

The Reawakening of Hysteria

Roger Wartel
Trans. Cindy Linse

I thank you for having invited me. It is always an honor to be invited and also a risk. I will do my best to respond to this honor and dodge the risk.

I advance this title, "The Reawakening of Hysteria," a little prematurely no doubt. One never knows very well what one is about to engage in launching a title like this, before a gathering, to realize suddenly that one might have duly preferred: "Hysteria, the Reawakening of Psychoanalysis." It is effectively a problem that this latter, psychoanalysis, has been put to sleep by hysteria, because the reawakening of hysteria is not so much the awakening of the hysterics; the hysterics are entirely on deck and running the machine. It will be rather their interlocutors who need to wake up. It is almost an erroneous formula: *the reawakening of hysteria* is "The Reawakening of Hysteria Before Our Very Eyes."

To take up another aspect, why would a psychoanalyst deem it necessary today to speak of hysteria, not only with his colleagues, but even further, with doctors, psychiatrists, and students. There is a reason, already ancient, but one which

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remains always new: for many decades, Lacan taught us something which came to awaken the world of psychoanalysis. He retaught us the responsibility.

There was a time, twenty or thirty years ago, when it was almost necessary to excuse oneself for being a psychoanalyst: "Pardon me if I am a psychoanalyst." Lacan taught us a contrary position which was also that of Freud: we have a responsibility, in every case, we affirm a responsibility with regards to the world of medicine and psychiatry, and hysteria is the precise point on which we, the psychoanalysts, have a responsibility as regards those psychiatrists, and doctors who are not necessarily psychoanalysts.

Why? Because hysteria has succeeded in its own triumph over medicine and psychiatry in the form of an evasion. It has succeeded in making the Master (the doctor or the psychiatrist) believe that it does not exist, to top it all off. It is truly a manifestation at the same time that it is a symptom of hysteria.

Hysteria is in life, in the clinic, in the world, everywhere. The difficulty comes from what it is about in its paradoxical forms which include others who link themselves to it or who, in breaking away from it, incite value judgements.

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Hysteria is indeed also acrimony, sourness as well as fervor. It is exaltation as well as provocation. It is as much the seductive shepherdess who titillate her prince as the Carmelite under her hairshirt. Hysteria is the cured paralytic as well as the incurable lower back pain. It is the creative artist, the tribunal, as well as the high school student who gets bogged down and fails tests repeatedly. It is as much submission as rebellion. Hysteria is the invalid as well as the one who fools death. But it is also a particular form of "madness," completely forgotten, one could say laundered, into all sorts of curious concepts which have flourished in an epoch. Hysteria is the sadness that one calls, in certain places, "depression" to the point of making an illness of it. It is the plaintiff and the whiner as well as the one who never complains and the hero. Hysteria is as much the discord as the spirit of enterprise and the foundations of religious orders, as much as collective identification as it is haughty isolation. Here is hysteria in everyday life and in the field of medicine.

I once knew of a nosography in our daily usage as interns in psychiatry: there were "nasty hysterics" and "nice hysterics." Here are two clinical forms which has their coherence even if they have not left a trace in the history of the

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clinic, for they show, in the flattest of terms, that the hysteric, in her discourse, establishes a social link.

Of all of this, one might retain the disarray of a nosography, for there is no median for discerning hysteria in terms of a catalogue of maladies. And since one cannot achieve this, one evacuates. This is what has come to pass in certain orientations of psychiatry in recent years: more hysteria since one has not succeeded in erecting an exhaustive catalogue of the "clinical forms," nor even juxtaposed, according to their lines of force, the apparent or contrasted manifestation.

For us, this presents another concern: the manifest, the phenomenon, the sign revealing itself is not worth the same values as a medical sign, is not as credible; this is what collides at full speed into the tradition and education of doctors. This remark has been applied elsewhere than in the register of hysteria. For example, if you will hold as a key sign a ritual of washing, this refers to a psychosis as well as to an obsessional neurosis. With psychoanalysis, we propose another clinic than the clinic reduced to signs.

