

# Hysteria Today

Claudia Livingston Ades\*

Psychoanalysis Department of Pontifícia Universidade Católica de São Paulo, São Paulo, Brazil

\*Corresponding author: clauades@uol.com.br

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**Abstract** The aim of this article is to study female hysteria, through the eyes of freudian psychoanalytical theory and Piera Aulagnier's contributions. A clinical case study, whose subject has presented female hysteria characteristics, will be presented and, through a theoretical-clinic articulation, it will be possible to compare how this neurosis used to present itself in the past, and how it does today.

**Keywords:** hysteria, femininity, identification process

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## 1. Introduction

The present article intends to address female hysteria and the vicissitudes of the identification process that it concerns, in light of the freudian psychoanalytical theory.

Although not always acknowledged as such, hysteria remains intensely present, emerging nowadays under disseminated ways through means of communication, such as eating or panic disorders, and some other symptomatologies; the focus on the symptoms that arise can, nevertheless, overshadow the understanding of the psychic constitution they are part of.

According to Freud in "Female Sexuality" (1931), during the negative Oedipal phase, the mother is the main love object of the girl and is where all her fixations and repressions lie, causing neurosis, specially the hysterical type. In his words: "(...) is my conjecture that this phase of mother-attachment is specifically closely connected with the etiology of hysteria, which is not a surprise, when we reflect that both - the phase and the neurosis in question - are characteristically feminine" (Freud, 1931, p. 261).

Therefore, it is during the initial period of the relationship between the girl and her mother that one should focus on the study of the psychogenesis of hysterical neurosis. Femininity is a subject that, although it was widely discussed by Freud, remained - in his opinion - an enigma; for that reason, at the end of his "Femininity" text (1933 [1932]), he suggests for those who wish to learn more about it, "(...) enquire from your own experiences of life, or turn to the poets, or wait until science can give you deeper and more coherent information". (Freud, 1932/1933, p. 164)

Some characteristics are common in hysterical neurosis. According to Laplanche and Pontalis, "the specificity of hysteria is to be found in the prevalence of a certain kind of identification (...) such as in emergence of the Oedipal conflict occurring mainly in the phallic and oral libidinal spheres" (Laplanche and Pontalis, 1967, p. 275).

## 2. The Identification Process

In "Group Psychology and the Analysis of the Ego" (1921), the identification is described as "(...) the earliest expression of an emotional tie with another person" (Freud, 1921, p. 133), playing an important part in the early history of the Oedipus complex.

In "Female Sexuality" (1931), Freud addresses the aggressive and sadistic oral desires of the girl as if they had been forced on her by "(...) early repression, in the dread of being killed by the mother, a dread which, on its turn, justifies the death-wish against her. (...) The child wants to devour the mother, from whom she received nourishment." (Freud, 1931, p. 272). According to the author, this dread can be transferred to the father due to repression, but in reality, this is not originally targeted to him, but to the mother figure.

Freud analyzes the event of the identification process in "Group Psychology and the Analysis of the Ego" (1921) the same way as the neurotic symptom: he quotes the example of a little girl that develops the same tormenting cough as her mother's. According to the author, if the identification originates from the Oedipus complex, it will mean "(...) a hostile desire on the girl's part to take her mother's place, and the symptom expresses her objectal love towards her father (...). 'You wanted to be your mother, and now you *are* - at least as far as your suffering goes.'" (Freud, 1921, p. 134-135). According to the author, this is the complete mechanism of the structure of a hysterical symptom.

Another possibility described by Freud about the symptom is the fact that it also happens with the loved one, and he exemplifies it with the coughing that Dora would imitate from her father. In this case, "(...) *identification has appeared instead of Object choice, and that object choice has regressed to identification*". (Freud, 1921, p. 135).

He states that, in both cases, the identification is partial and very limited, "(...) and only borrows a single trait from the person who is its object". (Freud, 1921, p. 135).

Besides these two, there is still a third case of symptoms formation in which the identification disregards any object relations to the person who is being imitated. To exemplify this situation, Freud quotes the example of a girl from a boarding school who receives a letter from someone who she is secretly in love with. Such letter makes her feel jealous and she reacts with a fit of hysterics. Her friends, who know her secret, according to Freud, "(...) will contract the fit, (...) by means of mental infection". (Freud, 1921, p. 135).

This identification mechanism is justified by the desire of putting yourself in the same situation as the one who is being imitated. The other girls from the boarding school would also like to have a secret love affair, and for that reason they accept, under the influence of the guilty feeling, the suffering that this creates.

