

Where Have the Hysterics Gone?: Lacan's Reinvention of Hysteria

Patricia Gherovici
Après-Coup Psychoanalytic Association

[A]nd nevertheless I consider that in a very precise
manner I have been guided by hysterics.

Lacan
“Propos sur l’hystérie”

HYSTERIA ENDED IN 1952 when the diagnosis was eliminated from the official American psychiatric nomenclature. The word was deleted from the medical vocabulary when it ceased to be listed as a separate clinical entity in the first edition of the *Diagnostic and Statistical Manual, Mental Disorders (DSM-1)* (1952) and in *The Standard Classified Nomenclature of Disease (SCND)*. But the termination of the entire disease form was rather a semantic suppression than the real elimination of the illness. It was not long before this “repression” produced a predictable Freudian “return.”

By a curious chronological coincidence, it was also in 1952 that Jacques Lacan published in the *Revue française de psychanalyse* an article that emerged from a seminar he taught at the *Société Psychanalytique de Paris*. It focused on Freud’s most detailed case study of a hysterical patient, the famous Dora’s case. “Presentation on Transference” (*Ecrits* 176–85) is one of the few texts Lacan devoted entirely to hysteria. In addition to being a perfect example of his proclaimed return to Freud, so characteristic of

PATRICIA GHEROVICI is a psychoanalyst, supervisor, senior member, and faculty, Apres-Coup Psychoanalytic Association, New York. She is the co-founder and director, Philadelphia Lacan Group, and author of *The Puerto Rican Syndrome*, 2003 (Other Press, winner of the Gradiva Award and Boyer Prize), *Please Select Your Gender: From the Invention of Hysteria to the Democratizing of Transgenderism*, 2010 (Routledge), and the forthcoming *Psychoanalysis Needs a Sex Change: Lacanian Approaches to Social and Sexual Difference* (Routledge). She is co-editor, with Manya Steinkoler, of the forthcoming *Lacan on Madness: Madness, Yes You Can't* (Routledge) and *Lacan, Psychoanalysis, and Comedy* (Cambridge UP).

Lacan's work it represents a decisive moment in French psychoanalytic history.

Just a year later, in 1953, a long-standing rift would develop into a split in the *Société Psychanalytique de Paris*. Lacan and others resigned to found the *Société Française de Psychanalyse*, under the direction of Daniel Lagache. The reasons behind the split were theoretical, directly affecting the practice of psychoanalysis. Consequently, Lacan reopened the case of Dora's hysteria with both clinical and political motives. He had been supporting liberal academics and intellectuals on the question of lay analysis and opposing the authoritarianism of those who argued in favour of medical training for the practice of psychoanalysis. As the title of Lacan's essay betrays, Dora's case enabled him to underline the clinical importance of transference—the slippery terrain of mutual implication of analyst and patient in the treatment, the role of the “person” of the analyst, and the importance of the patient's belief in the analyst. Lacan foregrounded the transference bond in the analytic cure and, above all, to the role of the analyst within the transference. Lacan was also aware, following Freud's example, that medical training was the least helpful in preparing an analyst to deal with the deceiving, non-empirical nature of transference. It was precisely unanalyzed transference love that “impregnated” Anna O. and terrified her doctor Joseph Breuer; Breuer “resisted” the sexual reality of the unconscious revealed by Anna's imaginary pregnancy and parturition and abruptly terminated her treatment. Not wanting to know anything about it, he hastily declared her “cured” and ran away from the powerful force of transference (see Breuer and Freud).

Freud, in contrast, did not vacillate: he not only admitted the existence of transference but was also courageous enough to publish his first major case study on hysteria, although it would fail. This case is fragmentary (let us recall that it was published under the title “Fragment of an Analysis ...”), an incomplete analysis, for the defiant Dora had abruptly broken off the treatment. This unsuccessful case, however, taught him an important lesson on transference. Furthermore, it may suggest that psychoanalysis is best grasped through its own failure.

It is well known that Freud did not mind publishing controversial case studies; he intended the obstacles to develop into clues for discovery. This becomes quite clear in his “Postscript” to Dora's case, in which Freud learns from his mistakes and attributes his failure to his delay interpreting his own participation in the transference (see “Fragment of an Analysis of a Case of Hysteria” 118). We see here the limits imposed by Freud's own resistances and prejudices but also his unrelenting desire to further his

theories. He offers this case as a testimony open to criticism, maybe even inciting it. In a footnote to the text, Freud admits that he was “in complete perplexity” facing the homosexual love of Dora for Frau K. (“Fragment of an Analysis” 120). In his “Presentation,” Lacan commented that only in 1923 did Freud reach a first understanding of the meaning of this kind of love. In that year, Freud started discussing feminine sexual development and observed that “the significance of the castration complex can only be rightly appreciated ... in the phase of primacy of the phallus” (“Infantile Genital Organization” 127). Let us note that *phase* refers to a stage one undergoes and may eventually overcome. This leaves us with the problem of posing a sequence that suggests a development with an aim.

What was Dora searching for? Freud talks about a virile object; yet the blunt display of virility, the excesses of *machismo*, are the utmost expression of femininity as masquerade. Juliet Mitchell notes that Freud’s problem was to assume that had Dora not been a hysteric, she would have accepted the advances of her suitor, Herr K., loving him as she had loved her father, thus following the expected Oedipal tendencies. Yet the footnotes reveal that the story was quite different. Juliet Mitchell contends that

Dora’s relationship to her father had been not only one of attraction but also of identification with him. In terms of her sexual desire, Dora is a man adoring a woman. To ascribe the situation to Dora’s hysteria would be to beg the whole founding question of psychoanalysis. Hysteria is not produced by any innate disposition. It follows that if Dora can have a masculine identification there can be no natural or automatic heterosexual drive. (11–12)

Hysteria opens up the problem of the object of the drive and the problem of sexuality as an enigma to resolve. Dora’s interest in Frau K. exposes the indeterminateness of the object of human sexuality. Dora, a woman, can love another woman, like a man—or even not know whom she loves, a man or a woman. 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.

Let us mention that knowledge has a profound relevance to transference. In the footnotes to his “Postscript,” Freud discusses Dora’s sexual curiosity and mentions that her “knowing all about such things and, at the same time, her always pretending not to know where her knowledge came from was really too remarkable. I ought to have attacked this riddle” (“Fragment of an Analysis” 120). On the one hand, it seems that the riddle of hysteria offers the chance for a great revelation in each failed attempt at resolving it. The Sphinx knows the answer to her riddle but seems not to know from where her knowledge comes. Why is it that hysterics disown the knowledge they produce? How is it that they do not know what they know? As Oscar Masotta suggests, it is because what they 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 (29). Masotta here conceives of the unconscious as what is “not working” between the knowledge of sexuality and sexuality itself.