One must insist also on the fact that other criteria are not worth a great deal when it is a matter of hysteria: for instance, neither the duration nor the gravity of the manifest-

ations, even if occasionally felonious (cf. LeGrand du Saulle, "*Les Hysteriques Criminelles*" [The Hysteric Criminals]).

This has been identified as a general rule by Janet who considered that the psychiatrists of his time judged poorly if they judged from the gravity of what we would call "social disinsertion."

We can take another path and propose another clinic that consists of searching, not on the side of the accused, which is to say the patient, but on the side of the medical Other, the Other, the one who enunciates the diagnostic. We try a clinic of the underside.

This will be a new clinic, constructed on that which the Other proves, a clinic that one encounters in the halls, at the door of the room of the patient, for example, in neurology or rheumatology. The doctor leaves the room and says, "It's a case of hysteria." On what has he based the diagnostic? On himself and on nothing else. He has put into play, without his knowing it, all sorts of mechanisms, if necessary of a "Jasperian comprehensibility" of affects. His thinking suddenly makes itself manifest in his own body of medical knowledge in the form of an outburst of sympathy or antipathy, of rejection or love as regards this person who has been hospitalized.

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This clinic that one could call psychological (I do not think that that authorizes us to establish a psychological clinic) is only an allusion to a given orientation, to a moment in Medicine under the rubric of medical psychology. This is not clearly revealed, and it is necessary to utilize psychoanalytic concepts to get rid of this psychology. It must not function and support itself on sentiments, on affects, on dual relations. It must function in *logic*.

This diagnostic clinic which sets out from medicine itself, its "tests," its "experience," is a hysterical clinic since the doctor will advance his diagnosis from his own subjective division, based on the fact that he himself is divided, and he then makes appeal to master signifiers, what one might call values: sluggishness, courage, abnegation, etc... One has thus the position:

$$\S \rightarrow S_1$$

where the doctor, in the occurrence as divided subject, \S , interrogates the master signifiers, S_1 .

It is this that the doctor identifies with and questions. He is there, in the \S , in the barred $\$$.

There is another, more subtle aspect to consider in setting out from this very curious position which Lacan has

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brought to the paradigm and to aphorism: "... the sender receives his own message back from the receiver in an inverted form."¹ This type of diagnostic made by the doctor, based on his own division, in facing something which comes to him from the other, in a radically different form of traditional clinical sign, is an illustration of this inversion.

The paradox, which had been able to end in the impossibility of a nosography, which ended in the fact that it is in setting from his own symptom and his own division that the doctor made the diagnosis, is exemplary of hysteria. The hysteric says, "I am not in it for nothing, I don't know," according to the Freudian formula which makes of it a veritable model. It is, for Freud, a criteria, this response: "I do not know. It was the others, the circumstances. It was the real of a traumatism. It was the violation by which all my life has been messed up."

This trace is important for us at the level at which we are put to sleep by the hysteric. This has an echo; in effect, if the patient says, "I'm not here for nothing," and the doctor replies, "You aren't here for nothing," you have what is called *iatrogenesis*, the malady provoked by the medication. It is the engaging of the iatrogenesis which is where everything begins: "Yes, you aren't here for nothing." The Master has spoken:

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"You aren't here for nothing." The paradox will surge up again in an astonishing, extravagant fashion. From the same mouth which indicated, "You aren't here for nothing," from this very mouth will come, "You have everything it takes to be happy. It is sufficient to want it." And each one, the Master as much as the patient, is pulverized in this aim without end of contradictions.

In this way you have on the one side the ego [*Moi*] which sees its misery ("You aren't here for nothing"), and on the other side the ego [*Moi*] in all its exaggeration. And this goes for the ego of the doctor as well as the ego of the patient in the reciprocal fashion.

We remark a phrase Freud addressed to Dora, "What part do you play in the unhappiness of which you lament?"² This is not at all the same as saying, "Own up to your responsibilities," where one has maintained the illusion of a directive egotistical position.

