains outside of symbolization: an irreducible quantum (Lacan, 2002).

As Lacan's thinking becomes increasingly influenced by Hegel and Kojève's reading of Hegel, he introduces desire as the Other's desire (Dosse, 1991/1998). Lacan comes to posit a speaking subject who both desires as the Other and desires the desire of the Other. I address this at length in Chapter 4, the chapter on the Lacanian subject. What is essential to situate here, is that desire is at the heart of the Lacanian clinic and Lacan's extensive theorising of human subjectivity.

Unique truths and unconscious desire articulate, and as yet inarticulate, then, are two philosophical principles which have particular meaning within psychoanalysis that will guide this research in identifying, selecting, processing, analysing and interpreting the data. These truths are in no way universal. Rather, my unconscious truth and desire, which were brought into existence by my encounters with the Other and through the procedure of a psychoanalysis, lead my encounter with the literature of this dissertation and my question 'What has happened to the diagnosis of hysteria?'. In other words, I encounter this psychoanalytic hermeneutic reading as a divided subject and a subject of desire (McCulliss, 2013; Pendergrast, 2009).

Lacan tells us that "truth is nothing but what knowledge can learn that it knows merely by putting its ignorance to work" (2006/1966, p 671-702)⁵. In this research I desire to put "[my] ignorance to work" (ibid). This will involve a number of processes regarding the question. I have called these processes; gleaning the history, establishing an engagement, thinking diagnosis, free floating attention, dream work, and: each of these are fundamental premises of the praxis of psychoanalysis in the Lacanian field.

While engaging the preliminary reading of the literature of my question, my curiosity was engaged in what appears to be the moments when there is silencing of the diagnosis of hysteria. In this, I intentionally construct my question using the verb 'has', implying as it does both the past and the present tense. I set out on this project seriously curious about what occurred at those key moments when the discourse changed concerning the treatment (or torture) of hysteric suffering, and how hysteria has maintained such a central position in Lacanian practice and in theory. The poem written by Anne Sexton, with which I begin this dissertation, was written following her electroconvulsive therapy treatments – in my understanding a torture of forms, and not the only violent mandatory practice used on hysterics seeking treatment in the medical model.

I considered several other methodologies and have already offered some explanation as to why I have proceeded with the one described. Heuristic research held limited appeal. Philosophically and in terms of a Lacanian praxis (my field) the significant self-disclosure involved is not an approach I am drawn to. I researched thematic analysis and grounded theory, and though inevitably there will be elements of analysing themes and theory making, these are not central to my question, in that my question and my past studies lend themselves to a more literary reading of the

⁵ I note for the sake of clarification that there are many hermeneutics, which in its ancient meaning is an act which interprets texts, which blends well with Lacanian psychoanalysis and a psychoanalytic ontological paradigm (Boell, 2010).

data. I considered and discussed with my supervisor a phenomenological hermeneutic literature review, which may have worked. However, I wanted to read as a clinician, a practitioner of psychoanalysis. My decision in the end was made from desire, and my desire is aimed at psychoanalysis in the Lacanian field, which proposes an ontological position regarding human subjectivity.

Gleaning the history

Every psychoanalysis gleans history. In this step, I searched for primary sources on hysteria from the ancient to the post-modern. I used various search tools, including online searches and searched printed text using indexes. Field searching and Boolean phrasing assisted in locating material across a range of fields; medical, literary, psychoanalytic and psychotherapeutic. Having assessed the lay of the land using these methods, which yielded a very wide scope of material, I decided to limit the field of the research using the search terms *hysteri** *history** and *psychoanaly**. This worked well, resulting in a manageable quantity of historical research material for a project this size. I kept written journals of this – precious moleskin notebooks – and stored visual images and articles digitally.

Establishing an engagement

The analyst establishes an engagement with each analysand to allow the work of analysis to begin. In this phase of the process, I paid attention to the establishment of an engagement with the data, looking for material that spoke to the research question. As I did this relevant literature caught my attention, and this was a key consideration in the process of sorting and reading abstracts of both articles and precis of printed texts. As this is largely an historical reading, I did not use dates of the material as a measure of relevance. Texts which caught my attention as relevant or which initiated a particular curiosity were entered into Endnote, with the article attached where possible. The publication data of both printed and electronic books, from the library or my own collection of psychoanalytic texts, was also entered into Endnote as part of my method of record keeping. I journaled thoughts and questions about the data, scribbled in the margins of my copies of books, added sticky-notes and other things, and ended up hardly able to move in my workspace. It was time to make some cuts.

Thinking diagnosis

Diagnosis informs to a degree, the way the analyst works with each speaking-being in her clinic, diagnosis informing her praxis. In this stage of the process, I really began to ‘diagnose’ the data. This occurred by reading into, or beyond, just

abstracts, the texts I sorted in the previous step. I located full text where possible of any material that had caught my attention in relation to my question. This involved days in libraries, finding my texts online, ordering texts where necessary through inter-loan, and completely blowing my book budget. During this process, material that did not indicate a significant place in the history of the diagnosis of hysteria, a moment of rupture of a truth of hysteria, was written up in the introduction.

Free-floating attention

As with the clinical work, the craft of free floating attention was very pleasurable in this stage of the research. It was immensely enjoyable immersing myself in the literature. The greater part of this process occurred at a time when family trauma, historic and current, if psychoanalytically there is such a distinction, was very prominent in my daily and dreaming life. This made reading in this way very challenging at times, but also at times comforting, informing the reading in a very personal way. My attention at this time was open to being caught by both the manifest and latent content of the texts, returning my attention to the question of this project. Texts that became redundant to the question were cut at this point. It became increasingly obvious there are two historical moments in the history of the diagnosis of hysteria in the last 150 years. I chose to focus on these, and these are Chapters 3 and 5.

The dream work

In Lacanian clinical technique, attention to the very letter of the dream is vital. We listen for the chains of signifiers and where they come to a standstill, unusual syntax, alliterations, slips, and caesura in the speech of the analysand as they recall their dreams. The Lacanian also listens for desire in the dream. This is the process where I was put to work by the literature itself, reading, as Lacan says, to the letter. The quantity of notes I took during this time is voluminous, I hope to put them to use in the future. During this part of the project, I realised that it was necessary to create a brief sketch, in Lacanian terms at least, of the Lacanian subject. I made this decision as the footnotes to terms and concepts were becoming unwieldy and frankly, ugly.

Interpretation

As in the clinical practice of psychoanalysis in the Freudian and Lacanian fields, the time comes to 'interpret', to make an interpretation. In keeping with my assertion that psychoanalysis is a praxis, an act of clinical practice founded upon clinical theories, an interpretation of the reading must be made. Both to synthesise the findings of the

research which I had I come to select as relevant over the researching, but also as an act of the speaking subject, the speaking being. This research is the product of an hysteric interrogation, indeed, a product of hysteria.

Chapter 3: “Storms in her head”



Une leçon clinique à la Salpêtrière (A clinical lesson at Salpêtrière)
(Brouillet, 1887/2020).

Like all writers Freud writes out of a specific historical moment, but what he often seems to be writing about is just how difficult it is to know what is specific about any historical moment (what the facts are) or what any individual is going to make of her times (what the facts are for her) (Phillips, 2014, p. 15).

Adam Phillips speaks here not only explicitly on what it is to be a writer in one's time, but also to implicitly question what it is to read a writer from our time or another – and in a sense, what is it to read at all? We each read from our unique subjective position within our time, culture, race, gender, educational status, and familial histories. Psychoanalysis is both a theoretical endeavor within the field of cultural studies and (more significantly for me) psychoanalysis is a praxis. So, I read Freud from my subjective position, in the times within which I live: a feminine subject born into a working-class family in the mid-20th century; a family in which I can find no record of an academic degree as far back as I can trace my genealogy. I write as a speaking subject who, as stated in my introduction, upholds a fidelity to subjective

'truths' of psychoanalysis and desire. I write in a time when a global pandemic, which has infected more than 73 million people and caused more than 1.6 million deaths, is sweeping through nations and affecting all humanity. It is also a time in which the nation state where I was born and live seems to be doing something curiously different – and, so far, is mitigating the overwhelming health effects of the Covid-19 pandemic. The times in which I write are also witness to mass protests against racism and inequality across the USA and many other nations including Aotearoa; protests, and in places riots, provoked by the death of yet another African American man, the result of yet another assault by a white policeman. I write in a time when:

The pain of existence is provoked by an encounter with the devastations of late capitalism. A time in which there is a sense that we currently face a wilful blindness that ignores the plaintive cries of nature and humanity and where world leaders (some more than others) turn their heads in a refusal to see these fires raging with global intensity. I read and write in a time where the familiar trauma of sexuality, identity, starvation, war, soaring inequality, trafficking, ecological catastrophe, racism and misogyny now seem to rage with heightened intensity, fuelled by the technologies, economies and political phenomena of our age. This is a time when, in new ways and with unprecedented intensity, the environment, living beings and speaking subjects, burn unheeded (adapted from a call for papers written by Woods, Cederman, & Gherovici, 2020).

I write now and here, with my leanings and longings, with my conscious and unconscious trauma and templates, with my conscious and unconscious desire.

The treatment of hysteria: Freud's time

Freud published the first history of psychoanalysis in 1916, and since that time multiple texts have been and continue to be produced. These texts concern themselves with every possible aspect of Freud's life and thought, and the developments of psychoanalysis across time and across the globe, including the following – which have been part of my background research for this project (Ellingsen, 2013; Freud, 1914-16/2001; Gay, 1985, 2006; Jones, 1953/2011; Kravis, 2017; Phillips, 2014; Roudinesco, 2014/2016; Trilling & Marcus, 1974). There is no need here, therefore, to repeat these histories. In this chapter, I intend a reading of Freud's earliest published works on hysteria (Breuer & Freud, 1893-95/2001; Freud,

1886-1899/2001). My focus is on Freud's engagement with the diagnosis of hysteria, and how his engagement with the hysteric reshaped the diagnosis and treatment of hysteria. I ask how Freud came to be drawn to the phenomena of hysteria, and how 'was' Freud with the hysteric. I follow Freud's early encounter with hysteria – listening for what he heard and what he did not hear, what he noticed and what he missed.

In Freud's time (he was born in 1856), hysteric suffering was probed and prodded, criticised as malingering, manipulative and fraudulent, yet it remained a cause for fascination across a wide variety of fields from medicine through to the arts (Bronfen, 1998; Hustvedt, 2011; Scull, 2009). Some of those suffering from the hysteric symptoms of the day were put on display, purportedly for the sake of medical science – but also because they could be. During treatment this was one of the indignities these women, and they were predominantly women, endured (Carter, 1853/2011; Didi-Huberman, 2004; Gobert, 2014; Playfair, 1883/2011; Scull, 2009; Tasca, 2012). This is well documented within the work at the Salpêtrière of Jean-Martin Charcot (1825-1893) and those who have written on his work (Appignanesi, 2009; Bogousslavsky, 2014; Charcot, 1987; Didi-Huberman, 2004; Hustvedt, 2011; Marshall, 2016; Scull, 2009).

Amidst the various terrors of the French 19th Century, Charcot committed himself to making "chronic nervous diseases the subject of [his] constant and exclusive study and set out to establish a permanent clinic within Salpêtrière the hospital-asylum in central Paris" (Freud, 1914-16/2001, p. 7). The women patients of the Salpêtrière lived in what now would be considered appalling conditions:

Heating during the winter was inadequate, provided by only a few stoves. Visitors were suffocated by pestilential odours. ... A few hospital gowns were provided, but detergent was at the expense of each patient. After an attack, if the patient had soiled herself, she was given a tub of lukewarm water, while the others knelt to scrub the floor (Bogousslavsky, 2014, p. 65).

The women who entered Salpêtrière as patients were young, on average between 15 and 30 years old when they arrived (Bogousslavsky, 2014, p. 65). Many had suffered violence and sexual harm, had been exposed to war, disease and the resulting early deaths of parents and siblings. Jane Avril, born Jane Beaudon, who went on to become a dancer at the Moulin Rouge and was drawn and painted by Toulouse Lautrec, was admitted to Salpêtrière at 14 years of age. Both an astute observer and having known life in Salpêtrière as an inpatient, Avril's memoir is a gift to the history of the hospital and its treatments. Avril writes of running away from home, running from her violent mother, whose beatings she could no longer bear

(Hustvedt, 2011, pp. 1194-1251). Though conditions at Salpêtrière were less than acceptable by modern standards, many patients returned again and again (Bogousslavsky, 2014). Avril goes as far as to call Salpêtrière her Eden. We may draw from this, and the readmissions mentioned above, that conditions inside of the asylum were preferable to the conditions these young women faced outside. Contextually, almost all of the women in the hospital-asylum, at the time in which Freud studied there, would have lived through the horrors of the Franco-Prussian war and the Paris Commune (Britannica, 2020, 2019; Wawro, 2005). In short, these women had all suffered not only the trauma inherent in being an embodied speaking being, alienated to the Other, but the upheaval and anguish of disease, poverty and war, and the convulsed and contorted bodies of victims of these events.

In this historical moment, mental suffering was often treated by alienists who considered mental disorder to be derived from the alienation of the psyche or soul from itself; madness was a form of mental self-alienation (Marshall, 2016). Their post-Enlightenment understanding was that mental conditions had either physical or hereditary causes. Charcot, however, took a “neuropathological approach invert[ing] this schema” (Marshall, 2016, p. 28). Hustvedt writes that at Charcot’s presentations in the Salpêtrière, “hysterics were photographed, sculpted, painted, and drawn” (2011, p. 35):

Every week, eager crowds arrived at the hospital to attend Charcot’s demonstrations of hysterics in performance of their hysterical symptoms. And it wasn’t only medical students and physicians who came to view the shows, but artists, writers, actors, socialites, and the merely curious (Hustvedt, 2011, p. 35).

Notwithstanding Charcot’s performative character and what might be considered, now, abandonment of any kind of respect for the ‘rights’ of patients, Charcot did take hysteria seriously, legitimising “the disease by defining it as an inherited neurological disorder, not madness or malingering. He classified its many sensory deficits, such as hemianesthesia, or loss of feeling on one side of the body, and other sensory disturbances as hysterical ‘stigmata’” (Hustvedt, 2011, p. 281).

Freud and hysteria: the early phase (pre-1890)

The neuropathologist Freud’s first specialist professional encounters with the treatment of hysteria began in 1885, when he travelled to Paris on a bursary from the University Jubilee Fund (Freud, 1886-1899/2001). He chose Paris to study with Charcot, in part prompted by Josef Breuer, Freud’s friend and something of a mentor at the time (Gay, 2006; Phillips, 2014). Breuer had been experimenting with a way

of treating a young woman suffering from a range of severe hysteric symptoms, the indelibly famous Anna O. Moreover, Freud, wanting to finally marry his fiancée, needed to find a way to carve out a professional path in what was the anti-Semitic medical profession of Austria in the nineteenth century, indeed the anti-Semitic Austria of Freud's time (Gay, 1995, 2006; Phillips, 2014). Freud, it seems, thought Charcot and his renowned successes in treating hysteria with hypnosis might just open a path for him (Freud, 1886-1899/2001).