Sexuality for the speaking being is never simply sexuality; it is problematic; it is never evident, natural, nor clear. Freud’s abandonment of the seduction theory induced the concept of fantasy—and the concept of fantasy led him to discover the existence of the drive (*Trieb* was never instinct). We can define sex for the speaking subject as the rapport between two fantasies, as the resulting interaction of two subjects through the lens of their fantasies. One classic trope is that of a man having sex with a woman while thinking he is having sex with another woman; meanwhile, the woman is thinking that she is the other woman her partner is thinking about. Fantasies play a crucial role in our psychic life. Freud called what he recurrently heard in his patients’ discourse *Urfantasie* (protfantasy) to mark those fantasies that had a constitutive, founding function (see “The History of an Infantile Neurosis” 120). Freud located only three protofantasies, all related to the Oedipal complex: seduction scene, castration, and primal scene. The seduction scene has to do with the parents as sexual objects; the fear of retaliation if the desire of sleeping with the mother is fulfilled constitutes the castration protofantasy; and the wish to separate the parents, breaking the unbearable union that threatens the importance of the child for the mother, forms the protofantasy of the primal scene. The Oedipus complex also introduces the question of the phallus. About this often revisited issue, let us mention only that the phallus is not the penis but a “universal premise”: it is the impossible infantile theory according to which sexual difference is denied under the absurd belief that everyone, and even everything, is equipped with a penis. The phallus, far from being an organ, is a theoretical speculative assumption applied to both

women and men. Moreover, the phallus, since no one can be nor have it, most importantly introduces the dimension of the lack that defines human sexuality. This lack has a theoretical function in psychoanalysis, and it results from the clinical material, that is, what analysts actually say during the analytic sessions.

We are quite aware of the scandals of the Freudian revelations: not only the existence of infantile sexuality but also the affirmation that infantile sexuality contains the structure of adult sexuality (polymorphous and perverse!). Freud's discoveries were met with strong resistance because he uncovered important facts about sexuality and the unconscious that people preferred to ignore. The knowledge he disseminated touched upon something beyond morality. Freud's findings forced a confrontation with a dark core in the subject that corresponds to an ethics of desire of which we want to remain ignorant. This is the real scandal of Freud's discoveries.

Hysteric patients revealed the unconscious to Freud and helped him invent psychoanalysis. In the 1950s, when Lacan announced his famous inauguration call of a return to Freud, hysteria, as we have seen, was quickly disappearing. Lacan's rereading of Freud also meant a return to the path of truth and knowledge, as opened up by hysteria. This return to hysteria meant for Lacan the undoing his early training in clinical psychiatry.

Lacan, like most French neurologists and psychiatrists of his generation, started his clinical career as a Babinskian.¹ Just eight years after his death, Charcot's work on hysteria had been almost completely demolished in France. By 1901, Joseph Babinski, one of Charcot's favorite disciples, had separated neurological organic diseases from hysteria. While this separation established foundations for modern neurology, it was accompanied by the complete dismemberment of hysteria. Hysteria suffered a semantic suppression as Babinski replaced it with *pithiatisme*. He coined *pithiatism* from the Greek words *peithos* (I persuade) and *iatos* (curable). This new term conveyed that hysteria was a kind of simulation curable by suggestion.

But during this time, the surrealists were flamboyantly celebrating hysteria. Above all, they opposed the eradication of the theory of hysteria, made invisible but no less powerful. The surrealists celebrated hysteria as a poetic creation and proposed a novel encounter between the Freudian unconscious and language. Their tribute appeared in a 1928 special issue of *La révolution surréaliste*. The manifesto-like tract, titled "The Fiftieth Anniversary of Hysteria" was signed by Louis Aragon and André Breton. Printed in capitals, it began:

1 An earlier version of this section was originally published. See Gherovici 113–26.

WE, SURREALISTS, WANT TO CELEBRATE HERE THE FIFTIETH ANNIVERSARY OF HYSTERIA, THE GREATEST POETIC DISCOVERY OF THE END OF THE NINETEENTH CENTURY, AND PRECISELY AT A TIME WHEN THE CONCEPT OF HYSTERIA APPEARS TO BE COMPLETELY DISMANTLED. (Breton 948)²

What followed was a recapitulation of the history of hysteria from Charcot and Freud to Babinski, without forgetting Bernheim, quoted as saying that hysteria is a “complex and protean disease that escapes from any definition” (Breton 949). Reacting against Babinski, Breton and Aragon concluded their manifesto with a new definition of hysteria. “Hysteria,” they wrote, “is not a pathological condition and may be considered in every respect as a supreme form of expression” (Breton 950). They paid homage not to Charcot but to Augustine, his famous, beautiful patient.

There, Babinski was presented correctly as a representative of medical science whose aim was erasing hysteria by replacing it with a pithiatism that was curable by persuasive suggestion. Here is what they wrote: “What a pity! Monsieur Babinski, the most intelligent man to have attacked the question, made bold to write in 1913, ‘When an emotion is sincere, profound, and shakes the human soul, there is no longer any room for hysteria’” (Breton 948).

Babinski not only tore down Charcot’s theories on hysteria; he also had a pervasive effect on how hysterical patients were perceived. Babinski reintroduced the idea of deviance to the diagnosis of hysteria. Suggestion and simulation became synonyms for Babinski, who considered that hysterics were either primitive people susceptible to suggestion or simple malingerers. Babinski called the hysterical patients at La Salpêtrière “professionals” who could be “surprised” out of their symptoms “by applying electric current to the sensitive area on their fingers” (Evans 55). In view of such treatments not far from torture, Evans concludes that one can understand why Babinski could assert in the year before the war that hysteria had disappeared (55). He never saw another hysteric during the entire time of his service at the hospital.

Given the young 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. Lacan, like Breton and Aragon, studied medicine. Lacan’s medical career followed the usual course. From 1927 to 1931, he was at the Saint Anne Hospital, one of the most prestigious mental hospitals, where he studied mental and cephalic

² This quotation and those following of Aragon and Breton are translated by the author.

disorders. As Roudinesco points out, of all of Lacan's clinical cases of the period 1927 to 1932, there is only one case of hysteria, but it is also the most interesting one (19). Co-authored with his friend Maurice Trénel, the article was presented at the Neurological Society on 2 February 1928 under the title of "Abasia in a War-traumatized Female Patient." The language remains tellingly Babinskian. For Lacan and Trénel, the case was remarkable because of "the singularity of a motor problem of true pithiastic nature" (233). The word hysteria is not employed once in the five-page case study. Babinskian terminology had not fallen in disuse, and Lacan's adoption of a Babinskian vocabulary meant joining the dominant medical scientific discourse.