The difficulty of the hysteric to learn what is desirable in a woman makes the identification with a model a resource widely used, so that she can fulfill her unconscious desires.

### **3. Presentation and Discussion of a Clinical Case**

This clinical case study aimed to reflect about the potential identification process lived by a patient, (whom I'll call Anne), whose characteristics – resulting from the identificatory position of the "I" – showed themselves to belong to hysterical neurosis.

Based on the historical reality lived by the patient and the transfer process that occurred during the analysis, I could assume - in light of the Freudian theory about the psyche and Piera Aulgnier's contributions - what difficulties, during the potential libidinal and identificatory story of Anne, might have led her to develop a hysterical neurosis.

The questions raised in the course of the analysis - regarding the femininity - revealed big importance of understanding the alleged psychogenesis of her neurotic conflict; in other words, between the "I" and their ideals.

The primary connection between the girl and her mother showed to be essential in the analysis of Anne, as well as the dynamic established with the father and the place she filled in her family constellation.

The story of the patient and its analysis allowed me to support the hypothesis that the standoffs lived by her in the course of her libidinal and identificatory development hampered a satisfactory Oedipal resolution, in which the access to femininity would be guaranteed.

She pursued analysis through a recommendation from her doctor due to a strong crisis of "colitis". No physical harm was detected in her exams, in spite of her persistent dysentery that had already lasted about six months.

She was very clear, since the beginning of the analytical process, about her preference for interacting with men. Having chosen a predominantly male career, she has always worked only with "boys", something that pleased her very much. The company of women seemed invasive to her and meant a very unwanted "competition".

She would claim she didn't feel feminine, but knew how to cause the opposite impression on people. She would always dress in a particularly feminine way and needed this to feel like a woman and tell herself apart from the large number of men who she interacted with at work on a daily basis; otherwise, she would see herself as "one of them".

What is the issue lived by Anne involving the "femininity"? Why would she feel pleasure interacting almost exclusively with men, but, at the same time, feel the internal need of telling herself apart from them? Where did the invasion and competition feeling by interacting with women described by her come from?

What can be inferred from her family dynamic and the female role models that were part of her identification process which can be related to the nature of such feelings?

When she pursued analysis, the patient was going through an identity crisis; in fact, she claimed that her own reflection in the mirror seemed strange to her. The impression that she was the foundation, which somehow was imposed to her in the family environment, threatened to collapse if facing a potential dismissal. At the same time, in the affective realm, a new partner made her have second thoughts about her fiancée, figure that would bring her safety and the possibility of raising a family.

Anne never wanted to "be too much trouble" for her mother, since this was her sister's role – two years older – who was a premature baby, and always considered "fragile and weak". Maybe her parents wished that their second child would be a boy, so they wouldn't have to face once again the difficult task of raising a girl.

The fact is, that Anne didn't have the chance to express her "weaknesses" or uncertainties; being "gifted" with the fusion of her two grandmothers' names, "strength" was expected of her, in addition to being tough and her father's successor. A "caretaker" of all members of the family, she would be the one to take them to the hospital when they were sick, including uncles, aunts and grandparents.

It can be assumed that at the end of the phallic phase, from the complete dissolution of the Oedipus complex, where the identifications –both with the father and the mother – are established, a conflict began to be part of her psychic life: the female figures were seen as fragile and sick, to her. Besides the sister, considered as "weak", and the depressed mother, Anne claimed to be afraid of dying of a heart condition, as it had happened to her maternal grandmother. The identification with the female figure was considered "risky" and that made her build a strong identification with her father, even being aware that she was a woman.

Inspired by the mixed figure of the female mechanic (TV character that would dress a man's overall and go under cars to do repairs), Anne – still a child –began developing her professional path.

By pursuing this career, she chose a job that would lead her to a daily and exclusive interaction with men. However, this interaction revealed something unusual: it made her feel as one of them; she needed her feminine accessories to tell herself apart. And so she would live this identity conflict: she didn't want to be like the other women, but she wasn't also one of the "boys".

When she began the analysis, Anne was going through an intense identity crisis about her role in the family environment, as well as the mother figure and the referred

femininity. Two big modifications were happening simultaneously: one in her job, the other in her love life. Her change of work and partner made her dive into this crisis, which led her to an alienation of her own image in the mirror. Physical alterations followed the instability that she was psychically living.

Therefore, the mother was chosen to help her find a solution. She was the one in charge of calling doctors and analysts in order to “fix” the daughter’s problem, and it was also by her that Anne wanted to be taken care of.