On his arrival in Paris, Freud initially reports observing Charcot (1886- 1899/2001). Adam Phillips has said of Freud that he pursued a "series of passionate relationships with men" (2014, p. 2) – and reading Freud's letters, particularly those to Wilhelm Fliess, Phillips' assertion seems true (Masson, 1985; Phillips, 2014). Though not among the most significant of these relationships, there is an element of this with Charcot. Freud speaks of himself as "Charcot's unqualified admirer" (1886-1899/2001, p. 10). He seems, at least via his report on his studies there, to hardly notice the hysterics and finds himself somewhat in awe of an environment in which "[t]he informality of the prevailing terms of intercourse [sic], and the way in which everyone was treated on a polite footing of equality – which came as a surprise to foreign visitors – made it easy even for the most timid to take the liveliest share in Charcot's examinations" (ibid). However, the examinations he refers to are described by Andrew Scull, amongst others, in scathing terms. Scull calls them "... the hysterical circus to which the eminent neurologist Jean-Martin Charcot would serve as ring master" (2009, p. 21). Reading these early texts, the ones named pre-psychoanalytic, I begin to wonder: *When will he see her, the hysteric? When will he look to the woman?*

And when he does look at her, in this phase in his encounter with hysteria, Freud focuses heavily on the somatic symptomology of hysteria. He writes, "hysterical gastric spasms may have as their basis a slight gastric catarrh, while a reddened area in the larynx or a swelling of the turbinal may give rise to an unceasing tussis hysteria" (S. Freud, 1886-1899/2001, p. 56). Hundreds of examples of sentences like this are to be found in the *Paris Report* (1886) including Freud's earliest published writings on the topic. The symptomology of late 19th century hysteria was of course a product of the times, of "a specific historical moment" (Phillips, 2014, p. 15). Freud's descriptions of the symptoms of hysteric patients at this time included "convulsive attacks", "hysterogenic zones" (supersensitive areas of the body that trigger attacks when touched), disturbances of sensibility (not being able to feel sensations appropriately, especially on the skin), disturbances of sensory activity (visual, auditory etc) and the postural symptoms of unexplainable paralyses and muscular contractures (Freud, 1886-1899/2001). It is highly likely that some of the symptoms seen at the time were in fact organic. However, this does not mean this

was always or even often the case, if we rely at all on the science of the time (Charcot, 1987; Freud, 1886-1899/2001). One of the more curious and indeed paradoxical symptoms in the hysteric presentation Jane Avril writes of is the performance of symptoms for the medics, the rivalries among the clinic's 'stars', who competed with one another for lead parts in Charcot's demonstrations. Further, Avril writes that the women delighted in deceiving the doctors and reported that they deliberately faked symptoms in order to capture attention and gain stardom (Hustvedt, 2011).

Reading early Freud (pre-1890), I found myself intrigued by the way in which by focusing on the penetration of these women's conscious minds through hypnosis and in this aiming at the abolition of the physical manifestation of their suffering, Freud hovers close to but seems unable to make the link between psychic and sexual trauma and the hysteric suffering he observes. Curiously, and this jumps out from the page, he articulates the traumatic origins of hysteric phenomena in men; writing of the "unsuspected frequency of cases of male hysteria and especially of traumatic hysteria" and "[t]he enormous importance of male hysteria and particularly of the hysteria [of men] which follow upon trauma" (Freud, 1886-1899/2001, p. 11). How does he miss it – the very symptoms of the hysterics of Salpêtrière are like a haunting echo of the contorted and convulsed bodies of experienced or witnessed trauma by these women during their lives. It is as though Freud anticipates that he will learn of the feminine from a masculine template; an anticipation that never leaves him. It is not until page 150 of the pre-psychoanalytic writings that Freud writes of trauma and the female hysteric, in the draft for *Sketches for a preliminary communication of 1893*. Other writers, for instance Anouchka Grose, argue that by creating the diagnosis 'traumatic hysteria', Charcot differentiated it from 'female hysteria', which not only allowed the entry into this diagnosis for males but overtly made the link between trauma as the cause of hysteria per se (Grose, 2016a). However, I contend that the concept of trauma and the female hysteric she credits Charcot with definitively articulating is implicit if it is anything at all. Charcot, it seems, creates a new category of hysteria – traumatic hysteria, one in which the subject may be male and have experienced trauma, often the trauma of war or violence. Further, as we see above, even Freud didn't put two and two together for some time.

It has been said of Charcot "[t]hat the act of looking served as an entry point into comprehending the totality of neuropathological action and sensation", and the gaze was indeed central to both Charcot's research and to his demonstrations of his findings (Marshall, 2016, p. 19). The hysterics Charcot performs for his mixed audience are without doubt the focus of gaze. But for Freud, it is Charcot's "repeated attentiveness to nuance and detail" that Freud would learn (Phillips, 2014). We will see, however, that the gaze is not what comes to sustain the Freudian project. It is the ear, the ear, and the voice that speaks.

Storms in her head

This is precisely what he was not forgiven for. His introduction of the notion of sexual forces that take over the subject without warning, nor logic, was still admitted; but that sexuality is a place of speech, that neurosis is an illness that speaks, here is something strange, and even his disciples prefer that we speak of something else (Lacan in interview with Chapsal, 1957, p. 241).

It is on Freud's return to Vienna in 1887 that he takes up the technique Breuer was taught by Anna O. In this, Freud shifts his attention from the physical symptomology of neuropathology and the search for answers to the questions posed by 'nervous disorders', towards the psychological. In doing this, he shifts his attention from Charcot. By 1892, when Freud writes *Sketches for the preliminary communication of 1893*, we clearly see him making clear his divergence from Charcot's theories on hysteria. He critiques Charcot's descriptions of hysterical attacks as throwing "no light at all on any connections there may be between different phases, on the *significance* [emphasis added] of the attacks in the general picture of hysteria, or on the way in which the attacks are modified in the individual patients" (Freud, 1886-1899/2001, p. 151). He is, it seems, preparing himself to listen to the singular, the unique experience of those who come to speak to him. Freud takes up work with hysteric suffering with quite some gusto, incorporating the method Breuer learned in his work with Anna O. When *Studies on Hysteria* is published, the text begins with a sentence: "[a] chance observation has led us, over a number of years, to investigate a great variety of different forms and symptoms of hysteria ..." (Breuer & Freud, 2001/1895, p. 179). This chance observation occurred in work with hysterics, beginning with Breuer and Anna O. What does Breuer observe in his work with this young woman? In the case history published in *Studies on Hysteria*, Breuer notices that if Anna is able simply to speak, to "chimney sweep" as she calls it, her condition improves, even if temporarily (ibid, p. 30). And as Anna and the other women in the *Studies* articulate their experiences, particularly moments deluged by a sense of overwhelm, Breuer and Freud come to identify an articulation between the hysteric's symptom and a "precipitating cause – the event which provoked the first occurrence, often many years earlier" (ibid, p. 1). In the same paragraph, we read that these events recollected in language have been, to use a term Freud will develop as a central premise of psychoanalysis, repressed. Freud and Breuer write that the hysteric is "genuinely unable to recollect it [the event] and often has no suspicion of the causal connection between the precipitating event and the pathological phenomena" (ibid, p. 3). This "chance observation" is the turning point in the development of a praxis,

the praxis of psychoanalysis, which hears the hysteric speak and in time theorises the radical alterity of the unconscious.

The first case in *Studies on Hysteria* is the case of Anna O – Josef Breuer's only case in the text. Breuer's limited contribution to the case studies is something which is not made explicit in the book itself, which was published a decade after the treatment was ended. We can read in Freud's correspondence with Breuer something of the difficulties which led to their friendship ending (E. Freud, 1970). However, it is almost 30 years before Freud writes of the conclusion of Anna O's treatment. On June 2, 1932, Freud writes a letter to Stefan Zweig, correcting the error Zweig makes in his book *Mental Healers: Mesmer, Eddy and Freud* (Zweig, 1931/2012). The error was one in which Zweig claims that Anna experienced and suppressed *sentimenti illeciti* (i.e. of a sexual nature) while sitting at her father's sickbed, and informed Breuer of this under hypnosis.

He writes:

What really happened with Breuer's patient I was able to guess later on, long after the break in our relations, when I suddenly remembered something Breuer had once told me in another context before we had begun to collaborate and which he never repeated. On the evening of the day when all her symptoms had been disposed of, he was summoned to the patient again, found her confused and writhing in abdominal cramps. Asked what was wrong with her, she replied: "Now Dr B's child is coming!" ... seized by conventional horror he took flight and abandoned the patient to a colleague. For months afterwards she struggled to regain her health in a sanatorium. If things would have been as your text maintains, then everything else would have taken a different turn. I would not have been surprised by the discovery of sexual etiology. Breuer would have found it much more difficult to refute this theory, and if hypnosis could obtain such candid confessions, I probably would never have abandoned it (E. Freud, 1970, pp. 412-413).

We can read beyond this scene, "Dr B's" child was coming, but it would be Freud who would raise it. Though Breuer, it seems from various accounts (Gay, 1985, 2006; Phillips, 2014) was a kind man with a subtle intelligence, he did not possess Freud's driven and at times reckless curiosity, the trait which allowed Freud to make the discovery "that sexuality is a place of speech, that neurosis is an illness that speaks" (Chapsal, 1957; Gay, 1985, 2006; Phillips, 2014).

Freud's hunger to know overrode concerns he may have harboured regarding the

social norms of the time and his standing in society – a society which methodically undermined him anyway because of his Jewishness. In general, in his professional life at least, Freud was not seized it seems by “conventional horror” concerning sexuality, particularly the Victorian public sexual standards of his time (E. Freud, 1970). Freud’s desire for knowledge coupled with an ongoing capacity for self-critique (he was not so comfortable in dealing with the critique of others) and self-analysis positions Freud as open to the possibilities of becoming the interlocutor of the hysteric. He came to believe they know something that they do not know they know, and Freud’s desire aims at the knowledge they hold. The diagnosis of hysteria, it seems, becomes integrally intertwined with Freud’s greed for knowledge and the hysteric’s desire to tell of the “storms in her head”, as Emmy von N described her symptom (Breuer & Freud, 1893-95/2001, p. 78).

Significantly for the diagnosis of hysteria, Freud recognises his failures – the inadequacy of his knowledge and his technique. At this time Freud still employed hypnosis, suggestion, a variety of prescriptions for bath treatments, massage (which he sometimes administers – not unusual at this time) and various concoctions of sedative drugs in his treatment of “nervous disorders” (Breuer & Freud, 1893-95/2001; Freud, 1886-1899/2001). He writes freely of moments of failure: “I unfortunately failed to enquire into the significance of Frau Emmy’s animal visions ... s]he then said in a definitely grumbling tone that I was not to keep on asking her where this and that came from, but to let her tell me what she had to say. I fell in with this ...” (Breuer & Freud, 1893-95/2001, pp. 62-63). Throughout the *Studies*, Freud admits that he wandered off down the wrong path, making statements like “my blunder was made plain to me the next day by a depreciatory comment on her bath” (Breuer & Freud, 1893-1895/2001, p. 62). When I read this phrase years ago, I did not adequately credit Freud’s willingness to openly announce his failures. But now, thinking about it in relation to the question at the centre of this dissertation, I notice the way in which he responds rather than reacts to the demands, requests, appeals, and emotional lability of the women of whom he writes.

Freud the interlocutor

Though this is not a biography of Freud, it is vital to note that there was something about him which allowed him to hear the hysteric in a new way and to theorise out of this hearing a change to the diagnosis and treatment of hysteria and to formulate the praxis of psychoanalysis. From 1880 through to around 1893, the diagnosis and treatment of hysteria underwent a radical change catalysed by Freud and his teachers. Each one of the women in the *Studies* contributes to Freud’s growing understanding, as he lays it out for us. Anna O gives name to the process “the talking cure”. She also initiates Freud’s thinking in the field of the topologies of the mind that

he develops over the years, and vitally in what he will come to call the transference (Breuer & Freud, 1893-95/2001). Emma von N insists on being able to speak freely, demanding Freud just let her speak and stop asking questions; this results in the Freudian fundamental clinical requirement, free association (Breuer & Freud, 1893-95/2001). Lucy R is central to establishing Freud's understanding of the sexual idea, the unfulfilled desire at the heart of the hysteric's suffering, and that the symptom is the sexual life of the neurotic encoded (Breuer & Freud, 1893-95/2001). It is in the work with Elisabeth von R in which Freud begins to theorise repression and conversion. In the curious situation Freud finds himself in with Katharina, he is hiking and is approached by a young woman who is waiting his table. Katharina articulates through her stories what Freud calls *Nachträglichkeit*, or afterwardsness: that the traumatic consequences of a first scene are only released in the hysteric symptom as result of a retrospectivity arising from the second scene. Freud's willingness to be taught by women in his early research seems quite extraordinary for his time. Freud's work with these women inspires the discoveries and developments he makes over the years that all lead to one key concept: that the symptom, whatever form this takes, is the sexual life of the human being. And yet, in terms that we will be discussing in considering Lacan and hysteria, Freud with his desire for their knowledge and the hysteric seeking to divine the Other's desire, make something of a team.

It must be noted that my view of Freud's search for knowledge and his continually developing theories of sexual trauma and the sexuality of children has been critiqued by Jeffrey Masson in 1998 and has continued to be in particular discourses (Borg, 2020; Masson, 1998). Masson introduced the world to the notion that Freud "suppressed the seduction theory", highlighting a letter Freud wrote to Fleiss on September 21, 1887 (Masson, 1985). However, the scope of this project does not allow a thorough argument to be developed of these critiques. Focusing as I am on the diagnosis of hysteria, I will say that there is an hysteric phenomenon at play in Masson and others 'cancelling' the Freudian project based on Freud's personal (or indeed other) communications. Moreover, there is a lack of subtlety in understanding that sexual trauma can range from sexual violence enacted upon the body of a child through to an overwhelming experience of stimulation in being dried after a bath, or catching a glimpse of a pornographic image over the shoulder of an adult. What is interesting in this lack of nuance appears to be the difficulty these critics have with Freud's introduction of the concept of fantasy, and that what we fantasise can be abhorrent to us. There is nothing in the literature to suggest that there was a physical sexual relationship between Anna O and Josef Breuer. However, if Freud's account of how Breuer's work with Anna O came to an end is accurate, Anna's fantasies regarding Breuer were sexual fantasies – fantasies involving the conception of his child.