The subject of the study was a woman who had seen her house destroyed by an artillery shell on 22 June 1915. She suffered superficial wounds: her leg had been trapped in the shattered floorboards when her house collapsed. After passing through various regional and Parisian hospitals, among them La Salpêtrière, she manifested her illness by developing an eccentric style of walking. She walked as if performing a complex choreography of strange dance steps. She would take little steps on tiptoes. She would slide her feet on the ground and cross her legs one in front of the other. Often, she would walk backwards. The backward walk was the most complex one: she would advance, turning on herself, spinning. As Lacan and Trénel report, however, a hospital security guard affirmed that once he saw this patient walking straight, completely normally, for a few yards when she was alone and unaware of being observed. In all her narratives she insisted upon what an army doctor at the Saint-Paul hospital had told her: "You will keep straight, you will stand straight, you are straight, you will remain straight" ("*Tenez vous bien droite, vous vous tiendrez droite, vous êtes droite, restez droite*") (Lacan and Trénel 234). As Lacan and Trénel ironically point out, this early exposure to Babinskian therapy-by-repeated-suggestion not only proved itself ineffective but also gave her an early taste of iatrogenics; her illness was, if not produced, surely reinforced by the medical treatment. From then on, she walked with her body thrust forward, rocking from side to side and scuffing her feet. The patient explained that she needed to walk in this bizarre way, taking very small steps that she called "on boat" because otherwise she would fall. She reportedly claimed to feel that all was collapsing in her thorax ("*effondrement du torax*") (Lacan and Trénel 236). This case presents particularly insistent echoes of a Beckettian character whose strange ways of walking allegorize a sense of inner collapse. The patient was a relatively well-known case. She went from hospital to hospital where she received all

This case
presents
particularly
insistent echoes
of a Beckettian
character whose
strange ways of
walking allegorize
a sense of
inner collapse.

sorts of treatments including electric shocks without any sign of improvement. The almost parodic aspect of her strange ambulatory antics not only betrays her personal disarray but also seems to mock institutional medical knowledge: she refused to “walk straight,” or within prescribed bounds.

Lacan’s only published case dealing with hysteria is perhaps a little disappointing. Reading this early piece, one cannot find much evidence of Lacan’s clinical genius. Indeed, it was described by him in 1933 as a “modest contribution” to the “problem of hysteria” (Roudinesco 19). However, while being obviously not much more than an intern’s clinical report, the clinical account nevertheless provided first-hand material for subsequent elaboration. In fact, the young Lacan was not then interested in hysteria, since his truly original work dealt with paranoia. Nevertheless, Lacan’s appreciation of this case in the early thirties differs from his written description in 1928. By 1932, Lacan was reading Freud, which could not but lead to a different understanding of this case. Indeed, Lacan and Trénel’s case has a striking similarity to Freud’s clinical study of Elisabeth von R., also a case of analysis of hysterical abasia and Freud’s first full-length treatment of hysteria, published in the *Studies*. Freud successfully treated Elisabeth von R., and just a few months before he had completely transformed his interpretation of hysteria, abandoning the “seduction theory.” Freud wrote to Fliess: “The mechanism of poetic creation [*Dichtung*] is the same as that of hysterical fantasies” (Moussaieff Masson 251; translation slightly modified). Like the poets, the hysterics use language for its associations, for its images, in ways that are creative and can even at times subvert commonsensical expressions producing a new grammar of metaphor. Freud was probably all the more aware of the poetic condensation at work in the discourse and bodily symptoms of the hysterics, as his own literary preferences were for the principles at work, devices and motifs, form and structure, of the novel. Freud’s style, as he himself admitted, is the short novel. However, Freud noted that precisely because his cases read like novellas, they lack the serious stamp of science. Lacan would be closer to the hysteric because of his own fondness for poetry. He published one poem, “Hiatus Irrationalis,” whereas Freud never tried a hand at poetry, although the latter ended up being awarded the coveted Goethe Prize in 1930 for his gifts as a writer. On the other hand, Lacan’s prose has been often perceived as too poetic for a scientist of the psyche. For most readers, professional or not, his writings have been found to be obscure or excessive, even baroque. It is precisely Lacan’s poetic style that has been one of the obstacles in the transmission of his work, especially in the United States. Yet, Lacan’s progression toward a scientific study of

the unconscious is executed by incorporating the teachings of poets, who seem able to grasp something about the unconscious that remains inaccessible to others. Lacan's works definitely follow the rhetorical strategies of poets and hysterics, using language in innovative ways that are both challenging and enlightening.

For the young Lacan, the surrealist movement and their poetic creations would act as an antidote to the reductionism of Babinski and his school. However, Lacan's connection to surrealism insofar as hysteria is concerned remains tentative. True, the young Doctor Lacan was known in surrealist circles as a brilliant specialist in psychosis. Lacan was learning more from psychosis than from any other psychic structure. He had not yet discovered the magnitude of Freud's work on hysteria, which he was to use so fruitfully decades later, nor the extent of the originality of the psychoanalytic method. He would later consider the words of the hysterics as "presenting us with the birth of truth in speech" (*Écrits* 212). At the time, Lacan was elaborating a new conception of language. He 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 poetic experiments of the surrealists. His innovative view was expressed in its accomplished form in his doctoral thesis of 1932 on paranoid psychosis.

Even though his dissertation deals primarily with paranoia, the section devoted to the "Definition of Psychogenesis in Psychopathology" shows a passing reference to hysteria in a footnote that aspires "to contribute some order to the confusing debates about the pathogenesis of hysteria" (*De la psychose paranoïaque* 46, n33). In the footnote, Lacan claims that even when hysteria results from an organic lesion or modifies a physical function, this fact does not preclude the possibility of a psychic organization at play. He argues that one can act upon the symptom by one causal chain or the other. Lacan recommends that one should not exclude either mechanism and refers the reader to the case of abasia that we have discussed. He concludes that this double perspective can clarify "difficult notions like over-simulation and pithiatism" (*De la psychose paranoïaque* 46, n33).