On the contrary, in saying, "What part do you play?" Freud introduced a partition, that is to say the hypothesis of a division and by consequence a debate. There is, in this, a cut.

Is there a third path, since the signs do not function, are insufficient; will we have the possibility to utilize the

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"*symptoms*"?

It would be necessary to be in agreement on the definition of symptom. Freud put it down very early that, in manifestations of hysteria, there was at least an intercrossing of two axes, of two veins, of two signifying chains leading toward meaning.

These two axes come to articulate themselves, to conjugate themselves at the point which one does not see, neither the one, nor the other, perfectly disguised, hidden behind the symptom. And of these two axes of meaning, we retain, "*It is a compromise solution.*" But what is particular is that this compromise is brought about by a word which we must, henceforth, retain and consider as a *signifier*. And we enter, by this step, into the new clinic, a logic where all the shrewdness of the signifier resides in the fact that it never functions alone and that it does not correspond to the word which will define an object. The signifier in itself is brought to the compromise.

Freud gave rise to the compromise; Lacan teaches us the signifier. A new clinic, thus, is a clinic which will support itself not on isolated manifestations, but on the symptoms which can be said in signifiers and which can enter into a chain. The reawakening of hysteria is to say, "*I only hear the*

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words on the condition that I hear them as signifiers; the signifiers of the subject who speaks." This is indicated to us in the first pages of *Écrits* ("*De nos antécédents*")³ where Lacan insists on "grasping the subjective text."⁴ He alludes to his dissertation of 1932⁵ and renders homage to "his only master in psychiatry,"⁶ Clerambault, who, even though mechanically, takes into account the subjective text.

In 1966, when Lacan refers to 1932 (the period in which the notion of the signifier did not exist and the texts of Saussure had not been published yet), he adds, "closer to what can be constructed of a structural analysis than any clinical effort of French psychiatry."⁷ And it is true that we are there with the hysterical symptom to try to hold us to the *subjective text*, which is to say, *to the signifier and to its concatenation with its powers of compromise.*

In "*Radiphonie*,"⁸ Lacan specifies that: "Hysteria is the practice of the unconscious."⁹ This means that the unconscious is not a trash bin, nor a cesspool, but something which works, and this work, this exercise that the unconscious puts into practice corners the Master to produce a knowledge.

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To teach us the rigor of this structure, Lacan invented the *matheme* whose general form is written:

$$\frac{\text{Agent} \rightarrow \text{Other}}{\text{Truth} // \text{Product}}$$

The general form, the matrix permits us to write is the discourse of the divided hysteric:

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

"*Work and there will be production.*" So says the agent, the \$, the divided subject. The S₁ is that on which the agent will put pressure, and this pressure will indeed make something come out: S₂.

This means that you have a finger extended toward that which proposes itself as the Master and you say to him, "*Put forth an effort and produce some knowledge.*"

It is also this discourse which is the matrix for scientific discourse. Someone addresses himself to the Master, saying, "*Master, are you sure the sun turns around the earth?*" This someone extends his finger and puts pressure on the Master. The Master produces some Knowledge or doesn't! The notion of discourse disrupts and simplifies the manner in which we

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apprehend the social link.

From the discourse of the hysteric will be born the discourse of the analyst, in its introduction to analysis. It is in this fashion that someone might feel themselves worked on by a question and this question will bring him to the one who is, that which is in the position of S₁, will peel him, will husk him of the master signifiers that govern him, these signifiers which have taken a "*traumatic*" turn, that have come to fill in an existence and around which the subject always turns. These signifiers must be peeled away according to the model of peeling an onion.