Scribbled in the margin of page four of my copy of *Studies* is a note written years ago: “so easy for us to forget the origins – identifying the symptom first experienced by the body”. Unlike his predecessors and certain modalities of psychotherapy today, which focus on the body as if the body were not overwritten with symbols, with language, Freud becomes increasingly interested in the ways in which the productions of the hysteric’s body – her physical symptom – is the truth of her trauma as yet unsymbolised. Hysterical attacks, as they were called, were physical events that Freud becomes more and more clear are the result of “hallucinating the same event which provoked the first one”, and that there “consists only in what might be called a ‘symbolic’ relation between the precipitating cause and the pathological phenomenon” (Breuer & Freud, 1893-1895/2001, pp. 4-5). He makes the link between trauma and hysteria fundamental, eradicating the need for Charcot’s diagnostic category of traumatic hysteria. Further, in the preliminary communication to the *Studies*, Freud makes two assertions. The first is that “[w]e must presume rather that the psychical trauma – or more precisely the memory of the psychic trauma – acts like a foreign body which long after its entry must continue to be regarded as an agent still at work” (ibid, p. 6). In the second, he states that:

[a]mong the causes of hysterical symptoms [are] ideas which are not in themselves significant but whose persistence is due to the fact that they originated during the prevalence of severely paralysing affects, such as fright, or during positively abnormal psychical states such as the semi-hypnotic state of daydreaming ...” (Breuer & Freud, 1893-1895/2001, p. 11).

What Freud seems to do here is both unprecedented in the history of the diagnosis of hysteria in that he places sexual trauma as its genesis, but moreover he introduces the concept that ideas are precipitated and somehow petrified in what he will come to call the unconscious. Moreover, following Freud, Gherovici asserts:

[h]ysteria opens up the problem of the object of the drive and the problem of sexuality as an enigma to resolve. Hysteria is very much like psychoanalysis in that both demonstrate that there is no object for the drive, that there is no “normal” sexuality. Heterosexuality is an outcome of sexuality as arbitrary and labile as an outcome of homosexuality. If an object appears, the relationship to this object is at least enigmatic. The drive’s aim is variable and its object, uncertain. Hysteria and psychoanalysis

bring forth the same issues: desire, *jouissance*, the drive, and the contingency of the sexual object. Not in vain did the one incite the invention of the other (2014, p. 49).

Freud's engagement with hysteria and the hysteric, and the cooperation the hysteric offered him in his project, produces a rupture with past ways of conceptualising the diagnosis of hysteria and of hysteric suffering. Moreover, through a thorough reading of these earliest writings on hysteria, we can glean the seeds of what Lacan comes to name the four fundamental concepts of psychoanalysis (1973/1981).

To close, it is remarkable that considering his early work with hysteria and the way in which from these early encounters he conceptualises and develops these fundamental concepts (the drive, repression, the unconscious, and repetition), that Freud cannot seem to make the necessary leap away from the fleshy organ of the penis as cardinal to sexuality. He writes in 1924 that "[a]natomy is destiny" (Freud, 1924/2001, p. 178). He grappled with the question of sexuality, of feminine sexuality and feminine desire throughout his life (Freud, 1905/1997, 1909/2001a, 1916-1917/2001, 1924/2001, 1908/2001a, 1931/2001, 1932/2001, 1908/2001b, 1923/2001, 1920/2001b, 1905/2001b). In volume two of the three volume biography of Freud authored by Ernest Jones, Jones recounts Marie Bonaparte recalling Freud saying to her "[t]he great question that has never been answered and which I have not yet been able to answer, despite my thirty years of research into the feminine soul, is 'What does a woman want?'" *was will das Weib* (1955, p. 421). In consultation with a couple of German speakers I know, both told me that they think a more accurate translation would be 'What does Woman want?'. This is the moment to move toward Lacan, who tells us that "[t]here's no such thing as Woman, Woman with a capital W indicating a universal" (1975/1998, p. 68).

Chapter 4: Slips of the Other's tongue (Fink, 1995, p. 3)



(Cahun, 1929)

“The centre cannot hold”

(Finneran, 1919/1996, p. 297)

Together with the familiar trauma of war⁶, disease, starvation and inequalities, subjects of the European nineteenth century watched profound societal and scientific change occurring. Space shrank with the invention of trains and eventually automobiles. New ways of managing pain were invented – aspirin was internationally marketed in 1899, two years after its invention. The anti-clerical movement swept most of Europe, and Darwinism emanated shock waves (Evans, 2016). And, in the twilight of the nineteenth century, Freud began a praxis he called psychoanalysis – which will come to change, for some, the way they think about human subjectivity: psychoanalysis positing a subject radically divided, a consciousness that is not mistress in her own house. In addition, new terms arose out of psychoanalysis which have become part of everyday speech well beyond the psychoanalytic scene.

⁶ Wikipedia records 58 conflicts in Europe in the 19th century. I checked this account, conflict by conflict, and found this to be correct, albeit noting that there may be conflicts that are absent (https://en.wikipedia.org/wiki/List_of_conflicts_in_Europe).

The cultural, scientific, and social changes described above form the shifting aggregate upon which the Great War, as it is called by some, was fought. Freud writes of this war in 1915:

Then the war in which we had refused to believe broke out, and it brought disillusionment. Not only is it more bloody and destructive than any war of other days, because of the enormously increased perfection of the weapons. ... [i]t disregards all restrictions known as International Law, which in peace-time the states had bound themselves to observe; it ignores the prerogatives of the wounded and the medical service, the distinction between civil and military sections of the population (pp. 278-279).

This was a war which left 20 million dead, over half of them civilians. I am compelled to write that 90,000 from Aotearoa fought in this European war. Around 18,000 New Zealanders died as a result, and 41,000 were injured. This was a staggering loss of human life, and with it came innumerable other horrors: mutilations, starvation, homelessness, ongoing antagonisms, and threats of further violence and unrest. Armistice Day (11 November, 1918) marked the end of this war. Two months later, Yeats began writing *The Second Coming*, a line from which heads this chapter. Yeats set out as a Romantic poet, over time becoming a Modern. It comes to mind that Julia Kristeva asserts Freud as “first among the moderns” (1989, p. 8), and two decades earlier he produced a knowledge that “the centre cannot hold” (Finneran, 1919/1996, p. 297).

There were, however, other reactions to the devastations of these upheavals – reactions which constitute a movement away from Modernist sensibilities. The Dada movement, established in 1916, was a direct response to the bloodshed and insanity of the war of 1914-1918 (Oxfordartonline, 2020). Further, out of Dada, Surrealism broke away – and it is here that we locate the nexus of something psychoanalytic in France in this first quarter of the twentieth century (Rabaté, 2002). André Breton, founder of the Surrealist movement, began medical school in 1913 (seven years earlier than Lacan). He developed an interest in mental illness, spending time training at the psychiatric centre in Saint-Dizier (Polizotti, 2009). Breton, however, was not a successful student, opting for medical school as the least offensive of his possible options for study. In February 1915, he was drafted into the army and sent to what some 40 years later he called “a cesspool of blood, mud, and idiocy” (ibid, p. 26). It must be noted that 40% of British soldiers returning from fighting in the trenches suffered from ‘shell-shock’, or war neurosis – the symptoms of which are

manifestly hysteric: paralyses and limps, blindness, deafness, mutism, and limb contractures with no identifiable physiological cause (War Office Committee, 1922). I have not been able to find equivalent contemporaneous data for France in English translation, but the literature suggests cases were seen in similar numbers (Jones, 2012; Reid, 2019). The sheer excess of unrelenting violent trauma, experienced both as survivor and as witness, speaks through the bodies of these men (as it did in the hysterics of Salpêtrière). In one sense, these war and post-war years coupled with the radical cultural, societal, and economic hiatus opened the way for a male embodiment of the hysteric's question in a more widespread way. The pervasiveness of this diagnosis of shell-shock, also called war hysteria and war neurosis, was responded to by the Surrealists – who adopted images of landscapes torn asunder and the dismembered bodies of women and men. They painted, sculpted and photographed the fragmentation and alienation of the speaking being and the living human organism, and they were drawn to psychoanalysis.

Stating his inspiration via psychoanalysis, in particular Freud's two volumes of *The Interpretation of Dreams*, André Breton published *The Surrealist Manifesto* in 1924, announcing Surrealism in reaction to the absurdity of humankind (with its purported belief in the rational mind). Surrealism was also a rebellion against middle-class complacency, which was in part to blame (according to the Surrealists) for the ruins left by the events of the first decades of the twentieth century (Breton, 1924/1999; Durozoi, 2005; Freud, 1900/2001a, 1900/2001b; Gombrich, 1950/1978; Klingsoehr, 2015). Breton and Freud⁷ met in 1921, but things did not go well. There continued for a time a somewhat acrimonious interaction, which Rabaté describes as “a series of attempts at seduction followed by rejection and absurd bickering, in short, by a movement that might call up the very logic of hysteria” (2002, p. 59). Freud was not the psychoanalyst to be struck by Surrealism. This would take a subject born after Freud, a subject formed by the first quarter of that century.

Jacques Lacan, the first son of a conservative Catholic family, was born midway through the Third French Republic (1870-1940). The year was 1901, just one year after Dora's psychoanalytic encounter with Freud (Freud, 1905/1997; Roudinesco, 1997). A number of biographies and memoirs have been written regarding the life of Lacan, including the amusing article *Riding in cars with Jacques Lacan*. Although Lacan's life is not the focus of this research, it is meaningful to situate his encounter with psychoanalysis and specifically with hysteria (S. Lacan, 1997/2019; Millot, 2018/2018; Roudinesco, 1997, 2011/2014; Webster, 2019). This offers context to a Europe moving at speed through invention, destabilisation, and trauma.

⁷ The story of their encounter is fascinating in its own right. See (Rabaté, 2002).

Gherovici tells us that “Lacan, like most French neurologists and psychiatrists of his generation, started his clinical career as a Babinskian” (2014, p. 51). Josef Babinski (1857-1932) a prominent French neurologist of Polish descent, studied with Charcot between 1885 and 1887, and is considered by some to have been Charcot’s favourite student (Drouin, Drouin & Péréon, 2017; Poirier & Phillipon, 2011). Like Freud, Babinski “abandoned his previous interests and became increasingly focused on hysteria” (Poirier & Phillipon, 2011, p. 91). And, like Freud, he comes to diverge from Charcot’s teachings. Babinski does retain the idea of curing hysteria via suggestion, though replacing hypnotic suggestion for conscious suggestion. Further, for 25 years, Babinski had a “lasting preoccupation to develop criteria for differentiating hysterical symptoms from the signs produced by organic lesions of the nervous system” (Gomes & Engelhardt, 2014, p. 320). Babinski went on to abandon the diagnosis of hysteria in favour of his neologism ‘pithiatism’, defined as a pathologic state resulting in disorders which can be very accurately reproduced by suggestion, and can disappear by persuasion (Gherovici, 2014). “Babinski retained the exclusive etiological role of suggestion, and refuted ... the role of emotion. He also sought to separate pithiatism from simulation, but ambiguously he made pithiatrics ‘semi-malingers’” (Poirier & Derouesné, 2014, p. 139). And here we are, back positioning hysteric suffering as malingering: synonyms for malingering appear in several internet dictionary searches as dodge, fake, loaf, sham, shirk and to “pretend illness to fake duty” (Merriam Webster; *Online Etymology Dictionary*; Oxford English Dictionary). Though a contemporary of Freud, Babinski seems to repress the meaning of hysteria via the suppression of the signifier explicitly in his renaming. And if there is one thing psychoanalysis teaches us about repression, it is this: the repressed always returns (Freud, 1914-16/2001; Lacan, 1973/1981). Babinski, in his position as professor, influenced several generations of French psychiatrists (Gherovici, 2014). Professor Henri Claude Clerambault was one such psychiatrist, and was director of the hospital Sainte-Anne’s during the years of Lacan’s training. So it was that Lacan first encountered hysteria in the clinic – the French psychiatric clinic in which psychoanalysis is almost entirely foreclosed.

During Lacan’s training as a psychiatrist at St Anne, his clinical interests were in the field of psychosis, particularly paranoia. His 1932 doctoral thesis, *De la psychose paranoïaque dans ses rapports avec la personnalité* (*Paranoid psychosis in its relationship with the personality*) explores paranoid psychosis (Cox-Cameron, 2000; Gherovici, 2014; Patel, 2016). Roudinesco, in what reads to me as a little excessive, writes of Lacan’s work on psychosis that:

[i]t took on the importance that had previously been accorded to studies in hysteria in the rise of the international movement. Just as Freud had given hysteria its patents of nobility in endowing it

with full-fledged existence as an illness, so Lacan, forty years later, gave paranoia, and more generally psychosis, an analogous place within the French movement (1997, p. 114).

Hysteria, then, was not the first clinical structure to take Lacan's attention. As Gherovici suggests, given "Lacan's interests during his formative years, it is likely that he discovered the far-reaching importance of Freudianism less through medical literature than through Surrealism" (2014, p. 52; see also Leader & Groves, 2013; Polizotti, 2009, pp. 344-350). We know that Andre Breton and the Paris Surrealists were impressed by Lacan's thesis on paranoid psychosis (Polizotti, 2009). However, four years before Lacan published his doctoral thesis, the Surrealists had published 'The fiftieth anniversary of hysteria' in a special edition of *La révolution surréaliste*⁸ (Gherovici, 2014). The manifesto is a flamboyant celebration of hysteria and hysterics, proclaiming hysteria as an act of poetic creativity, as "the greatest poetic discovery of the end of the nineteenth century", and proposing an "encounter with the Freudian unconscious and language" (ibid, p. 51). While the Surrealists were celebrating hysteria, Lacan was writing a case study of an hysteric woman which is entirely orthodox within the psychiatric field of his training (Gherovici, 2014). Yet, by "as early as the beginning of the thirties", as Dosse highlights, Lacan had "embraced all forms of modernity, from Dadaism in the arts to Hegelian political philosophy" via attendance at Kojève's seminar series (Dosse, 1991/1998, p. 91). There is something I see in reading Lacan (and in readings of Lacan) that calls to mind an intellectual kea: brilliant, curious, agile, playful, and an occasional thief stitching together his gleanings to craft an overarching praxis.