Since in 1928 Lacan had approached this case of hysteria with a Babiniskian terminology that conformed to psychiatric orthodoxy, his position in 1932 was complex. On the one hand, his loyalties were on the side of traditional psychiatry, and his main focus of interest was psychosis, supposedly a barren field for psychoanalysis. On the other hand, he implicitly criticized the psychiatric legacy by putting forward a completely new notion of psychosis. Lacan, at this point in his career, was a para-surre-

alist who sought to identify a common poetic logic in psychosis and the experimental writing of the avant-garde. Yet, unlike the surrealists, he did not partake in their exuberant praise of madness, nor did he hold society responsible for mental illness. He was undergoing the transition from neurology to psychiatry in order to move into psychoanalysis. But when he referred his readers to his presentation on abasia, it is clear that he took his early case study seriously enough. The fact that he considers pithiatism and over-simulation to be “notions” that merit a clarification is symptomatic. The confusion that he perpetuates while trying to dispel it betrays that he is still bogged down by a French psychiatry in disarray after Babinski.

By contrast, in 1936 Lacan was already a Freudian who explicitly criticized the use of the term pithiatism, as one can see in his “Beyond the Reality Principle,” which appeared in a special “Freudian Studies” issue of *Évolution Psychiatrique* and later became part of *Écrits*. By then, in Lacan’s view, pithiatism condensed the medical profession’s systematic disregard for psychic reality (*Écrits* 64). In this piece, written just four years after his doctoral thesis, Lacan exorcised the demons of his psychiatric training in order to stress his psychoanalytic leanings. Finally, his substantial study on the family complexes, published in 1938 in the *Encyclopédie Française*, fully established his reputation. It also provided a very short summary of his early views on hysteria. In this piece, Lacan connects the “organomorphic symbolism” of hysteric symptoms with the experience of the fragmented body of the mirror-stage (“La famille” 75). In hysterical symptoms, a localized body-function is distraught: organs get paralyzed, lose sensation, and become painfully inhibited, expressing a fragmentation of the body that defies anatomical laws. Noting the similarities between the motor manifestations specific to the mirror-stage and the motor symptoms specific to hysteria, he also locates the mirror-stage at the origin of the constitutional hysteric somatic compliance. Lacan veered away from the Freudian schema when connecting the mirror stage and hysteria. For him, hysteria hypostatized at an organic level the notion of a fragmented body. The hysterical body confirmed his conception of the body as an image of the body. As he affirms in his piece on the mirror stage, when the symptoms of hysteria behave as if anatomy did not exist, they reveal how the body is divided according to the “the lines of ‘fragilization’ that define the hysteric’s fantasmatic anatomy” (*Écrits* 78). Lacan concludes this brief section on hysteria by saying that in hysterical subjects one sees the pathetic images of humans’ existential drama. No other original con-

tribution of Lacan can be found here, yet we can see that his perspective on hysteria is still very Freudian.

Between a short reference to hysteria in his 1938 article on the family for the *Encyclopédie Française* and his 1951 “Presentation on Transference,” not much was advanced by Lacan on hysteria, at the time. The construction of an original contribution on the subject of hysteria had to wait until the 1950s, when his “Return to Freud” marked the beginning of a period of greatly expanded thinking and elaboration of psychoanalytic concepts. In his seminars, now open to the public, Lacan interacted with an audience who felt that they were rediscovering the unconscious and thus reinventing psychoanalysis. His view of psychoanalysis incorporated the teachings of philosophy, linguistics, mysticism, and game theory. “Presentation on Transference” was dedicated entirely to hysteria; it might well be the first “Lacanian” contribution to the topic. In this study of Freud’s case of Dora, Lacan showed that the analytic experience belongs to the order of speech as the realm in which truth can emerge. Clearly, he defined transference as the moments when analysts get lost and take anew their bearings and psychoanalysis as a dialectical experience in which the “ortho-dramatization” of the analysand’s subjectivity depends on the analyst’s response (184).

By 1951, Lacan was clearly a Freudian, but the innovative thrust of his study of Dora’s case derives from his reliance on non-Freudian concepts such as the “beautiful soul” (179) and “dialectic reversals” (178–80). Lacan was applying a terminology borrowed from Hegel to his understanding of the case. With the help of Hegel, Lacan was truly original in his effort at rendering legible the logic of hysteria. Lacan made use of Hegel in the 1950s in order to get a fresh perspective on this case of hysteria while addressing specific questions of psychoanalytic technique. The utilization of Hegel specifically on hysteria reached a zenith in his 1970 Seminar XVII, *L’avers de la psychanalyse*, in which Lacan not only put forward the idea of the discourse of the hysteric but declared Hegel “the most sublime of the hysterics” (35).

The hysteric’s discourse pertains not only to a pathology but also to the essence of the speaking being. Whenever we speak we necessarily assume a position, a relationship that establishes a social link. In his algebra of the four discourses, Lacan identified four such forms of social link or discourse: the discourse of the Master, the discourse of the University, the discourse of the Analyst, and the discourse of the Hysteric. His system combined the permutations of four symbols: s_1 (the Master signifier), s_2 (knowledge, savoir), a (surplus enjoyment), $\$$ (subject) (*L’avers de la psychanalyse* 12). The complex algebra of the theory of the four discourses

Yet, as Lacan asserted in 1961, the hysterical relation is not with the small other, but the big Other, in which the hysteric devotedly believes.

proposed in *L'envers de la psychanalyse* demonstrates a forceful return of the hysteric into Lacanian theory. This 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.

The question that remains to be answered is whether Lacan is really talking about hysteria when he talks about the discourse of the hysteric. To deal with this question, let us explore the genesis of Lacan's construction of this original reinterpretation of hysteria as a social link. Let us remember that Lacan did not produce a discourse of the obsessional neurotic, the psychotic, nor the pervert. If there is a difference between hysteria as a psychic structure and hysteria as a form of discourse, why does he use in both cases the word "hysteria"? Could it be that with the invention of a discourse of hysteria, Lacan had gone back to his early Babinskian training, but with a different stress, replacing "simulation" as a structure of deceit with "stimulation" as a structure demanding truth?

We know that Lacan's goal was to provide Freudian notions with a more rigorous formalization. This can be seen in Lacan's theory of the four discourses in which one can find Lacan's most systematic development on hysteria. With the construction of his "discourse of the hysteric" he touches on the social conditions in order to integrate them into his notion of hysteria. Lacan calls attention to the importance of the Other in hysteria (often this other is a woman—the other woman), for the hysteric's desire is the other's desire. Yet, as Lacan asserted in 1961, the hysterical relation is not with the small other, but the big Other, in which the hysteric devotedly believes. Following a later elaboration in which Lacan states that the Other does not exist, one could say that in fact the hysteric invents the other. To this other, the hysteric addresses the question: "What am I?" and identifies with whatever answer is provided by whoever occupies the position of the Other. "Whatever you say I'll be" (a witch, a saint, a hysteric, a pithiatic simulator, a martyr). As Wajeman notes in *Le maître et l'hystérique*, the hysteric is a speaking riddle who commands the Other to answer the question, "What am I?" This demand compels speech and expects an answer even if this answer is marked by an essential flaw. When the Other responds to the question, "What am I?" with "You are this," it reduces the subject's search to a finite object. But no answer can settle the hysteric's question. The object of the hysteric riddle, contained in the

statement “You are ...” is inevitably dropped as a lost object, as *objet petit a*. Paradoxically, the only true answer to the question is no answer at all—silence.