The hysteric is installed in a discourse. This position of a discourse addressed to the Master is one way to say that the neurotic is someone who is in quest of a legitimation of existence. This is not someone who gives signs of troubles in the metabolic sense of the term. It is a question posed to the Master: Why have you put me in the world? What was and what is your desire for me? It is also a justification of existence which is in cause, across discourse, in this extended finger and this pressure made on the Master, but with this particularity on the side of hysteria that the response of the Master does not suit her: "*My question is too fine for you. You haven't understood.*"

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Neurosis has at its disposal another tool which gives it the illusion of being able to resolve its question by itself: “*I’m going to figure out my division, orient my existence with the fantasy.*”

In the matheme Lacan gives for the fantasy, *S a*, the first part of the fantasy is the divided subject who says, “*So-so, with something enigmatic, a sort of object, (a), I’m going to make my existence straighten out and fly right [dépatouiller].*” Which is another way of saying, “*Since the Master doesn’t respond, I and my fantasy are going to pull me out of this.*”

Has one advanced when one has quit the world of behaviors, of interpersonal relations on the slope of psychology? I have evoked the passage to the analysand, the moment when, across this position of *S₁* toward which the hysteric extends her finger, something is produced; it is no longer addressed to the particularity of a person — certainly that would be the analyst! — but who does not pose as a Master.

No longer is the Master driven, back against the wall, to produce a response; it is already an important stage since the subject then puts himself up against the wall. It is a subjective mutation. If anyone is capable of this mutation, it is the hysteric. For this reason, it is with the hysteric that Freud invented

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psychoanalysis; precisely because there was a possibility for the hysteric, on condition of the transference, to unwedge her position and move forward.

At bottom, those for whom this remains difficult, this entrance, this passage to the analysand, this would be those, hysteric or not, of whom one might say that the failure, the “fault,” would be to be without fault, someone who would not be in the measure of grasping that, as subject, he is traversed by a bar, he is alienated by and in the signifier.

There are those people who have the symptomatic aptitude to resolve everything in saying, “I haven’t got any flaws,” such as the student, full of humor, who proclaimed, “Once, I was arrogant. But I’ve made a great deal of effort, and now I am perfect.” This would be the story of a non-divided subject, in appearance!



Hysteria, clinically, is still characterized by enigma. This enigma is effectively something which is in relation to the signifier, to the subjective text, which is to say that there can be connotations and overdeterminations in what is said about it. One absolutely does not say things as one might think one has said them. We are not on the side of signal responses, of re

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sponses to a signal in a compartmentalized model. This is not eye to hand coordination. One is in the enigma, and furthermore, here, in *evasion*. This triumph of evasion is to have succeeded for the hysteric who was and still remains the white bread of medicine, to have succeeded in making us believe she does no longer exist.

One might say that we are in good company in a certain way, since Freud, himself, remained perplexed by the evasion, the dodge, and the enigma. In this way, the first Freudian theory concerning hysteria is a theory that Freud had not invented, for it is the hysteric who imposed it on him through the path of seduction. She said to him, “*I have been seduced, Papa raped me and my big sister, and if I have a little sister, she will be raped too.*” And Freud made of this the *theory of seduction, the traumatic theory of hysteria*.

There is still an important point, an entirely remarkable statement; it is that the hysteric is someone who is very willing to put herself in the position of the victim, and even more than the victim, in the position of the *sacrifice*. I evoked earlier the diagnosis made by the Other, which is to say, the medical Other, or the Other of the parish, the apartment complex, the town, the group, whoever makes the diagnosis. But the diagnosis

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disappears willingly behind the targeting of the sacrificial value. “*What an admirable mother. She’s paraplegic, and just look how she runs after her kids.*” And at this moment, one is effectively in the admirable and is, alas, without recourse.

But at the same time, there is a whole vein, on the side of sacrifice, a vein that one might call the “*social*” vein, a creative vein. One can evoke Bertha Pappenheim, who was the founder of the “*Foyers de la Jeune Fille*” in Germany, social assistance deployed in the world of young women of the 19th century. This no longer exists, but in Germany, not so long ago, there were special waiting-rooms for young women alone in the train stations, for the girls of Bertha Pappenheim!