The vast breadth and variety of Lacan's intellectual pursuits over the course of his life is remarkable, and the accentuation the Surrealists placed on two elements – psychoanalysis and language – had a profound effect on Lacan. Lacan, as a young man of intellectual Paris, was also, without doubt, aware of the Surrealist celebration of hysteria and psychoanalysis. He went on to hold a long-term friendship with Salvador Dali, and spent time in Surrealistic circles. This, coupled with his engagement with Hegel via Kojève and the intrinsic privileging of desire, contributed to his shift of position from the medical discourse to the psychoanalytic one. By the time of the publication of his thesis in 1932, Lacan had taken a non-orthodox and unprecedented position on psychosis, in which "[h]e analyzed the paranoid structure in its semantic, stylistic, and grammatical peculiarities. He noted that the extravagant language of paranoids resulted from a process tantamount to the one at work in the

⁸ I am relying here on the Gherovici texts which deal in detail with the Surrealist encounter with psychoanalysis and hysteria. I do this as I have been unable to find a reliable English translation of "The fiftieth anniversary of hysteria" at an acceptable cost.

poetic experiments of the surrealists” (Gherovici, 2014, p. 55). Further in this work, Lacan was already “especially interested here in this complex relation to images and the ideas of identity to be found in paranoia” (Leader & Groves, 2013, p. 90).

By 1940, Nazi Germany has occupied France. Amongst the other miseries this caused, the Paris Psychoanalytical Society (SPP) disbanded for the duration of the war. Lacan is called to military service and performs this duty as a medical doctor, refusing to publish any psychoanalytic works at this time. The socio-cultural turmoil left in the wake of this war, the atrocity of genocide, the death, dismemberment and displacement of millions of civilians and active personnel, and the final detonations of weapons of mass destruction, ushered in a new age. And of course, Lacan got to hear these traumas repeating in the psyches of his analysands.

Lacan’s subject

Lacan produced a vast oeuvre of work spanning some 50 years, writing case studies even before the publication of his doctoral thesis, and until late in his life he continued to offer his yearlong seminars. Lacan’s theories and propositions developed over this time, his theorising always in motion, always arising from clinical praxis. His ideas are transformed, his positions are reversed, and his lenses are changed, and always in accordance with something that has taken his attention in the cultural moment and his encounters with the theorists of his time from the fields of anthropology, linguistics, mathematics, philosophy, the arts and the sciences. Over the course of the 1950s, Lacan professed a “return to Freud” while at the same time structuralising the psychoanalytic discourse, establishing it within the philosophical orientation of Structuralism with the introduction of the sign (Dosse, 1991/1998; Lacan, 1966/2006a, 1966/2006b). One only needs to skim Lacan’s works to see how broadly he engages with linguistics, structuralist anthropology and ethnology, biology, contemporary philosophy, and topology. Lacan sustained his interest in subjectivity from his doctoral thesis to his final works. Even when he had fallen to not speaking and to his resolute work with his knots, Lacan wrestled with the notion of subjectivity (Lacan, 2005/2016; Millot, 2018/2018).

It is not my intention, nor is it possible in this work, to offer a comprehensive overview of Lacan’s thinking on the topic of subjectivity. Entire texts (and many of them) have been devoted to this task. I will offer here the briefest glimpse of Lacan’s ‘subject’. To be able to speak of Lacan and the diagnosis of hysteria, this is necessary. I intend to neglect what some call ‘late Lacan’ altogether, as the works I focus on in the next chapter are prior to this period. My focus here will be on the procedure of

alienation in the Lacanian project. Again, I highlight that the Lacanian clinician or theorist is not my intended audience here, but rather the psychotherapeutic practitioner or student of Aotearoa who may never have encountered Lacan (and possibly not even Freud). I intend to avoid, wherever possible, what my friend and colleague Patricia Gherovici calls “Lacanese”.

Freud proposes in the simplest terms a human mind in which component parts are split from one another: early on the id, ego, and superego; and later repressed representations together with the id – the unconscious, the ego, and the preconscious and perception-conscious (Freud, 1923/2001, see diagram p. 24). In his later works Freud talks of splitting (*Spaltung*), or more specifically, the *Spaltung* or splitting in fetishism and psychosis, in which two discrepant ideas can exist in the ego alongside one another (Freud, 1933/2001, 1927/2001, 1939/2001, 1924/2001b, 1940/2001a, 1901/2001, 1915/2001b, 1940/2001b, 1915/2001d). Lacan, returning to Freud, proposes a speaking-being (or *parlêtre*⁹) who is radically divided or split, advancing Freud’s concept of splitting to encompass all speaking beings regardless of diagnostic structure. Lacan symbolises this divided or split subject \$.

Psychoanalysis assumes a subject and an object. On the one hand there is the divided subject, and on the other there is the object – the significant Other who desires, who speaks, and to whom we are alienated. “Alienation”, Lacan tells us, “resides in the subject’s division” (Lacan, 1966/2006d, p. 713). Lacan theorises these concepts and the operations or processes within the frame of structuralism. Lacan’s speaking being is alienated in the following ways:

- Alienated to the image – the ideal-ego.
- Alienated to the Other as language – the unconscious.
- Alienated to the desire of the Other – the ego-ideal.
- Alienated to the Other as *jouissance* – the Freudian superego.

There is a second process to the process of alienation that occurs in logical time, in which a subject can emerge: a subject who knows her desire. Here, I want to introduce the ways in which the speaking being is alienated to the Other. Freud suggests in his essay *On Narcissism: An Introduction* that:

⁹ *Parlêtre* is a neologism from ‘être’ a noun meaning being and ‘parler’ a verb meaning to speak.

We are bound to suppose that a unity comparable to the ego cannot exist in the individual form from the start; the ego has to be developed. The auto-erotic instincts, however, are there from the very first; so there must be something added to auto-erotism – a new psychical action – in order to bring about narcissism (1914/2001, pp. 76-77).

Freud poses a question about the formation of the ego through a “new psychical action” that Lacan takes up. We can hypothesise the discordant, inchoate, fragmented experience of the infant – “*corps morcele*”, the body in pieces, is the term Lacan uses (1966/2006, p. 97). How does the tiny infant come to differentiate the within and without, how does she come to differentiate between the discomfort she feels on the skin of her bottom, the rush of cold when someone walks into the room, the smell of mother, the voice of her sibling crying, a sensation in her tummy?

The human infant, Lacan maintains, fundamentally lacks. One is born with a “veritable specific prematurity”, a lack of basic physiological survival capacities that other mammals have to a greater or lesser degree (1966/2006c, p. 76). In 1949, Lacan presented his paper *The mirror stage as formative of the I function as revealed in the psychoanalytic experience*¹⁰, in which he states that the human infant, “at an age when he for a short while, but for a while nevertheless, is outdone by the chimpanzee in instrumental intelligence, can already recognize his own image in such a mirror”. He leans in and experiences “an instantaneous view of the image in order to fix it in his mind” (ibid, p. 76).

Implicitly proposing an answer to Freud’s conjecture of “a new psychical action”, Lacan responds that it is with “jubilant assumption [assomption] of his specular image by the kind of being – stilled, trapped in his motor impotence and nursing dependence – the little man [sic] at the *infans* stage thus seems to me to manifest in an exemplary situation the symbolic matrix in which the *I* is precipitated in a primordial form before language restores to it, in the universal, its function as a subject” (1966/2006c, p. 76). Many of us have witnessed this scene, baby “often being held tightly by some prop, human or artificial”, in front of a mirror, a parent declaring, “Look, it is you.” The child jubilantly assumes the form she witnesses in the mirror as ‘true’. I want to highlight that there need not be an actual mirror, only that the child finds something which reflects their image to them. This could be a sense

¹⁰ Lacan had prepared an earlier version of this paper to present at the conference of the International Psychoanalytic Association in Marienbad in August of 1936, titled *Le stade du miroir* (1966/1977). I mention this in that the project of ‘the mirror stage’ was a work of many years in Lacan’s early career. There is a significant evolution of the concept by the time the paper is presented in 1949 – Lacan moves from thinking of the mirror stage as a developmental process, but rather as part of what creates the subjective structure. He develops this much further in *The subversion of the subject and the dialectic of desire* (2006)

of reflection when observing the 'wholeness' and gestures of another child or adult. Lacan goes on to say:

[t]his form would, moreover, have to be called the 'ideal-I' – if we wanted to translate it into a familiar register – in the sense that it will also be the root-stock of secondary identifications, this latter term subsuming the libidinal normalizing functions. But the important point is that this form situates the agency known as the ego, prior to its social determination, in a *fictional direction* [my italics] that will forever remain irreducible for any single individual or, rather that will only asymptotically approach the subject's becoming, no matter how successful the dialectical syntheses by which he must resolve, as *I*, his discordance with his own reality (1966/2006c, p. 76).

Lacan offers here the idea that the image becomes the 'object' of libidinal investment: via this image it becomes possible for the autoerotic pleasures of the child to become the object of libidinal investment – the object is, however, an image. In this we can read Lacan as saying that the ego itself is not a subject, but rather an object. Lacan realises that "[t]he function of the mirror stage ... the function of the imago" addresses the human infant's need "to establish a relationship between an organism and his reality – or as they say, between the *Innenwelt* and the *Umwelt*" (1966/2006c, p. 78). Yet, while Lacan stresses the importance of this stage in the formation of an ego which gives us a sense of cohesion, wholeness, consistency, he also proposes that this is no path to simple identification, identification that is in the Freudian sense an *imaginary identification*. This notion forms the basis of Lacan's Imaginary Register or Order: the realm of the image. He asserts we are alienated via this image, this sense of being whole that we require to hold 'ourselves' together, yet, which, paradoxically alienates us, stating "[t]his gestalt is also replete with the correspondences that unite the *I* with the statue onto which man projects himself, the phantoms that dominate him, and the automaton with which the world of his own making tends to achieve fruition in an ambiguous relation" (Lacan, 1966/2006c, pp. 76-77). The ambiguous relation can be thought of as occurring in the gap between the wholeness of the image, the seeming cohesive unity of the image, and the real experience of the body – the *corps morcele*. Or, as Lacan puts it later in the *Écrits*, "[t]he only homogenous function of consciousness is found in the ego's imaginary capture by its specular reflection, and in the function of misrecognition that remains tied to it" (1966/2006d, p. 705). One can only wonder what the ever-increasing proliferation of screens in our lives may produce for the speaking being and within our social bonds.

Before we are conceived, someone may well be already speaking of us: maybe naming us, speaking of who we might be and of their relationship with this. These beings-who-speak, who conceive and gestate us, speak about us within the cultural, social, and linguistic world. Their speech, consisting of signifiers used for generations to speak of children, occurs in a language that precedes them, and will continue once they and the child they are bringing into the world are dead. Lacan calls this realm the Symbolic Order. As outlined in the discussion of the mirror stage, the human child is unable to survive without her caregivers, her first significant Others. This 'prematurity' destines the purely sensate life of the infant to be overwritten with language, overwritten by the signifier of the Other in that the child is under the imperative to learn the language of the Other to be able to express her needs and her demands. Fink writes of it thus, and I quote at length:

Lacan's view is more radical still in that one cannot even say that a child knows what it wants prior to the assimilation of language: when a baby cries, the meaning of that act is provided by the parents or caretakers who attempt to name the pain the child seems to be expressing (e.g., "she must be hungry"). There is perhaps a sort of general discomfort, coldness, or pain, but its meaning is imposed, as it were, by the way in which it is interpreted by the child's parents. If a parent responds to its baby's crying with food, the discomfort, coldness, or pain will retroactively be determined as having "meant" hunger, as hunger pangs. One cannot say that the true meaning behind the baby's crying was that it was cold, because meaning is an ulterior product: constantly responding to a baby's cries with food may transform all of its discomforts, coldness, and pain into hunger. Meaning in this situation is thus determined not by the baby but by other people, and on the basis of the language they speak (1995, p. 6).

Each human child who takes up language therefore becomes alienated to language; not only the overarching structural rules and vocabularies inherent in language but through an inscription made upon their existence, the inscription of the Other of language. How does this take effect, and what are the implications for the speaking being?

In yet another paradox of Lacan's theory of subjectivity, the Other of language to which we are alienated, the signifier of language opens the possibility of separation from the (m)Other's desire. In Seminar XI, Lacan states that "[t]he unconscious is constituted by the effects of speech on the subject, it is the dimension in which the

subject is determined in the development of the effects of speech, consequently the unconscious is structured like a language" (1973/1981, p. 149). Lacan writes in *The position of the unconscious* that the Other as language is part and parcel of our division, of our being \$, and that the signifier falls, if you like, to both sides of the division: both the ego and the unconscious. The "signifier plays and wins" in slips of the tongue, the signifiers of dreams, jokes and free association, "before the subject is aware of it ... lighting up the subject's division from himself" (Lacan, 1966/2006d, p. 712). He is explicit in saying "the unconscious is a concept founded on the trail [trace] left by that which operates to constitute the subject. The unconscious is not a species defining the circle of that part of the psychical reality which does not have the attribute of the (or the virtue) of consciousness" (1966/2006d, p. 703). This trail is left by means of the signifiers of the language we were born into – which, on the one hand, invades and intrudes uninvited, and on the other hand opens the possibility for a subject to emerge (Fink, 1995). Fink puts it like this: "[t]he Other [as language], in this sense, can be seen as an insidious, uninvited intruder that unceremoniously and unpropitiously transforms our wishes; it is, however, at the same time that which enables us to clue each other in to our desires and 'communicate'" (1995, p. 6). In our alienation to language via the Other, Lacan's subject announces itself "[b]etween the enigmatic signifier of sexual trauma and the term it comes to replace in a current signifying chain, [in which] a spark flies that fixes in a symptom – a metaphor in which flesh or function is taken as signifying element – the signification, that is inaccessible to the conscious subject", other than through the symptom, slips, dreams and parapraxis (1998/1955, p. 150). Lacan tells us that:

[t]he laws that govern this other scene (*ein anderer Schauplatz*), which Freud, on the subject of dreams, designates as the scene of the unconscious – the effects that are discovered at the level of the chain of materially unstable elements that constitutes language: effects that determined by the double play of combination and substitution in the signifier, according to the two axes for generating the signified, metonymy and metaphor; effects that are determinant in instituting the subject (1966/2006e, p. 578).

These are concepts of subjectivity which are axiomatically antithetical to the subjectivities proposed by the ego and self-psychology and their derivatives – and this, of course, means a dramatically different way of doing therapy (Harris, Lichtenstein & Christian, 2015). Lacan proposes an encounter with our cause as both an alienating Other *and* the means via which we might separate from this Other:

[t]he effect of language is to introduce the cause into the subject.

Through this effect, he is not the cause of himself; he bears within himself the worm of the cause that splits him. For his cause is the signifier, without which there would be no subject in the real. But this subject is what the signifier represents, and the latter cannot represent anything except to another signifier: to which the subject who listens is thus reduced (1966/2006d, p. 708).