When the hysteric exposes the insufficiency of the answer offered by the Other (whatever the answer may be), the hysteric makes visible the place where the other is lacking, a lack that the hysteric is in fact occupying as the insurmountable enigma. Identified with the other’s lack, the hysteric can fantasize becoming the Other’s desire. This is a double gesture: on the one hand, it uncovers the Other’s lack, yet on the other hand, the hysteric offers herself completely as a plug to cover up the void in the Other. The hysteric reproach shows the Other’s failure, but if there is any room at all for reproach, it is because the other was expected to be complete, to have all answers, and so on. Hysterics are often willing to put themselves at the service of another, renouncing their desire in favour of the Other. Lacan, on page 289 of Seminar VIII, describes this operation as follows:

$$\underline{a} \langle \rangle A$$
$$-\Phi$$

This formula places the hysteric as the object that supports the partner; it does not deny the castration in the Other but rather the hysteric’s castration (the hysteric does not have the phallus but may well be it). The hysteric aims at occupying a fundamental role for the Other: the object in the Other’s fantasy. As we can imagine, the Other is never worth such a tremendous sacrifice. This is a double capture: robbing oneself of one’s own desire (thus avoiding dealing with one’s own castration) while identifying with the Other, imposing on the Other the desire one believes to be his or hers. Behind the sacrificial offering of hysteria who wants to be “all for the Other,” there is a hope of finding an absolute Other to whom one may offer it all. This “all for the other” reveals that the absolute other pursued is none other than the Ideal Father, the mythical father proposed by Freud in *Totem and Taboo* (1913). This is a primal father, complete but always dead, whom the hysteric passionately “sustains beyond all contradictions.” Obviously, compared with this Ideal Father, anyone will be deficient. What the hysteric is searching for is not her father but an improved and revised version of him—the complete mythical father. In this sense, we can understand that the hysteric is looking for a perfect Master.

The symbolic dimension of demand—as a demand for love—over-shadows the fact that demand is the articulation of a need. Once again

we find echoes of Kojève who noted that the object of desire is “perfectly useless from a biological point of view” (6). This “biological uselessness” can be illustrated by anorexia. Lacan notes that in anorexia there is an anticipation of the Other to the articulation of the demand; the subject rejects the gift offered by the Other to have space to formulate a demand that will safeguard desire. A child will refuse to eat the food given before he has asked for it to preserve his appetite for nothing and desire nothing. The demand for love is both unconditional and unsatisfiable. Desire is the leftover that results from the subtraction of the appetite for satisfaction, from the demand for love. Desire results from the division of the subject caused by language, and demand, as Lacan poses in 1960, is addressed to the Other.

Dora, too, was asking for love in her demand: she wanted to be given what someone did not have, and like a “good hysteric” she not only sustained the Other’s desire but was also sustained by it. She played a key role in the intrigue of betrayals that captured her. She actually supported the relationship of her father and Frau K.: she did everything possible to help his father meet with his lover. One can explain Dora’s complicity in being used as an object of exchange by the men around her through her hysterical and virile identification with them. Her role as a “beautiful soul” can be understood as a paradoxical wanting-and-not-wanting to recognize her involvement in a double role as agent. Dora accepts the despicable exchange as if she were one of the primary beneficiaries in the bartering; she agrees to be the object exchanged. Her identification offers an alienating redoubling. On the one hand, she sees herself as the passive victim and identifies with this role; this is how she presented herself to Freud, and this is how she consciously believed things were operating. On the other hand, her unconscious identification is with a structure that enables her to assume this role. As a beautiful soul, Dora does not take into account her responsibility in the mesh of intersubjective relations that she is exposing. However, the benefits of the farce evaporate when Herr K. interrupts the circuit of exchange, thus breaking the promise that Dora might access the mystery of femininity embodied in Frau K. He says the only thing he should have never said: confessing to Dora his lack of interest in his wife.

In the hysteric, thus, the assumption of sexuality is mediated by a man as the other, who has a woman for his symptom, thus providing access to the Other. Concealed behind the position of the beautiful soul, Dora’s duplicity may remind us of Freud’s observations of the bisexual nature of hysterical fantasies. In “Hysterical Fantasies and their Relation to Bisexuality” (1908), Freud gives the famous example of one of his patients during

a hysterical attack: she presses her dress to her body with one hand, as a woman, while trying to tear it off with the other, as a man. In this example we see both aspects—of symptom and fantasy—at play.

In Seminar v, Lacan defined the hysteric as a subject who cannot constitute the other as a big Other or the Other as the locus of language and law. In this difficulty lies the hysteric's susceptibility to the suggestive power of speech. As we saw in Lacan's first and only published case of hysteria in a war-traumatized woman, her desire as a hysteric subject was caught up in the other's word. Recall that she was told to walk straight by an army doctor—"You will keep straight, you will stand straight, you are straight, you will remain straight"—and that she fully identified with those words (Lacan and Trénel). She already had difficulties walking, but from then on, through a strong identification with the other's signifiers, she enacted this fateful sentence in her strange body movements (she was irreversibly unable to keep straight, stand straight, or even walk straight). Her symptoms manifest the underlying structure. In this example, the army doctor occupies the position of the Other who represents the authority invested in medical knowledge. Although it may look as if she defiantly commanded the Other's response, she is in fact totally dependent on this Other. Her eccentric ambulatory antics betray the impact on her body image of what she interprets as being the Other's desire. Her strange choreography exposes how she is at once accepting and refusing to become the object of the other's desire. Her manner of walking (reminiscent of a dancing dervish) and her refusal to walk straight within the bounds prescribed by the Other reveal 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.