What had been a revelation for Freud, and one sees it in his work methods, one sees him try to get to the proof of an objective sense, dated, of seduction. The work of the analyst, in this responsibility which he has in regards to the medical and psychiatric worlds, would be to make appear that which is said under the defrocking of seduction, under the riggings of deceit; this is not a lie, but another truth.

This is the shift Lacan introduces much more clearly in “The Direction of the Cure,”¹⁰ to wit, that effectively there is a

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truth in this “*lie*,” it is a truth which the subject can only renounce so long as he has not proceeded to that seesaw which consists of interrogating his own signifiers.

“*At bottom*,” says the hysteric, “*if I have been raped, it wasn’t my fault. Certainly. It was that the Other wanted something of me.*” Does the Other want something of me? Will this be a general position? When you were in the arms of your mother, she said to you, “*Eat.*” She wanted something of you. And curiously, it was she who gave it, but she wanted something. “*Eat.*” It is also that which one says to anorexics, “*Eat and get married.*”

On the plan of a psychiatric clinic, here is an entirely important remark: that the Other wants something of me. This bears a risk for psychiatry. This has been able to drive to eradication the diagnosis of hysteria to the profit of persecution and interpretation. And suddenly, you come to quantities of hysterics who find themselves rigged up in the diagnosis of paranoia, or of paranoid character, all simply because “*The Other wants something of me.*” And one finds it again in the clinic of signs, unless you are able to ask, “*But what is lacking in the Other so that he asks it of you?*”

“*Cars follow me. There is a guy who watches me at the*

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exit of the train station. The professor winks at me.” You have all heard this; it isn’t even any longer a clinical concern. It is truly the matter of every day. But, evidently, if this repeats itself to the point of making life difficult, then one ends up with a diagnosis of ideas of persecution, and a prescription for narcoleptics: a radical impasse in contemporary psychiatry betrays itself on this occasion. Contemporary? No, for the movement has been engaged in this for several decades and it could continue.

One can hold to the same intention regarding delirious outbursts. At a given moment, around 1955, this flourished in the purposes of certain schools, in particular Northern European schools, in the form of saying, “*There are no longer delirious outbursts; there is only acute schizophrenia.*” And at a stroke you will no longer find any of the cases of Pierre Janet, anyone like the *Madeleine* of Pierre Janet¹¹ who found themselves to be in crepuscular states, crepuscular states that lasted throughout their lives in certain cases. I do not think that in France the term ‘acute schizophrenia’ has made a fortune, and for this one can render homage to Henri Ey who did not uphold this position.

We continue: after having evoked the fantasy of the

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body; with anorexia we encounter a particular aspect of the *jouissance* of the body. In this regard, certain contemporary manuals of psychiatry indicate as characteristic of mental anorexia a “*sexual disinvestment.*” It is interesting then that the existence of the anorexic is an existence made on sexual overinvestment in everything that presents itself; everything is overinvested in this mode, up to and including thought, since one has even employed the term ‘de-eroticization of thought.’

Was there a period in psychiatry in which one interrogated oneself on the hypothetical membership of hysteria to psychosis? This question of membership on psychosis, this hypothesis of hysterical psychosis was debated in psychiatry.

Without doubt this holds to a very precise clinical location, to wit, that for the anorexic everything can take on a sexual signification. Yet, one of the characteristics of psychosis is exactly that everything is charged with signification. “*Why are the lamps blue? Why is the sweater green? Why does he have glasses?*” Everything has a signification, and for the psychotic the world is infiltrated by signification which is destined for him, even through the anorexic’s “*the whole is signification*” is not equivalent to the “*everything is signification*” of the psychotic.