The cry the infant makes out of need for the biological necessities of life opens by way of language the possibility of desire. But this is a desire that remains always intrinsically tied up within the speaking being's relation to the Other, the first of which can be denoted (m)Other: the infant's first encounter with a desiring being is with her (m)Other's desire – whoever is primary carer/mother for the child (Fink, 1995). "In this respect", Lacan tells us, "... desire becomes bound up at the junction with the Other's desire"(2006, p. 679). Lacan is unequivocal when he states "[m]an's desire is the Other's desire [*le désir de l'homme est le désir de l'Autre*]" (2006, p. 690) in which the *de* provides what grammarians call a "subjective determination" – namely, that it is qua Other that man desires. As much as some might long for some sort of return to a pre-language Rousseauian paradise (and this longing is occasionally found among psychotherapists), without language, says Lacan, there can be no desire. In the simplest terms, without language what is expressed is biological need and instinct but not desire. What we want as speaking-beings has nothing to do with anything instinctual or biological. It is the desire of the Other that sets in motion our desire.

The last concept I wish to outline here is our alienation to the Other as jouissance. Trauma, repetition and jouissance are integrally woven together in Lacanian theory. Early on Freud distinguishes instinct from the drive and in doing so says there is something about human sexuality that goes beyond instinct (Freud, 1915/2001a). Moreover, Freud posits an enjoyment that goes beyond the pleasure principle in a number of his writings, culminating in his theorising the id's push to satisfaction and the death drive (Freud, 1920/2001, 1924/2001a, 1915/2001a, 1940/2001a). Lacan, following Freud, develops and uses the term jouissance extensively. I will focus here on jouissance as libidinal excessive enjoyment, an enjoyment that leads us beyond pleasure and towards the traumatic. In Seminar VII, Lacan states that "without a transgression there is no access to jouissance" (1991/2007, p. 177). The ego is disturbed by jouissance, the enjoyment of the forbidden, a giddy excessive state of excitement, a "getting off on" something that what we think of as I or me would never want exposed to others and even to ourselves. With jouissance we often enjoy precisely against the morals, values, and cultural ideals that we hold dear. We are alienated to jouissance in its Otherness to our conscious thinking selves, in the way jouissance 'takes' us. A lovely example of this in the literature is Freud's case of Rat

Man, where Freud writes “[h]is face took on a very strange, composite expression. I could only interpret it as *horror at pleasure of his own of which he himself was unaware*” (1909/2001, pp. 166-167).

Though *jouissance* does not have to be explicitly sexual, it is libidinal. *Jouissance* always involves repetition and the drives, a repetition enjoyment that is an attachment to something traumatic, an encounter with the Other’s desire as too-muchness (Lacan, 1991/2007, p. 15). “Repetition”, Lacan tells us, “is not about just any old effect of memory in the biological sense. Repetition bears a certain relationship to what is the limit of this knowledge, and which we call *jouissance*” (1991/2007, p. 15). For Lacan and indeed for Freud, “[t]he reality of the unconscious is a sexual reality”, the phenomenological sexual stain of our traumatic encounters with *jouissance*, the protoplasm of which are inscribed via signifiers, encounters which we seek unknowingly to repeat (Lacan, 1998/1955, p 150). Fink summarises thus, “[t]he real is essentially that which resists symbolization and thus resists the dialectization characteristic of the symbolic order, in which one thing can be substituted for another. Not everything is fungible; certain things are not interchangeable for the simple reason that they cannot be “signifierized.” They cannot be found elsewhere, as they have a Thing-like quality, requiring the subject to come back to them over and over again” (1995, p. 92). *Jouissance* is that which eludes all signification, escaping symbolisation.

The excesses of *jouissance* can irrupt in an endless variety of encounters, sexual, political, the creative arts, fighting, hating, praying, there really is no limit. Of *jouissance* Lacan says, “[i]t begins with a tickle and ends in a blaze of petrol. That’s always what *jouissance* is” (1991/2007, p. 72). Marina Abramovic performed a work at the Studio Morra, Naples. She placed 72 objects on a table with instructions: “I am an object, do whatever you want to do with me” (Milica, 2014). “It began tamely”, Fraser Ward states:

Someone turned her around. Someone thrust her arms into the air. Someone touched her somewhat intimately. The Neapolitan night began to heat up. In the third hour all her clothes were cut from her with razor blades. In the fourth hour the same blades began to explore her skin. Her throat was slashed so someone could suck her blood. Various minor sexual assaults were carried out on her body. She was so committed to the piece that she would not have resisted rape or murder. Faced with her abdication of will, with its implied collapse of human psychology,

a protective group began to define itself in the audience. When a loaded gun was thrust to Marina's head and her own finger was being worked around the trigger, a fight broke out between the audience factions (2012, p. 125).

Abramovic, her torturers, and her protectors are all getting off on the irruptive, surprising and even horrifying manifestations of their jouissance, in which the Other, enjoying through them, can indeed become a blaze of petrol. It is possible not one of the participants in the performance, except Abramovic who predicted and possibly longed for something excessive, had any conscious awareness that they were to be overtaken by, commanded by the Otherness of jouissance to 'enjoy'. Jouissance, Lacan asserts in Seminar VII, is at the level of the body, the real body (1966-1967). But by Seminar XVII, it was succinctly summarized that "jouissance is of the order of an invasion" (Verhaeghe, 2006, p. 29).

In the hope that this sketch of Lacan's concept of the speaking-being will segue the writing into the next chapter, we can move on to a particular irruption, one might even call it an intervention, which Lacan introduces to the diagnosis of hysteria.

Chapter 5: “Speak, speak then, do what the hysterics do”

(Lacan, 1991/2007, p.77)



(Bunyan, 2018).

The four discourses

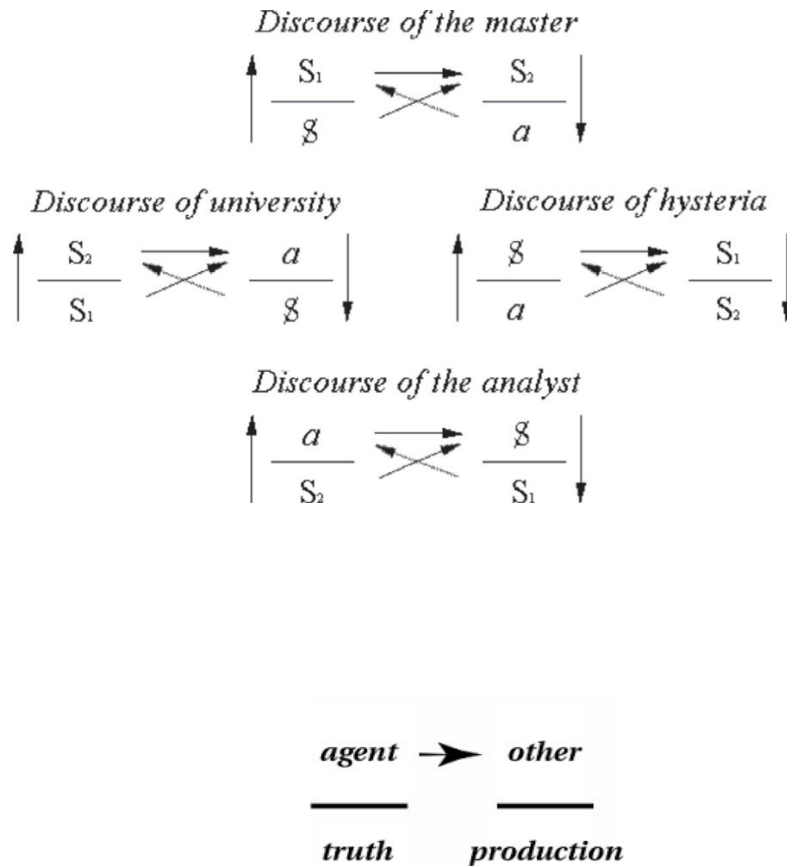


Figure 1. The four discourses.

In 1952, Lacan published his paper *Presentation on the transference* (1966/2006e). The paper considers Freud's case study *A fragment of an analysis of a case of hysteria* within a structural framework (Freud, 1905/2001a). Ironically, the year Lacan's return to Freud took on considerable momentum, the APA decided to exit hysteria from the DSM altogether (APA, 1952b). Moreover, in 1952 some of the great hysterics of the day were hystericising anew the fields of poetry, literature, art, and cultural studies. Hysteria may have been repressed by the DSM but as always, according to psychoanalysis, the repressed has a way of returning.

When Lacan proposed the discourse of hysteria in Seminar XVII (1969-70), *The other side of psychoanalysis*, he makes an unprecedented intervention in the history of the diagnosis of hysteria (1991/2007). Lacan elevates hysteria beyond suffering and situates it as one of what he contends are the four fundamental forms of

discourse within our social bonds. He proposes no such discourse for the other psychoanalytic diagnoses (psychosis, perversion phobia, and obsessionality).

I have included here a thumbnail sketch of the four discourses, which Lacan presents in Seminar XVII en route to the hysteric's discourse and the implications this has for clinical praxis. Throughout Seminar XVII runs Lacan's reading and incorporation of Marx. While it is outside the scope of this work to discuss this in detail, it is worth noting the importance of Marx's ideas in Lacan's work, particularly the concept of surplus value. Evans points out that "[w]henever Lacan uses the term 'discourse' (rather than, say, the term 'speech') it is in order to stress the transindividual nature of language, the fact speech always implies another subject, an interlocutor" (1996, p. 45). Lacan proposes that there are four fundamental types of discourse within which speaking beings engage in social links or bonds. As soon as we begin to speak, we are inscribed in the structural logic and the structural rules of one of the discourses. We can function at times in any given one of the discourses. The terms Lacan uses in the algorithms of the discourses are:

- \$ – the subject
- *objet a* (object a) – surplus jouissance or the cause of desire
- S1 – the master signifier
- S2 knowledge (as in *le savoir* or "knowing that") – the battery of all signifiers (Clemens & Grigg, 2006; Lacan, 1991/2007).

The symbols remain the same in each algorithm and simply change a quarter turn from one to the next either clockwise or anticlockwise. The places indicate an agent, the dominant position in the algorithm that defines the discourse (Lacan, 1991/2007). But Lacan proposes that "one can give ... different substances to this dominant position" (ibid, p.43). Further, he explains that "the reference of a discourse is what it acknowledges it wants to master. That is sufficient to classify it in the kinship of the master's discourse" (ibid, p. 69). The agent from the dominant position makes an address, a demand or interrogation to the other. This produces something, a surplus that is a surplus of meaning, a surplus jouissance. The production in a sense falls from the interrogation, the address made to the other. The position of truth in the algorithm takes the place below the bar of agent, the truth of the agent is quite simply what the agent denies. I have chosen to make the quarter turns anti-clockwise so that I arrive at the hysteric's discourse, my destination. History, however, shows us that hysteria precedes the emergence of the analyst and the analyst's discourse as I have clearly shown in chapter one. Logically, psychoanalysis emerges by virtue of hysteria.

A note on the *objet a*: Lacan originally presents this concept as the *petit object a*, the little object other, as opposed to the Other. Lacan himself always wanted the term to

remain untranslated, “acquiring, as it were, the status of an algebraic sign” (1966/1977, p. xi). *Objet a* is the cause of desire or object cause of desire (Lacan, 2004/2014). The *objet a* draws on Freud’s “lost object” of Freud’s, Klein’s “partial object”, and Winnicott’s “transitional object”, and yet it is none of them (Freud, 1905/2001b; Klein, 1997/1975; Lacan, 1973/1981; Winnicott, 1953). As Restivo put it, “the *objet a* is not what we desire, but rather that which sets our desire in motion, the formal frame that confers consistency to our desire” (2013, p. 47).

The discourse Lacan presents first in *The other side of psychoanalysis*, Seminar XVII, is the master’s discourse. Hegel had formerly set forth the structure of the master’s discourse (Hegel, 1807/2019, in particular, pp. 94-104). In the master’s discourse, the master is represented by S1, the signifier which does not refer to another signifier, the signifier that refers to no meaning, it just is. As Fink puts it, highlighting the lack of meaning of the master signifier S1, “[t]he master must be obeyed – not because we will all be better off that way or for some other rationale – but just because he or she says so” (1995/1995, p. 131). Of the master’s discourse, Lacan asserts:

There you have what constitutes the true structure of the master’s discourse. The slave knows many things, but what he knows even better still is what the master wants, even if the master does not know it himself, which is the usual case, for otherwise he would not be master. The slave knows what it is, and that’s what his function is as slave (1991/2007, p. 32).

The master does not care about knowledge, she cares only for what is surplus to the production of the slave’s knowledge – object *a* and the surplus jouissance produced via the slave’s knowledge in the form of something she, the master, can enjoy. Lacan engages a lengthy discussion here around capitalism and surplus jouissance which he equates with Marx’s surplus value (1991/2007). The master’s truth: herself as a divided subject, a speaking being subject to ‘castration’ and therefore lacking. This is the truth that the master conceals. In a sense the master’s truth is “a truth that refutes him” (Lacan, 1991/2007, p. 51).

A quarter turn of the symbols anti-clockwise brings forth the university discourse. Knowledge is now in the dominant position as agent. “Knowledge, then”, Lacan argues, “is placed in the centre, in the dock, by the psychoanalytic experience” (1991/2007, p. 30). In Seminar XIII, Lacan asserts that “[f]or centuries, knowledge has been pursued as a defence against truth” (Fink, 1995, p. 132). The political and cultural events preceding Seminar XVII locates that year of Lacan’s teaching at a time when students and some academics were questioning the role of the university,

critiquing it, amongst other things, as a cog in the machinery of capitalism (Gutting, 2011; Tho & Bianco, 2013). Lacan seems to be responding to these critiques with agreement, stating the 'knowledge' of the university is the new master (Lacan, 1991/2007, p. 31). Further, he delineates the radical difference between 'knowledge' and truth, between "subject of knowledge [connaissance] and the subject of the signifier", telling us they have nothing whatsoever in common. Here we consider our alienation to the Other as language and the structure of an unconscious like a language – "the signifier [becoming] articulated ... by representing a subject for another signifier" (Lacan, 1991/2007, p. 48). Rejecting the all-knowing knowledge of the university, he describes S2 in the university discourse as "the new tyranny of knowledge" (ibid, p. 32). He asserts that:

[i]f there is one thing that psychoanalysis should force us to maintain obstinately, it's that the desire for knowledge bears no relation to knowledge – unless, of course, we wheel out the lubricious word 'transgression'. A radical distinction, which has far-reaching consequences from the point of view of pedagogy – the desire to know is not what leads to knowledge. What leads to knowledge is – to allow me to justify this in the more or less long term – the hysteric's discourse (1991/2007, p. 23).