According to Aulagnier, the anxiety of castration emerges every time the identificatory references oscillate. In Anne’s case, this anxiety emerged very intensely, causing the dysentery crisis and making her search in the mother figure an answer for her conflicts, that were based on two questions: will I be loved and acknowledged even though I fail, or in other words, even though I’m not the foundation of the family and don’t meet their expectations? Will I know how to lead my femininity without any guidance but my own?

The first question concerns, according to Aulagnier, the neurotic conflict; in other words, between the first identificatory references - those that assure to the subject their points of certainty – and the ones that add up in the course of childhood. This conflict threatens the relation of the “I” with their ideals, which puts in risk, from the subject’s point of view, the admiration and acknowledgement of the recipients of their libidinal investment.

The second formulated question is also about the expectation of acknowledgement and identificatory demand; this time, however, related specifically to the femininity. Even though she was already a grown-up and main provider of the home, Anne would continue – just like a little girl living her Oedipal conflicts – to turn to the mother figure in search of an answer for her question, “What is desirable in a woman?”

The female figures whom the patient interacted with, always seemed weak and sick to her. The solution was to turn to her father and, as his companion-accomplice, help him solve all the problems that would appear in the household. An so, strong and tough like her father, she admitted that this was only a “façade” since her affection would remain suffocated, shrunken, waiting for the moment to emerge.

Anne only seemed to be able to express her feelings through the body. As Bollas would say, “All the hysterics are driven to keep the word in the body, since such conversions ‘remind’ them of a way of maternal eroticism”. (Bollas, 2000, p. 68).

Her impeccable way of dressing, the need for skirts and heels, so that she could tell herself apart from the “boys”, the “hysterical production”, as defined by Lucien Israël, can also be seen as “(...) an attempt of communication, of relation with the other”. (Israel, 1995, p. 77).

Anne was seeking in analysis the answer for her suffering. A suffering related to the lack of freedom caused by her dedication to work, constant somatization and the need of being acknowledged.

However, the intense dedication to the company seemed to assure her a certain identificatory stability, as well as a feeling that she belonged and had a secured place for herself. During her work, the exclusive interaction with men would tranquilize her, as she didn’t have to

compete with people who knew about the feminine world (other women); the calculatedly feminine wardrobe and the delicate gestures would hide a big uncertainty towards “possessing” something desirable from a man’s perspective.

What about the fact that the analyst was a woman?

Anne wanted to learn what it meant to be a woman; she sought an analyst that would help her unveil the “mysteries of the femininity”, but she remained alert all the time, sitting on the chair, looking into my eyes as though she needed – besides making sure she was being heard all the time – to control my speech. She needed to be seen; her gestures were calculated, as if she was playing a character. Sometimes she would get emotional, but in a discreet manner, without losing control.

As for the wish of getting married and having children, it can be understood that she chose the path of a wedding and maternity to feel accomplished, and, once more, this directing to the misleading idea that the freudian theory defends maternity as the only solution for women’s oedipal conflicts. I don’t believe that is the case.

Having been acknowledged professionally, she wished to get married and start a family with her fiancée. He supported the quest for herself through depending less on what was expected of her (narcissistic support); that means something different from what the professional recognition and being the foundation of her family provided.

The relation that the subject maintains with the mirror image shows, according to Aulagnier, “(...) the conflictual dimension that runs through the field of identification”. (Aulagnier, 1975, p. 166).

In Anne’s case, the difficulty in being an independent reference to herself denoted the conflict lived in the identificatory realm.

It’s important to stress that for a possible diagnosis of any psychic organization, the existence of grounding in the psychopathology is required, since the exclusive focus on the symptoms can lead to confusion between the many clinical conditions; however, some of them (symptoms) appear frequently in the hysterical neurosis.

The depression as symptom can be observed in many clinical conditions of hysteria, as in Dora (Freud, 1905), who would show, according to Freud’s words, “(...) dyspnea, *tussis nervosa*, aphony, and possibly migraines, together with depression, hysterical unsociability and *tedium vitae* (...)”. (Freud, (1905 [1901], p. 30).

## 4. Conclusion

Therefore, even though some of the symptoms that the first hysterical treated by Freud would show – such as paralysis, blindness or fainting – are not as common nowadays, many of them remain present.

Though Anne revealed characteristics that presented typical aspects of current socio-cultural values (successful executive, completed devoted to the company where she worked), she also showed depressive symptoms and eating disorders.

I believe hysteria hasn’t changed as much as some authors argue, and that it remains alive and present in psychoanalysis practices.

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