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Here again is a term which makes for difficulty concerning hysteria; it is that of the bisexuality of the hysteric. Can one attempt a few precise statements of this formula? How does one grasp it? Does it mean that hysterics are like bisexuals, like homosexuals? No, it certainly isn’t that. In effect, in the construction of her being (this is not a very good expression, but I’ll keep it as it stands) there is, for the hysteric, a certain wavering as to identification which will be valuable, and it will be necessary, in this quest for identifications, to know which way to go. Effectively, the hysteric, whether it be a man or a woman, does not know exactly what he or she can do as to his or her identifications. From whence come the imaginary scenarios, the fantasies of the imagination of the hysteric which are, one might say, the playing out of scenes by which the subject experiments with different hypotheses.

What Freud retained as being the most pertinent was his formula: “*What does woman want?*” Then what is a woman? Evidently, one is going to meet there a sort of construction that the hysteric can make. This brings us back to the female hysteric, the case of Dora, as well as many others where the question is posed.

What is a woman? Who can pose such a question? The

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first who can pose this question will be a man. Thus, if the female hysteric poses the question “*What is a woman?*” the best way to interrogate this situation would be to disguise herself as a man, to put herself in the place of a man and watch the women, and say, “*If I was a man, what would I do, what would this be to me?*” She hopes to have access, by this path, to the anticipated response.

Evidently, there isn’t a response; but one finds, in the form of a sort of staging of scenario, the change in point of view, a certain manner of placing oneself, if you will, on the other bank of the river to regard the countryside.

It has been posed as a principle that the man who searches for something in a woman will know what it is that he seeks. There is, perhaps, trouble in this, for one does not know very well what he seeks, but there is in this, we say, the pivot on which that little scenario is going to turn, raised up by a very imaginary mode.

One last point, which will be taken up again very radically by Lacan, is the hysteric’s *non-satisfaction*. Freud, indeed, quickly located it, and one thus has never seen the hysteric fulfilled. But this non-satisfaction is nothing but bitterness and revenge. She perhaps ferments it with invention and

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creation since “*the Other is barred,*” and “*there is no Other of the Other.*” There is no guarantee from the sky that would announce to us that everything will be resolved, all is going to be explained, and we will be fulfilled.

We offer again some remarks starting with the initial position of Lacan in his teaching, in the *Ecrits* to be exact.¹² It is a position which, for the hysteric, supports itself on the famous schema L. And it specifies the imaginary inversion.

One can come back to this imaginary inversion with a sort of example in saying, “*the best way to see the countryside is to leave it and put oneself on the other bank.*” Bisexuality is, in this way, a manner of passing from one side to the other, which is to say of placing oneself sometimes in the position (*a'*), sometimes in the position (*a*) of Schema L and demanding of the Other to give its opinion. “*Eat,*” says the mother: the Other wants something of me, the Other is my point of reference. From what the Other, the big Other can say, is installed a relation of the subject to his image, to his imaginable body, from the bodies of the others. But as for the truth, has it something to say? Has it an opinion? Can I trust it? Is it not my own invention?

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$S a^1$ (*autre/others*)
(*moi/ego*) $a \rightarrow A$ (*Autre/Other*)
Schema L¹³

The difficulty “*feared,*” one might say, by the hysteric in this mirror position, this imaginary inversion will be that, across his or her movement toward others, he or she will search for the way to inhabit his or her anatomy. Man has an anatomy, but how does he inhabit it? Evidently, it remains a persistent difficulty without solution so far as the difference between the sexes goes, for this means to inhabit anatomy is not given by that anatomy, but by the signifier. However, in most cases this works blindly, but there are cases in which it does not work. Certainly, there are always males or females, but the problem does not lie in this. Hysterics, in this regard, show us, clearly, the way: that there are males and females is all the same to them, for what interests them are the men and the women. The affair does not hold up biology, nor ethnology. It calls attention to sexuality as designated, fabricated at the stroke of the signifiers.

This has, moreover, as a consequence that one can never articulate these signifiers, that it is something which miscarries at every stroke, that is a permanent failure. As to the

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hordes of savages, this never miscarries, it succeeds and proliferates. Yet, for us it fails to the point of being impressive! It is our specialty. We note that, at one period, the period which gravitates around the year 1955, Lacan posed the question in this form: can one succeed to make a woman with a hysteric?