Fink notes that "[s]ince the agent in the university discourse is the knowing subject, the unknowing subject or subject of the unconscious is produced, but at the same time excluded" (1995, p. 132). It is the divided subject who is produced as surplus to the university discourse. And concealed in the position of truth in this discourse, we find S1, the master, somewhat perversely foreclosed by 'knowledge' by the dominant (Fink, 1995).

Another quarter turn anticlockwise brings forth the analyst's discourse. *Objet a* occupies the dominant position which addresses the divided subject (Fink, 1995). This is the role of the analyst: "[t]he analyst makes himself [sic] cause of the analysand's desire" (Lacan, 1991/2007, p. 38). In taking the role of object cause of the desire for the analysand, the analyst opens the possibility for the analysand "to speak as the hysterics do" (Lacan, 1991/2007, p. 77). The surplus here is S1, a master signifier, that is the product of the address the analyst makes to the divided subject. This occurs through the speech of the divided subject; through speaking a dream, slips of the tongue, mumbled words, bungled actions. Lacan writes, "[i]t is difficult not to see that, even before the advent of psychoanalysis, a dimension that might be called the symptom was introduced, which was articulated on the basis of the fact that it represents the return of truth as such into the gap of a certain knowledge" (1966/2006, p. 194). And it is here, in the penumbra between the

conscious and the unconscious, that the subject who speaks may produce a master signifier. Fink summarises the master signifier of the analyst's discourse, explaining that:

[a]s it appears concretely in the analytic situation, a master signifier presents itself as a dead end, a stopping point, a term, word, or phrase that puts an end to association, that grinds the patient's discourse to a halt ... it could be a proper name (the patient's or the analyst's), a reference to the death of a loved one, the name of a disease (AIDS, cancer, psoriasis, blindness), or a variety of other things. The task of analysis is to bring such master signifiers into relation with other signifiers, that is, to dialectize the master signifiers it produces (1995, p. 135).

It is this process that brings about the subjectification of the speaking being, a procedure in which a master signifier is produced and this in turn places knowledge in the place of truth. This address to the divided subject seeks to highlight the division between the ego that talks and the Other who speaks, revealing a master signifier which, sustained by the motivating desire of the analyst, generates links within the battery of all signifiers, S2. This, in essence, is what free association produces as a possibility. Lacan names S2 "the other signifier", telling us that it is "not alone ... the stomach of the Other, the big Other, is full of them" (1991/2007, p. 33). This is the Other of language to whom the speaking-being is alienated, and through which they may also separate and emerge as a subject. It is clear that the 'knowledge' of the university is not the knowledge that is produced in the analyst's discourse, but rather what is produced is unconscious knowledge, a knowledge woven into the chains of signification for each analysand, a knowledge one does not know one has until it speaks.

The hysteric's discourse

A quarter turn anti-clockwise from the analyst's discourse and a quarter turn clockwise from the master's; Lacan proposes hysteria as a fundamental structure in human relations. "At the level of the hysteric's discourse it is clear that we see this dominant appear in the form of a symptom. It is around the symptom that the hysteric's discourse is situated and ordered" (1991/2007, p. 43).

Focused on her symptom, a symptom constituted by reason of her division, Lacan positions the hysteric in this discourse as the one who demands knowledge from the master, knowledge about what causes her suffering. In the hysteric's discourse the divided subject, \$, addresses the master, S1. She interrogates this master and the

surplus that is produced is knowledge, S2. In the position of truth Lacan places the *objet a*. The hysteric's truth then, is the cause of her desire, she does not want to know about this, but it is of course, her driving force (so to speak). We see this so clearly in the case of Dora (Freud, 1905/2001a).

My first encounter with the hysteric's discourse, in 2011, evoked a flood of questions. *What is it that causes Lacan to constitute hysteria as one of only four fundamental social bonds he proposes? How is it possible to make sense of hysteric suffering within the structure of discourse? What is hysteria anyway, really, in the structure of discourse? In what ways can the particular actings out and unique sufferings that Anna O or Dora speak of be read as structural, read as a structured discourse?* One thing is clear regarding hysteria: regardless of the historical and geographical context and the way this influences the production of her symptom, the hysteric will persist in producing one. So, how does the hysteric of discourse address the master, the being of supposed knowledge?

Sexuation

"in the psyche there is nothing by which the subject may situate himself as a male or female being" (Lacan, 1973/1981, p. 204).

I offer an introductory scan of Lacan's theory of sexual difference. Lacan asserts from very early in his work that the position one takes up in the realm of sexual difference is not tethered to biology. It is beyond doubt that Lacan, once he had somewhat discarded his early training, founded his praxis on Freudian thought, and that Freud posited a psychical difference between the sexes based on biology. This is curious considering his encounters with male hysteria. According to Freud, the distinction between sexes (through a process that is neither natural or instinctual) results in two distinct sets of characteristics: one masculine, one feminine (1916-1917/2001, 1908/2001, 1931/2001, 1932/2001, 1923/2001, 1905/2001b).

Lacan diverges from Freud in a number of significant ways as he develops his theories, and one of these is his thinking around sexual difference. Sexual difference for Lacan is a matter of the position taken up by the speaking-being within the symbolic order, a position signified as feminine or masculine (1975/1998).

This taking up of a position of sexual difference is for both Freud and Lacan an outcome of the Oedipus Complex, but for Lacan it is not an identification with a parent of one sex or the other that is at play: it is the little speaking-subject's engagement with the phallus. In sexuation, "one either has it, or, to be more precise, men are 'not

without having it' [*ils ne sont pas sans l'avoir*], or one does not have it" (Evans, 1996, p. 181). Male and female subjects, according to Lacan, assume their sexuality via the signification of the phallus (1966/2006f). In Lacanian theory, in the simplest terms, the phallus is a "highly prevalent symbol", it is not the fleshy organ of the penis, it is a signifier. It is the signifier of lack, of castration (1981/1993, p. 176). Lacan goes on to say that "strictly speaking there is no symbolization of woman's sex as such ... the phallus is a symbol to which there is no correspondent, no equivalent. It's a matter of a dissymmetry in the signifier" (ibid, p.176). It is in the realm of language that the woman is not signified, a realm in which there is a privileged signifier, the phallus. It is key to remember in all this, that though there is no category Woman as there is with Man, the subject's access to the signifier *phallus* after entry into the world of the Symbolic [via the traversal Oedipus Complex – castration] is always moderated, modified by the provision of being or having the phallus. It is for this reason – the fact the phallus only exists through the mediation of language – that Lacan argues that the "relations of the sexes to the phallus are regulated by the verbs having and being" (Restivo, 2013, p. 26). In other words, it is a regulator of discourse within the field of language.

Further, Lacan says "[i]t is insofar as the function of man and woman is symbolized, it is insofar as it's literally uprooted from the domain of the imaginary and situated in the domain of the symbolic, that any normal, completed sexual position is realized" (Lacan, 1981/1993, p. 177). However, he goes on to spend the rest of his life showing just how impossible (and frankly undesirable) achieving a "normal, completed sexual position" is, and how there is nothing normal about sexuality. Sexuality in Lacanian praxis is fundamentally problematic. There is always elision, ambiguity, slippage, always something that does not work. The drive does not have an object, and consequently there can be nothing normal about our object choices. When an other comes into the subject's zone and is beheld as an object, it is only ever as a part-object and this will be at the very least enigmatic (Gherovici, 2011). In light of this, with regards to hysteria, Evans summarises that:

[t]he subject's sexual identity is thus always a rather precarious matter, a source of perpetual self-questioning. The question of one's own sex ('Am I a man or a woman?') is the question which defines hysteria. The mysterious 'other sex' is always the woman, for both men and women, and therefore the question of the hysteric ('What is a woman?') is the same for both male and female hysterics (1996, p. 182).

What psychoanalysis in the Lacanian field asserts, long before our current engagement with it, is the quandary over gender: that our sexuality does not occur in the domain of biology or identity but rather of language. This, of course, means

that the hysteric's discourse is open to anyone who chooses to speak, anyone who addresses the other and demands knowledge as to why they suffer as a sexed speaking-being. Lacan tells us that:

[t]his is what the hysteric's discourse means, industrious as she is. In saying "she" we are making the hysteric a woman [biological female], but this is not her privilege alone. Many men get themselves analysed who, by this fact alone, are obliged to pass through the hysteric's discourse, since this is the law, the rule of the game (1991/2007, p. 33).

The feminist writers Irigaray, Cixous, and Grosz, to name a few, argue that in proposing the phallus as the highly privileged signifier, Lacan ingeminates the patriarchal prerogative afresh (Cixous, 1997/2009; Grosz, 1990/1995; Irigaray, 1974/1985, 1977/1985; Ives, 2013). Other feminist writers approach Lacan with what I perceive to be a much more nuanced reading of his writing on sexual difference (McCannell, 2000; Mitchell, 1974/1974; Mitchell & Rose, 1985; Morel, 2011; Ragland-Sullivan, 1986; Ruti, 2017; E. Watson, 2019; E. Watson & Giffney, 2017). Severing sexual difference from biology – that it is the presence or absence, the having or not having the phallus, not the organ of the penis – Lacan opens a space in which gendered subjectivity is not a forgone conclusion of biology but rather an outcome of the encounter of taking a position in relation to the phallus. Lacan, I have come to understand, in his dealings with sexual difference was not being prescriptive, not saying how it should be but how he observed it to be. He theorises a praxis that encounters sexual difference based on thousands of hours of clinical work over decades.

Finally, Lacan's Seminar XX is exclusively concerned with feminine jouissance (enjoyment). Lacan says of this symbolic phallus that it is "the signifier of the lack of a signifier", and he designates women an enjoyment beyond a jouissance that is alienated to the signifier, to the Other, "beyond the phallus" (1975/1998, p. 73-74). In something I consider to be good news, he proposes "a jouissance that is hers, that belongs to that 'she' that doesn't exist and doesn't signify anything" (ibid, p. 74).

The hysteric as enigma

Hysteria is a speaking riddle, the symptom that elicits speech from the other. Any answer will do as long as there is one at all. The historical abundance of theories on hysteria demonstrates this profusely. They have said anything and everything about hysteria save the truth (Wajcman, 2003).

We read in Freud's cases in the *Studies* that the hysteric symptom declares itself through the body, a body whose "form turns out to be tangible even at the organic level, in the lines of 'fragilization' that define the hysteric's fantasmatic anatomy, which is manifested in schizoid and spasmodic symptoms" (Lacan, 1966/2006c, p. 78). The symptom of the body, the symptom discussed in chapter three "consists only in what might be called a 'symbolic' relation between the precipitating cause and the pathological phenomenon" (Breuer & Freud, 2001, pp. 4-5). However, somatisation is not the sole domain of the hysteric and her symptom. The hysteric's suffering through the symptom morphs through the times. The hysteric's symptom addresses the master, who, ironically, she both longs for and inevitably comes to dethrone. The central procedure of the hysteric's discourse is one in which "[t]he hysteric ... puts the master up against the wall to produce knowledge [...to show something that justified his powers as a master]" (Soler, 2016, p. 88).

Returning to the review of literature, limited as it is, we see the ways in which the master of the hysteric's discourse (in contrast with the master of the master's discourse who cares nothing for knowledge, or the production of the university discourse which is the subject divided) produces new theories to solve the enigma of the hysteric's symptom. In a sense, she puts the master to work. Yet, the latent content of her symptom is not posing the same question as the one she appears to ask. In this, the essential function of the hysteric symptom is not to be cured per se, but rather, she demands that the master speaks about her symptom, attempts to locate the knowledge that would allow him to figure it out. The master does not have the knowledge she asks for, and through her address/demand to the master, what is produced in the action of her discourse is S2, knowledge. She pushes the master signifier to figure it out – to come up with something new.

First and foremost, in psychoanalysis in the Lacanian field, and I would say for Freud, the symptom always concerns sexuality, the symptom is the sex life of the speaking-being. Lacan proposes an hysteric who presents her symptom and its symbolic relation to the "precipitating cause" of trauma, castration, and its ensuing lack, as an enigma to be solved through her demand to the master. Lacan tells us that the hysteric in a sense creates the master via her demand for a response: "[w]e therefore see the hysteric fabricate a man as best she can – a man who would be animated by the desire to know" (1991/2007, p. 34). I understand that this fabrication, this creation of one who can be addressed, opens the possibility for psychoanalysis itself. The hysteric "fabricate[s] a man", but not just any man/master, a man/master who she can "put up against the wall", who will witness the enigma that she is, the enigma of her symptom, and will produce knowledge, S2 (ibid).

Hysteria, however, will always be a step ahead of any knowledge of her which is produced. Wajcman puts it thus: “if hysteria is a set of statements about the hysteric, then the hysteric is what eludes those statements, escapes this knowledge” (2003). This push towards the production of a knowledge is why Lacan articulates a connection between the hysteric and science, not the scientism of the university. Speaking of the discourse of the university, he says: “the desire to know is not what leads to knowledge. What lead to knowledge is [...] the hysteric’s discourse” (1991/2007, p. 23). Her procedure, however, exposes the lack in the Other.

Plugging up the hole of the Other’s lack

Lacan proposes that:

[w]hat hysterics ultimately want to know is that language runs off the rails concerning the magnitude of what she as a woman is capable of *revealing* concerning jouissance. But this is not what matters to the hysteric. What matters to her is that the other called a man knows what a precious object she becomes in this context of discourse (1991/2007, p. 34).

Aiming at the emergence of the lack in the Other, the lack in language to speak of her jouissance, the impotence of the Other to reveal her, she seeks to plug up the lack she has exposed, plug it up with herself as “precious object” in the very context of discourse as a structure of the language she takes aim at as the master. All speech is the Other as language and the hysteric preserves not only the desire of the Other (desire arising of course via castration and the lack this brings into being), she is in turn supported by it.

But why? What is key here is that the hysteric desires an insatiable desire – and Nasio, following Lacan, contends that

to ensure the state of dissatisfaction, the hysteric seeks in the other the power that oppresses him or the impotence that attracts and disappoints him. Gifted with a keen perceptiveness, he [sic] detects in the other the smallest fault, the least sign of weakness, the slightest indication of the other’s desire (1998, p. 23).

Fink puts it like this: “in the hysteric’s fantasy [...], separation is overcome as the subject constitutes herself, not in relation to the erotic object she herself has ‘lost’, but as the object the Other is missing” (Fink, 1995, pp. 119-120). This obviously constitutes a desire that is not able to be fulfilled, in that Fink can be read here as

articulating separation (not the operation of subjective separation) with Symbolic castration. Further, Gherovici summarises Lacan, contending that “[f]or the hysteric, desire is established as the desire to be desired, as desire for desire – that is, desire of the Other’s desire – which is of course insatiable, unable to be fulfilled” (2011). Continuing, she argues that “[t]he hysteric’s jouissance [libidinal excessive enjoyment] seems to be constrained to appearing desirable, to becoming the object of desire but not being that object”. In this, the hysteric sets aside her desire in an attempt to be all that the Other desires.