Here is a fundamental aspect of hysteria: the hysterical subject is constituted by the desire of the Other's desire. Lacan's original contribution was in identifying the place of hysterical desire in the economy of discourse. Hysterical desire is a central question with far-reaching implications, and it is one that requires interpretation. This is how Lacan discusses it in Seminar v:

What is the desire of my hysteric? It is what opens what I would not say is the universe, but a whole wide world of what we can call the vast dimension of the latent hysteria in every human being in the world.... Any hysteric echoes everything related

to the question about desire as it appears in others, especially in the other hysteric, but also in someone that may not be hysteric, only occasionally, or even in a latent manner, insofar as he or she would manifest a hysteric modality of posing the question. (466–67)

Here, already, Lacan works with a definition of hysteria that exceeds the notion of neurosis. The hysteric echoes everything related to the question about desire as it appears in others, hysteric or not. “Hysteria” has already taken on an extended social sense and includes a dimension that is latent in all speaking beings, as long as they question their desire. That desire can be a source of perpetual questioning is the natural consequence of the alienation introduced by speech—the speech of hysterics and non-hysterics alike. The cause of one’s own desire and enjoyment remains enigmatic. The fact that we may pose the questions “What am I?” or “What do I want?” should make a hysteric of all of us. This idea, just launched in Seminar V, is developed full more than a decade later, in Seminar XVII, *Lenvers de la psychanalyse*, where Lacan addresses the formal relationships that the very act of speaking establishes. We can understand then why he proposes to define hysteria as a mode of social bond that he calls the “Discourse of the Hysteric.”

For the hysteric, desire is established as the desire to be desired, as desire for desire—that is, desire of the other’s desire. The hysteric’s *jouissance* seems to be constrained to appearing desirable, to becoming the object of desire but not being that object.³ This mode of interaction can be clearly illustrated even in the clinical setting. Let us think of someone with strange theatrical symptoms: foaming at the mouth, screaming, biting, kicking, crying uncontrollably, shaking in seizures, and fainting. Making the physician in the emergency room a witness to such impossible pain, the patient’s suffering urges the doctor to give a name to his illness. The physician answers with a diagnosis: “Puerto Rican syndrome.” Totally recovered in a matter of hours, the hysteric harshly criticizes the doctor. He is not cured at all, the illness persists; this time the pain has moved and a leg and an arm are paralyzed, leaving the patient unable to walk.

We know that the hysteric’s symptoms have elicited countless answers for over more than four thousand years. The elusive symptoms of hysteria speak to the researcher, whose attempts at coming up with answers expose that the hysteric’s riddle presents itself as a question, as a demand for speech: “Here are the symptoms: Speak!” Whoever tries to satisfy this

3 For a brilliant analysis of the hysteric’s *jouissance*, see Braunstein chapter 5.

request and venture an answer will occupy the position of Other, as though the hysteric were saying, “Tell me who I am,” “Answer my question,” or “Whatever you say, I’ll be.” If four thousand years of failed attempts can offer enough evidence, no answer will ever be sufficient to solve the hysteric’s riddle. Nonetheless, hysteria generates a desire to know, which produces, after all, some form of knowledge.

But let us return to what was our main topic of discussion—Lacan’s hysterization of psychoanalysis. The detour we have taken is, however, illustrative of our subject. If we define the hysteric as someone who cannot determine his or her object of desire, as someone who is always questioning whom she or he is loving, we can see that hysteria unveils the very structure of human sexuality. Yet interestingly enough, Freud adopted a position that ran contrary to that of hysteria. By exposing his own blind spots, by confronting the limits of his own ignorance, he started to accumulate knowledge. This strategy not only allowed his own production of knowledge; Freud also managed to restore to the hysteric some of the knowledge from which she was alienated. My intention here has been less to describe the evolution of the Freudian theory of hysteria than to grasp the originality of Freud’s approach by seeing how the growth and change of psychoanalysis is propelled by clinical deadlocks. Here let us focus on how hysteria forced Freud to improve his technique, evolve his theories, and constitute a new body of thinking. For hysteria is not knowledge in itself, although it does serve as a guide toward the elaboration of knowledge.

This interaction, in which the hysteric allows for a production of knowledge that can only return to him or her if the analyst is positioned in a particular manner, is precisely what Lacan addresses in his work on hysteria. Lacan sees hysteria not just as a neurosis but as a structure, a “discourse” that produces a particular social bond. “Knowledge is perhaps eroticized to a greater extent in the hysteric’s discourse than elsewhere,” Bruce Fink asserts (133). Furthermore, the hysteric embodies a “unique configuration with respect to knowledge” that Lacan will ultimately identify with true scientific discourse (Fink 133). Hysteric manifestations pose a question that challenges those in positions of knowledge and authority, of mastery—father, doctor, teacher—to produce some kind of answer. In the larger context, this productive and inspiring pathology also proposes a mode of social link, a discourse. The hysteric demands that the Master produce an answer. Once this happens, the hysteric will render this answer incomplete or inconsistent. The question ultimately is aimed at exposing where the Master’s knowledge is lacking. The hysteric is always engaged in the search for the mythical Master who is condemned to fail. While

Thus the conditions under which the hysteric causes the production of such knowledge are the conditions for the production of knowledge in general.

challenging totalizing solutions offered by those in the service of an ideal of mastery, Fink contends that the hysteric sustains contradictions, making them apparent, therefore never exhausting a field, forcing instead an endless progression of knowledge (134–35).

Lacan illustrates this in Seminar XIV by a little apologue alluding to the art of the salesman, which is the art of making someone desire an object they have no need for, thereby pushing them to demand it. The hysteric works as a speaking riddle that poses a question that demands an answer. The hysteric's commandment to say something about her symptoms produces a form of knowledge. This movement has inspired extensive knowledge—medical (from ancient wandering wombs to contemporary panic attacks) and religious knowledge (from demonic possession to miraculous sanctity) and even psychoanalysis (from a missing organic lesion to Freud's discovery of the unconscious truth concealed in bodily symptoms). Thus the conditions under which the hysteric causes the production of such knowledge are the conditions for the production of knowledge in general. But what is it that has changed in the articulation of this knowledge to society at large?

In February of 1977, playing on the famous trope of *ubi sunt*, Lacan precisely asked (with a hint of nostalgia) about the changed fate of those extravagant hysterics of Freud's time:

Where have they gone, the hysterics of yesteryear, those wonderful women, the Anna O.s, or the Emmy von N.s ...? They not only played a certain role, certainly a social role, but when Freud started to listen to them, it was they who allowed for the birth of psychoanalysis. By listening to them Freud inaugurated an entirely new mode of human relations. What has replaced the hysterical symptoms of yesteryear? Has hysteria not been displaced to the social field? (*Propos sur l'hysterie* 5)

These were the opening remarks of "A Few Words on Hysteria" that was Lacan's latest elaboration on hysteria, delivered in Brussels. Lacan's nostalgia should not mislead us. He had compelling reasons to revisit hysteria. For Lacan, hysteria was not only social; it was universal: "the hysteric subject is the divided subject, to say it in other words, it is the unconscious at play" (*Propos sur l'hysterie* 5). As we have seen in Lacan, hysteria touches all human beings because its structure brings forth the splitting of the subject of the unconscious; hysteria steadily exposes the division that the accession to language introduces. Despite his apparent yearning, Lacan contends that the hysteria of Anna O. or Emmy von R. and "of all

the beautiful hysterics of yesteryear” returns today in the social field, most precisely in the social symptom (*Propos sur l’hysterie* 5). Hysteria is a form of social link, and the social link becomes a form of hysteria.