The ulterior position is in “*The Subversion of the Subject and the Dialectic of Desire,*”¹⁴ a text at the end of the *Ecrits* from the 1960s. One is faced with another problem for Lacan; one is no longer on the side of imaginary inversion; Lacan comes to posit the *matheme* for the fantasy:

$S \diamond a$

The *matheme of the fantasy*: the discourse of the hysteric has been driven to make this curiosity appear that the subject is governed by the fantasy to fabricate his reality.

In two words, the fantasy is that which effectively permits the construction of reality. It is that which makes it so that there are not any realities that we have in common in the measure that the fantasy is each for his own. Thus, what Lacan is proposing is a complete modification of the concept of reality. The reality of this very moment here completely escapes empiricism and the sensory/perceptual system. In a certain way, reality is an apprehension, a grasping, a limited grasp in

the function of what one wants to do.

For us, perception is something that does not work as a physiological system; one does not have a little metallic radar which turns and signals, like on airplanes, “*there is a point here, there is a point there...*” But radar does not distinguish everything, one can fool it, one can deceive it.

And indeed radar is a pure perceptual system. As for us, we are not pure perceptive systems. For example, at this instant I have located in this amphitheater someone who laughed when I evoked the little radar, and I have “perceived” nothing of all the others. My physiological perception is in good repair, I have seen all without seeing.

In other words, it is not at all a perception; it is something on the order of “my” fantasy which is placed on a precise situation, which it has sampled and let all the rest fall. About the others I could not care less at the moment!

The fantasy is effectively this grasp on reality. I catch something because it corresponds evidently to my division. On the other hand, this makes it appear that I can find, one might say, *logical points* on which I can catch my division, try to make it hold for a time. I indeed speak of logical points because, it is necessary to draw attention to this *petit a* that is

there. This is not like, by chance, material objects, interchangeable ones. These are logical points and not imaginary points, and thus entirely different. This must be corrected first off, it above all must not be left dangling in the imagery of a *petit a* to which each object can, in its turn, make itself the owner or the support.

It is thus that the subject in his incompleteness tries to find, to place himself in balance with something; it is this in the sign of the losange in the formula for the fantasy. One finds again there the particularity of the fantasy for the hysteric: in the text of Lacan, the scenario of the fantasy of the hysteric permits him to balance it with the objects. But with this particularity, I repeat it, and the progress is in this, it is a question of a *logical operation* and no longer an imaginary operation; these objects are no longer sample elements form, might one say, the objects of the world. It is a logical point around which the hysteric subject can balance; it is something which suddenly takes consistency from what will be the center of a circle which does not have, one could say, substance, but which has a consistency.

This procedure around the fantasy of the hysteric has a particularity with extremely grave clinical consequences: will

this subject eventually forget that it is a question of fantasy, will he establish it as a reality? As far as to forget that this subject is the agent, he takes part in it, up to the point of escaping it. It is, all the same, the genius of the hysteric to place herself in a situation while at the same time she is avoiding it.

It is something that has as a consequence that this position in the incapacity, one could say, to grasp that by it one is prey to one’s fantasy, is something which does not allow the passage to the analysand. And in particular this introduces a clinic of hysteria which is a clinic of the chronicity of hysteria. There are hysterics in the hospital service who are there for dozens of years and who have as a characteristic a resemblance to Pierre Janet’s *Madeleine*, without ever having the possibility to escape this very situation that I have been discussing.

And in particular there are certain grand mythomaniacs, the people installed in the production of their fantasy, no longer grasping reality, but as effectuating their reality, with the consequence that it is to such a degree their reality that the division of the subject escapes them; they are inside of it. This means, moreover, that we must in this regard revise our point of view as to lies, as to witnessing before the jurisdiction.