There is, of course, a price to pay for this – there is always a price. In unconsciously setting a scene where she installs herself as what she fantasises the Other desires arising from lack, she

reveals her deep dependence on the Other she at once institutes and challenges. The terrain of hysteria ends up being treacherous for her. While she may infuriate the doctors who are frustrated in their attempts at curing her, her rebellion also forces her to surrender any life outside the hospital circuit (Gherovici, 2014).

Further, in doing this she “does not deny the castration in the Other but rather the [her own] castration” (Gherovici, 2014). In the discourse, it is the cause of her desire the hysteric prefers not to know, the cause of desire arising from her own lack, her own Symbolic castration and to mask this, to deny it she “aims at occupying a fundamental role for the Other: the object in the Other’s fantasy” (Gherovici, 2011). The hysteric sees that, the what isn’t there anymore, of the Other, and fantasises herself as being it, being what can plug up the Other’s lack. Moreover, on this Gherovici contends “it is because what they [hysterics] resist knowing is at the origin of the symptoms they are unconsciously sustaining: they do not want to know that there is no knowledge about sexuality” (2011). Masotta here conceives of the unconscious as what is “not working” between the knowledge of sexuality and sexuality itself” (Gherovici, 2011).

On first reading Lacan’s statement regarding what matters to the hysteric, to be the “precious object”, years ago I was furious, truly enraged! How could some silk shirted Frenchman have the audacity to tell me that I had even the slightest iota of interest in a man knowing that I was “a precious object”? And I was not the only one who rejected Lacan’s theories of sexual difference and of hysteria. I believed myself to be in good company with the likes of Irigaray, Grosz and Cixous, engaged in a great intellectual struggle with Lacanian thought, especially his thought on sexual difference. I was in full feminist flight at the time, marching, making and pasting

posters (this is long before Instagram and TikTok), occasionally committing illegal acts for the cause. What was curious is that I never hesitated in thinking he was talking about me. Retrospectively, with my sudden leap to the righteous inflammation of jouissance-filled rage, Lacan's sentence clearly hit something I did not want to know about, and that something I would now call the cause of my desire in the position of truth, my radical lack.

“The birth of truth in speech”

The reason for the ambiguity of hysterical revelation of the past is not so much the vacillation of its content between the imaginary and reality [*réel*], for it is situated in both. Nor is it the fact that it is made up of lies. It is that it presents us with *the birth of truth in speech* [emphasis added], and thereby brings us up against the reality of what is neither true nor false. At least that is the most disturbing aspect of the problem (Lacan, 1966/2006, p. 212).

As early as 1897 Freud articulates the speech of hysteric fantasies with the mechanism of the creation of poetic fictions (Masson, 1985, p. 251). Speech, then, has always held a privileged position in psychoanalysis. How then to think about the hysteric and her discourse and what Lacan calls “the birth of truth in speech” (1966/2006b, p. 212). What does Lacan mean by “truth in speech”, sometimes called full speech or true speech? He says that the first discovery Freud made led him to expect his analysands to

speak, speak then, do what the hysterics do, let's see what knowledge it is that you encounter, and the manner in which you have aspired to it or, on the other hand, in which you reject it, let's see what happens (1991/2007, p. 77).

Indeed, from his very first seminar Lacan contends psychoanalysis is first and foremost a speech act which functions to hear “truth in speech”, opening “up the subject [the analysand] to the fertile mistake through which genuine speech joins up once again with the discourse of error”: the Freudian slip, the signifiers that elude the censoring function of the consciousness (1975/1991, pp. 282-283). He goes on to say that

[t]his unconscious is made up of what the subject essentially fails to recognise in his structuring image, in the image of his ego – namely those captivations by imaginary fixations which were unassimilable to the symbolic development of his history – this

means that it was traumatic (1975/1991, p. 283).

Though Lacan's ideas transform and at times reverse, the focus of his lens adjusting, he does not give up on the idea of the unconscious being structured like a language. In Seminar XVII he states "I have in fact said that truth speaks I. 'I truth am speaking'" (1991/2007, p. 65). Truth irrupts via the signifier, and it is unique and singular, one by one.

In Seminar III, Lacan states on the matter of "the function of the ego in male and female hysterics" that the "[t]he question isn't simply linked to the material, to the trappings of the signifiers, but to the subject's relationship to the signifier as a whole, with what the signifier is capable of answering to" (1981/1993, p. 177). Regarding her symptom, the act of speech itself plays a particular function in hysteria. It is her truth, a truth articulated through speech:

the truth of symptoms resides in this articulation [the relation of one signifier to another]. In fact they are truth, being made of the same wood from which truth is made, if we posit materialistically that the truth is what is instated on the basis of the signifying chain (Lacan, 1966/2006d, pp. 194-195).

In interrogating the Other as language, the hysteric's discourse produces "the other signifier", S2 (Lacan, 1991/2007, p. 33). If the master of the hysteric's discourse is the Other as language, the Other of the unconscious, then her interrogation exposes all speech as speech of the Other, opening the possibility for the unconscious to be heard in the analytic procedure – the analyst's discourse being but a quarter turn from the hysteric's. Posing a question, Lacan asks:

[h]ow could saying no-matter-what lead anywhere, unless it was determined that there is nothing in the random production of signifiers that, simply because it involves signifiers, does not bear upon this knowledge that is not known, which is really what is doing the work? (1991/2007, pp. 34-35).

The hysteric, who in the clinic seems to need little initiation regarding uncensored speech, the saying of everything, the free associative rule which constitutes the analysand's part in the psychoanalytic arrangement, produces truth in speech. In my experience as the interlocutor of the hysteric analysand, once she engages in the practice of free association and what this turns up for her, she discovers herself enjoying it. This is what Lacan elucidates in the discourse of the hysteric, through her interrogation of the master (signifier), in the place of surplus jouissance we find

knowledge, S2. Lacan asserts that “[t]his is where the work begins. It is with knowledge as a means of *jouissance* that work that has a meaning, an obscure meaning, is produced. This obscure meaning is the meaning of truth” (1991/2007, p. 51).

Lacan goes so far as to say that hysteria is latent in all speaking-beings (1991/2007; 1998/2017). Wajcman puts it this way:

At first glance, the notion of a discourse of the hysteric seems incongruent ... The clinical imagery associated with it more readily evokes unsocial behaviour The contradiction between hysteria as social link and as clinical image vanishes however as soon as we think of it as a structure accounting not just for the pathological, but rather for ‘normal’ hysteria ... Drastically put, the speaking subject is hysterical as such (2003).

The very nature of speech, of saying to the Other (and there is always an Other that speech is addressed to, even in the form of a suicide note) contains the germ of the hysteric’s discourse. Gherovici states that

[t]his idea of a discourse of the hysteric is an innovation that allows one to address the relationship between *jouissance* and desire; to conceive desire as a wish for an unsatisfied desire; to talk about the hysteric as the one who makes the man (or the Master); to see the hysteric as the one who manufactures the man animated by a desire for knowledge; and, ultimately, to think of the analytic cure as a hysterization of discourse (2011).

It is in this that the hysteric exposes the structure of speech per se. And in a sense, it is her who manufactures the psychoanalyst.

Hysterisation

Lacan is explicit when he says that “[w]hat the analyst establishes as analytic experience can be put simply – it’s the hysterization of discourse. In other words, it is the structural introduction, under artificial conditions, of the hysteric’s discourse” (1991/2007, p. 33). The psychoanalyst makes an offer to the analysand to be heard in an entirely new way, to be heard in a way that no one has offered before, to be heard to the letter. Seeking a master in the analytic operation, the hystericised analysand finds a refusal to give her this, a refusal on the part of the analyst to take up the part of master, thereby keeping open the circulation of significations so she

can encounter her own truth, the cause of her desire, *objet a*. Attending with a free floating attention the analyst hears that “the transference is the enactment of the reality of the unconscious” (Lacan, 1973/1981, p. 149), transference being the repetition which “bears a certain relationship to what is the limit of knowledge, and which we call *jouissance*” (Lacan, 1991/2007, p. 15). In the simplest terms, Lacan is saying that to do the work of analysis one “must pass through the hysteric’s discourse, interrogating the master signifier and coming to the knowledge that was always there, but was unknown” (1991/2007, p. 33).

In an interview with Madeleine Chapsal speaking of Freud, Lacan says:

[t]his is precisely what he was not forgiven for. His introduction of the notion of sexual forces that take over the subject without warning, nor logic, was still admitted; but that sexuality is a place of speech, that neurosis is an illness that speaks, here is something strange, and even his disciples prefer that we speak of something else” (1957, p 241).

Lacan is highly critical of those who call themselves analysts who abandon the origins of the psychoanalytic procedure – the talking cure – and instead, take up a clinical practice which orients itself towards the ego (1966/2006a, 1966/2006b, 1966/2006d). For some time now, the dominant practices of psychotherapies in Aotearoa have been the psychodynamic/relational/interpersonal model and the medical/psychological model. As previously highlighted, the medical/psychological modality has reduced the hysteric’s symptom and her question to the master into the silos of ‘somatoform disorders’ and ‘dissociative disorders’ or ‘histrionic personality disorder’, thereby removing its integrity, the sense it can produce (APA, 1952a, 1968). Indeed, “the concept and the term “hysteria” have been avoided” – but if there is one thing psychoanalysis teaches us, the repressed returns (APA, 1980, p. 377). Many post-Freudian discourses disavow hysteria to a lesser or greater degree, with similar strategies of renaming into categories that dislocate and diffuse the hysteric’s symptom. Even the very respected Christopher Bollas’ writing on hysteria comes very close to antipathy at times, as does Juliet Mitchell’s (Bollas, 1999; Mitchell, 2000). The Psychodynamic Diagnostic Manual reduces hysteria to Hysteric Personality Style, Histrionic Personality Disorder, and Borderline Personality Disorder, while at the same time bracketing off hysteric symptoms (into dissociation and somatisation for example), and thereby dismantling the hysteric’s symptom into material without form (PDM, 2017). Within the relational school and the intersubjective school, with their abandonment of the drives for purely developmental phenomena, the hysteric question (and sexuality) become relegated to a therapy in which the hysteric question and hysteric desire are silenced in the bright lights of

gender politics and gender identification (Decker, 2008; Gediman, 2005; Harris, 1999; Hartman, 2007; Hoffman, 2007; Mitchell, 1996; Shoshani, Shoshani, & Becker, 2009; Stein, 2012).

Here are two stories. A number of years ago, I was in an emergency ward following a minor accident. A very distressed young woman arrived with two members of the mental health crisis team. The young woman was not slurring, and did not seem intoxicated to me. She was shouting, saying she was worried about her sister back at home “left with that fucking bastard”. She wanted to leave. Those with her were not attempting to soothe her, to find a way past her distress. After some time, a doctor arrived to assess her. She did not want to go into the cubicle, saying “I know what happens in those places”. Security was called. They manhandled her into the curtained cubicle. I heard her say “you can’t tie me down” and “I don’t want to change into that thing”. She continued to refuse to change, so one of the nurses went for some scissors and they cut her clothes off while she was restrained. She then became very quiet, and I saw a nurse go to dispose of a syringe. As the nurse walked away, I heard them say “bloody borderline drama queens”. Years later, in an encounter with someone who had decided to leave the field of mental health crisis work, I heard his reason. He told me a story so close to the one I witnessed that evening: “It is the unnecessary cruelty that I can’t take anymore, the force of it all, the stripping away of the patient’s dignity, what little there is left of it, no one even listens to them”. In the second incident, I heard a fellow student talking about a client, a young person who the student had assessed as hysteric. The student complained that they had had it with the acting out, with the sexualisation, with the endless complaining about situations the client continued to get themselves into. And these statements, they came under the heading of ‘counter-transference’. There was a radical absence of curiosity in these statements, and in both these stories the dignity of subject who suffers – one involuntarily taken into ‘care’, the other who had sought help through a subsidised clinic – was whittled away a little more.

In the psychoanalytic clinic, the hysteric brings her symptom. Her symptom is unique to her and to the processes of alienation to the Other with their specific trauma, neglect, jouissance and with a master signifier to interrogate. The stories above are a complaint, my complaint regarding the way in which hysterics are treated within the dominant modes of practice in Aotearoa. However, I will take note of what psychoanalyst Leonardo Rodriguez tells us:

[w]e can do better than moaning and whingeing. We can always return to Freud; and to Lacan; and to the others: Klein, Winnicott,

Bion. All of whom, each one in a different way, did not have it easy either, and had to overcome, for the sake of our analytic discourse, the temptations of other forms of jouissance. They could do this because they remained faithful to their desire, that desire which Jacques Lacan called a desire—he said—to obtain absolute difference, that is to say, the opposite of an identification; the desire to obtain the irreproducible singularity of the subject in analysis, of his or her truth, which is the truth of nobody else; truth inscribed in the unconscious, whose dignity analytic experience aims to restore (2005, p. 11).

Since Lacan, psychoanalysis in the Lacanian field has sustained a passionate engagement with hysteria and the hysteric's discourse. Taking hysteria seriously, privileging her discourse within praxis, Lacanian analysts research, publish and present on hysteria, developing the praxis of psychoanalysis. Women are highly represented in psychoanalysis, one just needs to scan the Lacanian journals, conference programmes and lists of psychoanalysts of the various schools and forums. Dr Patricia Gherovici has written and presented extensively on hysteria, including hysteria in biologically male subjects, and recently on her work with transgender subjects (Gherovici, 2003, 2009, 2011, 2017). Her research is concerned with the ways in which both "gender and pathology are culturally determined", and the ways in which our 'knowledge' of sexuality fails in terms sexuality itself (Gherovici, 2017, p. 24). Colette Soler, also a rigorous Lacanian scholar and psychoanalyst, continues into her eighties to research in psychoanalysis, including the topics of hysteria and feminine sexuality and desire (Soler, 1995, 2003/2006, 2016). Genevieve Morel interrogates sexuality in her research, attending to the ambiguities of sexuality including the complex ambiguities and paradoxes of hysteria, the sexual sinthome and clinical presentations (Morel, 2000a, 2000b, 2011, 2008/2019). In 2016, Anouchka Grose edited a text *Hysteria Today* which seeks to address the hysteria of the times, reclaiming the vital place hysteria has in the praxis of psychoanalysis and engaging with what some psychoanalysts are reading as new forms of the hysteric symptom – transgender and queer politics and bodies. Eve Watson and Noreen Giffney edited a text in 2017 in which clinical encounters of sexuality are explored within the field of psychoanalysis and queer theory. This, of course, leans into an encounter with the hysteric's discourse and hysteria. Though this is a very limited discussion of the privileged position the hysteric and her discourse hold within the Lacanian field, I hope that I have.