In the theory of the four discourses, the hysteric’s discourse operates by constantly posing a question and, thus, reincarnating Socrates, putting the Master up against the wall by demanding knowledge. Master and hysteric need each other: the hysteric posing a demand that creates some knowledge, and the Master trying to attain absolute knowledge. The analyst’s discourse subverts the discourse of both the Master and the University by insisting that all the truth in its totality cannot be known. Still, discourse lets the hysteric speak and produce a knowledge that will not alienate the hysteric while undercutting the illusion that all the answers are only to be found in the Master. Lacan, who has pointed out the structural affinity of desire and hysteria, sees a clinical consequence in the experience of analysis as the structural introduction of the artificial conditions of the discourse of hysteria.

This strategy is similar to the strategy any scientist follows in making a scientific discovery: it challenges, and thereby broadens, the limits of a prevailing knowledge. Fink uses the example of Heisenberg’s uncertainty principle to illustrate that our capacity to know has a limit. Succinctly, the principle states that we cannot simultaneously know the position and the momentum of a subatomic particle; if we determine one calculation, the other must remain inevitably uncertain. Thus, Fink compares hysterics with good scientists, who do not take for granted that all solutions will be someday forthcoming. He contends that the truly scientific spirit is “commanded by the real, that is, that which does not work, by that which does not fit” (135). This spirit “does not set out to carefully cover over paradoxes and contradictions, in an attempt to prove that the theory is nowhere lacking—that it works in every instance—but rather to take such paradoxes and contradictions as far as they can go” (Fink 135). This scientific spirit, resulting as it does in an unrelenting quest for truth, helps explain why the evolutions of medicine, of psychiatry, and of psychoanalysis are so indebted to hysteria. Anyone who would fall into the encyclopedist temptation of trying to explaining everything, to exhaust knowledge rather than treat science as an open, ever-expanding enterprise, will be made to pay the price. There will always be a hysteric ready to prove the impossibility of such a totalization. The hysteric will not let anyone feel too full of himself to think that he or she has achieved the summit of knowledge. Because the hysteric will always manage to present the humiliating truth that “this does not work,” that “this does not fit,” Paul Verhaeghe reaches

the conclusion that “insofar as the hysteric is confronted with a cumulative psychoanalytic knowledge, where the analyst is the latest guru, she will repeat her time-honored relation to the Master. As she has much more experience at this game—in view of the structure of her discourse—this latest Master will quickly join the row of has-beens, of ex-servicemen” (118). Verhaeghe concludes with a logical reversal: hysteria did not disappear but, rather, traditional psychoanalysis has become a past tense in the endless evolution of hysteria.

It is noteworthy that Freud obtained his major breakthroughs precisely when he avoided the position of mastery demanded by the hysteric (as we have seen, his failure with Dora is an example of the futility of trying to incarnate “the master who knows best”). And most remarkably, Freud’s hysteric patients helped him to not only construct an explanation for this specific neurosis but also to propose a general theory of the human psyche. This conceptual generalization was possible because the hysteric, much more than the obsessional or the phobic, exposes the subject’s constant strife between the conscious and the unconscious; it lays open the disharmonious character of desire. The hysteric also illustrates the radically ambiguous relationship of the subject with the other—the hysteric supports this other while constantly interpellating it. Ultimately, the hysterical structure is the paradigm of the divided subject that results from the accession to language. As Mark Bracher puts it, this dominating alienation is expressed by the hysteric’s refusal to embody—literally, to give her body over to—the Master signifiers that constitute the subject positions that society, through language, makes available to individuals. In hysterical neurosis this refusal of the body to follow Master signifiers manifests itself in symptoms like anesthesia, paralysis, and tics—disorders which Freud discovered derive not from neurological dysfunctions but, rather, from representations of the body being caught in conflicts between ideals and desire (66).

As David Macey has noted in *Lacan in Contexts* (1988), Lacan’s developments on hysteria span decades of active French intellectual life reflecting and impacting the surrounding cultural milieu—they betray the successive influences of the Hegelianism of Kojève or Hyppolite, of Heidegger, of Sartre and Foucault. Finally, after the May 1968 events, Lacan could warn the rebellious students that they were looking for a Master, ironically promising them that they would soon have one. He was sending them an important message. By denouncing their own desire of instituting a Master, he was playing the role of an analyst. As Lacan contends in Seminar XVII, the analyst’s discourse produces another style of S_1 or Master signi-

fier. Psychoanalysis is revolutionary for the way it impacts the social link. Lacan's subversion came not from ideological positions but as a structural consequence of his own discourse. He told the revolutionary students that they occupied the place of surplus value. By exposing their wish to have a Master, he was announcing to them that they were, in fact, hysterics. Lacan made his presentation in the midst of the students' stormy reactions: they complained about the insufficiency of his arguments, they challenged his position and knowledge. He was offering to the hysterics his desire as an object to let it become their cause. Above all, he was exposing the urgent need of a consideration of the political dimension of hysteria.

There is one last important aspect in Lacan's hysterization of psychoanalysis—hysteria becomes the essence of the speaking being divided and coming into being in language. Lacan himself was not above implicating himself in person in hysteria, although he confessed that he was too "perfect" to be a straightforward hysteric. Commenting on a grammatical mistake he had made by referring to a young woman in the masculine, he observes:

All things considered, I am the perfect hysteric, that is, one without symptoms, aside from an occasional gender error. [...] The difference between a hysteric and myself (because of the fact that I have an unconscious, I let it merge with my consciousness) is that the hysteric is sustained in her cudgel's shape by an armour (which is distinct from her consciousness) and that is her love for her father. (*Le séminaire XXIV*, my translation)⁴

Here Lacan produces a definition of hysteria that combines elements of topology and the new idea of the unconscious as the *une-bévue*—a French literalization of Freud's *Unbewusst*—a one-gaffe, a one-blunder or "unbewoops" as Dan Collins wittily suggests. Thus Lacan revisits earlier ideas and calls up the passage in which he had defined the unconscious itself as "a censored chapter" in one's history:

The unconscious is that chapter of my history that is marked by a blank or occupied by a lie: it is the censored chapter. But the

4 "En fin de compte, je suis un hystérique parfait, c'est-à-dire sans sinthome, sauf de temps en temps cette erreur de genre en question. La différence entre l'hystérique et moi, et moi qui, en somme à force d'avoir un inconscient, l'unifie avec mon conscient, la différence est ceci, c'est qu'en somme l'hystérique est soutenue, dans sa forme de trique, est soutenue par une armature. Cette armature est en somme distincte de son conscient. Cette armature, c'est son amour pour son père."

truth can be refound; most often it has already been written elsewhere. Namely, in monuments: this is my body, in other words, the hysterical core of neurosis in which the hysterical symptom manifests the structure of a language, and it is deciphered like an inscription which, once recovered, can be destroyed without serious loss. (*Écrits* 215)

With the later notion of unconscious as *une-bévue* or one-blunder, Lacan distances himself from the Freudian idea that hysterics suffer from memories that need to be recovered. Lacan takes a new direction that paradoxically brings him back to his Babinskian point of departure but with a difference. The unconscious as *une-bévue* introduces the dimension of error, an error that one can trace back to Freud's early notion of the hysterical *proton pseudos*, a term which means both logical error and lie (Rabaté 280). Hysterics are caught between deception and wayward thinking, between simulation and flawed logical reasoning. Here, Lacan's Babinskian past shows that hysterics are not sick because of their repressed memories but are sustained by an armour that is founded upon a mistake. They are indeed simulators, even quite professional at it, but thereby can tell the truth with a lie.

Works Cited

- Babinski, Joseph. *Démembrement de l'hystérie traditionnelle: pithiatism*, Paris: Impr. de la "Semaine médicale," 1909.
- Bracher, Mark. *Lacan, Discourse, and Social Change*. Ithaca: Cornell UP, 1993.
- Braunstein, Néstor. *Goce*. Mexico: Siglo 21 Editores, 1990.
- Breton, André. "Le cinquantenaire de l'hystérie (1878–1928)." *Oeuvres complètes*, vol. 1, 1928. Paris: Gallimard, La Pleiade, 1988. Introduction and chronology by Marguerite Bonnet. 949–50.
- Breuer, Josef, and Sigmund Freud. *Studies on Hysteria*. Trans. and ed. James Strachey. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 2. London: Hogarth Press, 1955.
- Evans, Martha Noel. *Fits and Starts: A Genealogy of Hysteria in Modern France*. Ithaca: Cornell UP, 1991.

- Fink, Bruce. *The Lacanian Subject: Between Language and Jouissance*. Princeton: Princeton UP, 1995.
- Freud, Sigmund. "Fragment of an Analysis of a Case of Hysteria." *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 7. Trans. and ed. James Strachey. London: Hogarth Press, 1905. 1–122.
- . "Hysterical Fantasies and their Relation to Bisexuality." *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 9. Trans. and ed. James Strachey. London: Hogarth Press, 1908. 151–66.
- . "The Infantile Genital Organization: An Interpolation into the Theory of Sexuality." *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 19. Trans. and ed. James Strachey. London: Hogarth Press, 1923–1925. 139–146.
- . "IX Zusammenfassungen und Probleme." *Gesammelte Werke* 12, 138–57. Translated as "The History of an Infantile Neurosis." *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 17. Trans. and ed. James Strachey. London: Hogarth Press, 1917–1919. 1–124.
- Gherovici, Patricia. "Lacan's Hysterization of Psychoanalysis: From Simulation to Stimulation." *Analysis: Difference* 15 (2009): 111–26.
- Kojève, Alexandre. *Introduction to the Reading of Hegel*. Trans. James Nichols Jr. 1969. New York: Basic Books, 1980.
- Lacan, Jacques. *De la psychose paranoïaque dans ses rapports avec la personnalité*. Paris: Editions du Seuil, 1975.
- . *Écrits: The First Complete Edition in English*. Trans. Bruce Fink. New York: W. W. Norton, 2006.
- . "La famille." *Encyclopédie Française*. Ed. Henri Wallon. (1938): 8:40.3–16 and 42.1–8. Reprint *Autres écrits* Paris: Seuil, 2001.
- . "Hiatus Irrationalis." *Le Phare de Neuilly* 33–34 (1933): 121. Reprint *Magazine littéraire* 2 (February 1977): 11.
- . "Impromptu at Vincennes." Trans. Jeffrey Mehlman. *October* 40 (1987): 117–27.
- . "Propos sur l'hystérie." *Quarto* 2 (1977): 5–10.
- . Le séminaire XXIV: L'insu que sait de l'une bévée, s'aile a mourre. 1976–1977. Unpublished seminar.
- . "Le séminaire XXIV, L'insu que sait de l'une bévée, s'aile a mourre." *Ornicar?* 11/12 (1977): 6–7.
- . *Le séminaire: Livre IV, La relation d'Objet (1956–1957)*. Ed. Jacques-Alain Miller. Paris: Seuil, 1994.
- . *Le séminaire: Livre V, Les formations de l'inconscient (1957–1958)*. Ed. Jacques-Alain Miller. Paris: Seuil, 1998.
- . *Le séminaire: Livre VIII, Le transfert (1960–1961)*. Ed. Jacques-Alain Miller. Paris: Seuil, 2001.
- . *Le séminaire: Livre XVII, L'envers de la psychanalyse*. Paris: Seuil, 1991.

- . *The Seminars of Jacques Lacan: Book xvii, The Other Side of Psychoanalysis*. Trans. Russell Grigg. Ed. Jacques-Alain Miller. New York: W. W. Norton, 2007.
- , and Maurice Trénel. “Abasie chez un traumatisé de guerre.” *Révue neurologique* 2 (1928): 233–37.
- Macey, David. *Lacan in Contexts*. New York: Verso, 1988.
- Masotta, Oscar. *Lecciones de Introducción al Psicoanálisis*. Mexico: Gedisa Editorial, 1991.
- Mitchell, Juliet. *Feminine Sexuality: Jacques Lacan and the Ecole Freudienne*. Eds. Juliet Mitchell and Jacqueline Rose. New York: W. W. Norton, 1985.
- Moussaieff Masson, Jeffrey. *The Complete Letters of Sigmund Freud to Wilhelm Fliess (1887–1904)*. Cambridge: Belknap Press of Harvard University, 1985.
- Rabaté, Jean-Michel. *The Ethics of the Lie*. New York: Other Press, 2007.
- Roudinesco, Élisabeth. *Jacques Lacan*. New York: Columbia UP, 1997.
- Verhaeghe, Paul. *Does the Woman Exist? From Freud's Hysteric to Lacan's Feminine*. Trans. Marc du Ry. London: Rebus Press, 1997.
- Wajeman, Gérard. *Le maître et l'hystérique*. Paris: Navarin, 1982.