Chapter 6: Discussion



(Rapira, 2018)

I have gone out, a possessed witch,
haunting the black air, braver at night;
dreaming evil, I have done my hitch
over the plain houses, light by light:
lonely thing, twelve-fingered, out of mind.
A woman like that is not a woman, quite.
I have been her kind.

- Sexton, 1981

My desire led me to this research question “What has happened to the diagnosis of hysteria?” I set out to explore the links between sexuality and hysteria with a focus on the way in which the psychoanalysis of Freud and then Lacan impacted on a diagnosis which has been to the greater degree discarded or depreciated by other modalities of psychotherapeutic praxis. I will now discuss the findings of this research, its strengths and weaknesses, the relevance of the data, and its relevance to the field. I will also address each of my discussion points framed within the four discourses.

Firstly, I am compelled to acknowledge that this research has taken place during a time of a global pandemic, the lasting consequences of which we are only beginning to envisage, and this coupled with the devastations of neo-liberal capitalism has engendered death, tragedy, insecurities, and rapidly expanding inequalities. At varying extremes across the nations subjects are faced with death, disease and disease, poverty, lockdowns, separation from loved ones, closed borders or indeed wide open ones together with the ever growing concerns of climate change and a rise in totalitarianism. It seems a time when the hysteric and her interrogation of the master may be ever more important. As Gilat suggests, “in order to resist [these forces], one must operate according to the inverse of the discourse of the university, which is the discourse of the hysteric” (2019, para. 8).

The University

$$\frac{S_2}{S_1} \rightarrow \frac{a}{s'}$$

In the discourse of the university, the university's knowledge addresses *objet a*, the cause of desire, 'the most opaque in the effects of discourse' (Lacan, 1991/2007, p. 42). In this, as a student, the university demands production from me. The work I produce, together with all other students, is the cause of desire in the position of the other in the university discourse. Why am I doing this? What causes my desire to do this, to work my way through a master's degree in psychotherapy? In the simplest terms, I wanted know-how in the field of psychotherapy, and I thought the university could give me this.

The university asks that I outline what limits this work and what gives it strength. In both cases the first answer is my own subjectivity, in this discourse the product of my encounter with the demand of mastery of Knowledge. My subjectivity as a woman, a feminine subject, a Pakeha born into a family of workers, a subject who has had the great privilege of literacy and a life in which to put this to work. I am a subject who has been able to afford the cost of psychoanalysis financially. And, I sustain a fidelity to and desire for psychoanalysis in the Lacanian field. As a Pakeha who seeks in all ways possible to honour Te Tiriti, who tries to do more than pay token gestures, I claim no authority to speak to Maori health concerns, without full immersion in te ao Maori and the blessing to do so.

It is out of my subjectivity, my inclinations, thought processes and theoretical position that I have chosen a research methodology which sets aside empiricism, positivism, and scientism. This dissertation argues a case that problematises a mastery of Knowledge and scientism. I acknowledge that another researcher, posed with the same question, may have researched it very differently and come up with radically different results and approached the research in a fundamentally different way. A research project that has relied on what I have been drawn to, the ways I gleaned the initial data, how I associated to the reading, writing, and interacting with my supervisor will inevitably be limited to the realm of my own subjectivity within a socio-cultural context. It is my humble hope that I have produced a manuscript which might

hold the interest of some readers and is an adequate brief introduction to hysteria in psychoanalysis in the Lacanian field.

I acknowledge that the densely theoretical nature of this dissertation could be seen as a limit. I argue however that what I am explicating in this work is ontological. It concerns the very nature of being a speaking-being, a human being. This ontological position is the foundation of my clinical work. For me, my theoretical understandings of being are informed both by theory, by the lived experience of my own analysis and in the work I do with analysands. I hope in the future to continue to research in psychotherapy, and hope to go on to a project which provides the space for legitimate use of clinical cases and vignettes. This hope, of course, requires dancing the steps the university requires, but I will be doing it as “a fierce hysteric” (Thomas, 2017).

Master

$$\frac{S_1}{\mathcal{S}} \rightarrow \frac{S_2}{a}$$

Yes, the subject that I am, and am emerging as, imposes limits and gives strength to this manuscript. And, as Lacan says of the *objet a* (the other) in the university discourse, the university discourse exploits the other by increasingly functioning as an arm of the capitalist state. The university forecloses, does not want to know its truth, the master. I am old enough to remember attendance at university costing me about \$235 per year plus the cost of textbooks. I remember that students could afford to make mistakes with paper choices, to experiment and most importantly to engage in studies which did not correspond directly to paid employment. That students leave the university with tens of thousands of dollars of debt, is surely pointing to the truth of this discourse, that it is the master of our times, the master of Knowledge, scientism. Yet, what the master forecloses knowledge of, is herself as a divided subject, a subject who is where she does not think (Lacan, 1991/2007).

The master demands of the worker's knowledge that it produce surplus, but does not care for knowledge per se. The discourses function at the level of the social

bond. At the same time, they correspond to psychical structures and processes. Thinking of trauma, I have encountered a tiny group of particular signifiers, which became the master signifiers of my unconscious fantasy, as is the case with all neurotic subjects. I lived my life, made my decisions, sought my encounters, both driven by and in rebellion to a fantasy I did not know. So, at the one level there is the master of discourse, but there is also the master signifier/s of each subject, which produces surplus jouissance, a libidinal excessive enjoyment, that end up for some of us, in times past, drinking gin in the bath, listening to Dean Martin, while smoking half a pack of Marlboroughs or working 20 hours a days to produce for the master signifier, produce jouissance beyond the pleasure principle. This is where the hysteric makes her entry.

Hysteric

$$\frac{\mathcal{S}}{a} \rightarrow \frac{S_1}{S_2}$$

I start by saying that the hysteric's discourse is the inverse of the university. The hysteric addresses her interrogation to the master. Paradoxically, she needs there to be a master to interrogate, she desires there to be a master. From my earliest working experience in a community home for youth and young adults who had been neglected or abandoned or assaulted, more often than not sexually, I witnessed young women, and sometimes young men, demonstrating their suffering. Reflecting back on their distress, their extraordinary persistence of their challenge to those around them, 'what am I to you (the Other)?' Repeatedly, they were given answers. You are bipolar (take this), you have borderline personality disorder (take this and behave), you are dissociative, you are anorexic, you are paranoid, schizoid, schizotypal, antisocial, histrionic, narcissistic, avoidant, dependent.

In contrast, in Lacanian praxis each speaking-being produces a symptom that is unique and has a logical function for the subject. She does not have or is not a disorder, but rather she suffers from an order: "in Freudian and Lacanian psychoanalysis the different psychopathological manifestations and the structures that underlie them are considered to be productions rather than deficits of the

subject; they represent an order rather than a disorder” (Rodriguez, 2017, p. 2.). In a recent conversation with a psychotherapy colleague who works with clients in community mental health, she said two striking things: “everyone in the system is interested or invested in getting them to shut up and behave”, and that the subjects she works with tell her in one way or another that “once you get the diagnosis [in particular, Borderline Personality Disorder], no one will ever take you seriously again”.

This is not to say it is universal, that in hysteric clinical presentations, including the more severe presentations, these subjects are disregarded or maltreated. The psychotherapy community is abundant with dedicated, committed clinicians who work with these subjects. Rather, my research poses an ontological question regarding the hysteric’s being, and indeed all speaking-subject’s being. If, as set out in Chapter 4, we are divided subjects, subjects who are constituted through our “lack-in-being”, how ought we consider the hysteric’s existential question *What am I to you?* If we are sexuated beings, our bodies problematised through our alienation to the Other as language, how might we open the possibility of separation from the hysteric’s Other? If something about sexuality and the alterity of the unconscious just does not work, is always problematic, how then do we consider the other question of the hysteric: *Am I a man or a woman?* If indeed the hysteric’s desire is a desire for desire, how might we reconsider her demands and the question of her acting out? How might it assist our work with these subjects to consider far less how they behave, remembering that thought is a behaviour in the broadest sense of the term, and consider far more the enigmatic dilemma of their desire?

Throughout this project I have asked myself regarding each text, *is this relevant to my question?* Moreover, I have asked *is the data of this research relevant to the questions I pose above?* In a work of this nature, a psychoanalytic hermeneutic reading, the question of the relevance of the data is interesting. There are disciplines in which the up-to-date status of the data is critical – medical research into Covid-19 vaccines for example. However, this research is directed by a question that is both historic and contemporary. On the unconscious, Freud says there is “no negation, no doubt, no degrees of certainty, [... that it has no] reference to time at all, [...and that], unconscious processes pay just as little regards to *reality*” italics original (Freud, 1915/2001, pp. 186-187). I understand psychoanalysis as reading the always-nowness of the unconscious. That is to say, that rejecting scientism, psychoanalysis gleans know-how from the clinical setting of now, working with each one, one by one, always informed by all the taonga of our psychoanalytic texts, whether written 125 years ago or posted online this morning. Further, Smythe and

Spence write that “presenting something differently may not always be advantaged by examining recent trends” (2012, p. 22).

The writing of this dissertation has been for me an interrogation of what I perceive from the data I gathered early in the project, to be the master signifiers that dominate the psychotherapies in which the hysteric’s question is set aside, or siloed, or at worst treated with violence, by assault, by sedation and even now on occasion by electricity to the brain. However, together with this, it has been a playful engagement and renewed interrogation of my master signifiers which emerged during my analysis in the Lacanian field. Gherovici highlights that “Lacan’s rereading of Freud also meant a return to the path of truth and knowledge, as opened up by hysteria” (Gherovici, 2011, para. 10). If there is a “path to truth and knowledge [lower case k] opened up by the hysteric, it is “the sexual reality of the unconscious” (Lacan, 1986/1997, p. 314). Further, in her address to the master, the vast body of signifiers beyond the master is produced, her action produces knowledge. Indeed, for this reason, Lacan aligns the hysteric’s discourse with ‘true’ science (1991/2007). This is why in our clinical work we hystericise our analysands, we get them interrogating their master signifiers by talking, by speaking freely. Rodriguez discusses the hysteric’s discourse thus, and I quote at length:

[i]t is ... a matter of recognising that which, in the social bond, the hysteric qua analysand creates and which testifies to the malaise of our culture, forcing subjectivity to find refuge in conversion symptoms, phobias, and anxiety as desperate means of expressing human truth that resists repression or suppression. This is a truth that has struggled to be acknowledged since time immemorial, but which, in our times, is denounced by neurotics in their anguish and symptoms. I would add: and this, despite themselves, because a neurotic’s speech is always biased – biased towards retaining a quota of jouissance that neurotics are reluctant to surrender (2016, p. 22).

The hysteric, via her interrogation, produces knowledge – unconscious knowledge. What she does not want to know, in cause of her desire, which sits in the place of her truth.

Analyst

$$\frac{a}{S_2} \rightarrow \frac{\$}{S_1}$$

Why is this research relevant to the field of psychotherapy in Aotearoa? There is something about the hysteric's questions which causes many to turn away from her. From the data I collected for this research, I do not think it is simply a matter of the way she presents her question. She interrogates us with her symptom, asking for it to be cured, solved. The analyst is, according to Lacan, the opposite of the master, refusing to take up the role of master even when the hysteric demands that she does. I do not recall where I read this, but it is not my phrase, that the hysteric turns on the master signifier with ferocity. As a Lacanian, I can't but hear that she *turns on* the master, and the sexual connotation of this – and this may indeed be a strategy an hysteric uses to locate the master's lack. Whereas the master forecloses knowledge of her own divided subjectivity, the analyst addresses the divided subject and asks her to speak, to speak entirely freely, and in doing this produce the knowledge she did not know that she knows. I work with hysterics, from those in temerarious distress to those who suffer while masking their misery with success and status in their chosen fields. Some of these, as part of their symptom, do dissociate, or somatise, or “eat nothing”, or perform their sexuality in self-destructive ways. Each one, however, has her or his own very unique fantasy, her singular quilting points of meaning, and a desire which is hers and hers alone that analysis is the work of encountering (Silva, Pereira, & Celeri, 2010). Of this Lacan says “[t]his is where the work begins. It is with knowledge as a means of jouissance that work that has a meaning, an obscure meaning, is produced. This obscure meaning is the meaning of truth” (1991/2007, p. 51).

The work of psychoanalysis is radically subversive, and this is one of functions of it that delights me the most. Psychoanalysis in the Lacanian field functions as a discourse of decolonisation, of interrogating our alienation to the big Other, the colonising Other, at the level of the subject. In certain nation states this discourse of decolonisation via psychoanalytic interrogation of the master is a radicalising politics (e.g. see the current work of Gonsalves and Gaião). At the level of the clinic, this separation from the Other occurs through the enigmatic interpretations of the analyst:

[t]o interpret means not to evaluate, not to judge, not to act, and even to leave aside feelings [...], there is [one] demand [that that the analyst makes, a demand] for speech, but [the analyst] has

nothing to discuss; (Soler, 1991, para. 2).

In this, there is no demand or expectation on the one who speaks in analysis to behave differently, get a better job, increase the amount of sex in their relationship, eat less or more, or other normalising function-improving expectations, to make themselves more suitable to the capitalist discourse. This is where the movement of analysis goes against the colonisation of the subject by the Other, in that, as stated, the analyst refuses to play the role of a master. The analyst desires only that the analysand desire, and for that desire to become well-spoken. The analysands I have had the privilege to listen to have continued to speak, question the master signifier or move towards the possibility of questioning – moving towards the hysteric's discourse. In more than one sense this whole project has been my questioning of the master's discourse and of playfully encountering the master signifiers of my fundamental fantasy. The endeavour of producing this work has inspired me to continue to research, write, and practice psychoanalysis.

Ending

As I have indicated, I have written this as a requirement of the university, but beyond that, I have written this for the community of psychotherapy in Aotearoa of which I am a member. I hope it may open a question, a question regarding our thinking, Teaching, and clinical work with hysteric subjects. I hope that it opens a question around why we have come to silo off pockets or components of hysteric behaviour, and to wonder on whose discourse this serves. I hope this work might open for some questions about “the sexual reality of the unconscious” and a clinic concerned with this” (Lacan, 1991/2007, p. 150).

In closing, I can say that if nothing else, I have acted in conformity with my desire. I quote Lacan:

[a]nd it is because we know [...] to recognise desire, which is at the heart of this experience, that a reconsideration of ethics is possible, that a form of ethical judgment is possible, of a kind that gives this question the force of a Last Judgment. Have you acted in conformity with the desire that is in you? (1986/1997, p. 314).

How can we bear not to?

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