A Few Words in Conclusion

At bottom, I have taken this invitation which has been given to me with the idea, which frankly is not new for me, of a restoration of hysteria, a restoration of hysteria in the universe where we are engaged in the sense of responsibilities, where we are called [*interpellé*], where there is something to do and to see, as well as at the level of teaching on the one hand, and the level of the patients on the other hand, to be sure.

I recall that in this domain the formula “*you are not here for nothing*” remains dramatically the source of that which very pompously in certain books one calls the “invalidating neurosis.” Or yet again, that which one calls *passed hysteria*.¹ Passed hysteria, effectively, is that to which one has said, “*you are not here for nothing*.”

Invalidating, passed, these are human catastrophes in a certain way, not only catastrophes for them, but also catastrophes because hysteria is a discourse, and thus will drag others into the discourse. It is nothing to be ill, one might say, but when this lasts and it traverses an entire family, this creates an exponentially catastrophic situation.

The first time, what is very difficult for all of us is to try

to disengage ourselves from what has been our education, to wit, a clinic of signs. This is very important and one sees it in the clinic of our day and age, where each instant it is necessary to make an effort on one's own part not to catch something by the tail of the sign, if I may say so. This seems to be a stupid thing to say, but it is very complicated. It is something which imposes, not only to reduce or limit oneself to particularities, but also not to calculate, behind the particularities, a singularity.

I said the particularities because the particularities make an ensemble; one can count a certain number of people who are going to have as a particular trait being, for example, and I address myself to hospital doctors, "*sowers of discord*" in the services; it is a particularity that is in relation to a structure. And it is a modality of discourse.

You will remark that the particularity, very often, can be marked by an epithet, and all the epithets can be set in a procession, in this regard, to the baggage of hysteria.

And the singularity, it is something which must support itself on our absolute belief in the value of the subjective text. I take up again the word of Lacan himself, the word of 1966. This is to say the signifier, such as it is, with its ambiguity and,

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by consequence, its possibilities of compromise. This obliges the moment, moreover, to proceed to a very complicated unwedging which consists of this: do not believe in "*the evolution*," that the elucidation of a symptom occurs by the revelation of a meaning. It is a very important point because it is also one of the trip-ups that hysteria has been able to give to Freud, across hypnosis, from the traumatic scene put forward, "*It is there, I have understood, and here is what it meant*."

Precisely the attribute of the signifier is that it does not have a meaning. It does not have a meaning since it can have another meaning, and this meaning at each instant only comes to it from its position in relation to other signifiers. Consequently, a revelation must not be imagined, a hand posed on the head and suddenly a little flame will leap out and there it is — cured! The subjective text is not a text which is elucidated, as one might, for example, in an elementary translation.

Thus, there are already some stops. I will add that, and I have already said it in another form, only those who have unpublished secrets, but who know that they are secrets, only those are capable of exiting the unpublished to say them, which is to say, analyze them. This is important. And it is precisely those to whom I said just a while ago that their only "flaw,"

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that their only chance will be to have these "flaws" to oppose those who have as their "flaw" not to have any. What bad luck!

When, at a given moment, someone vacillates around the "*at bottom, I have, perhaps, a 'flaw,' I have, perhaps, something that shines*," the preliminary interviews are there for a time, which can be very long indeed, during which the analyst takes a directive action, "*direction of the cure*." There is something major that has been called, later, following Lacan, "hysterisization." It is that work which consists in rendering "imperfect" the one who believes himself to be "perfect."

It is difficult work for an obsessional, for example, for whom the perfect exaltation is expressed more or less secretly in the hatred of the other, and who has difficulties indeed in clearing this hurdle; and once cleared he will lose no time in breaking off an analysis, unless he has chosen deliberately an analyst of whom he knows that he was not an analyst for not having conducted his own analysis to its proper end, as the analyst he had chosen.

In other words, in order for this to work, it will be necessary in a certain way for the hysteric to renounce something. Renounce what? Renounce her appetite for sacrifice, for example?

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It will be necessary to make the hysteric in some way sacrifice her sacrifice, which is to say cede on almost the essential of her position. It will be to make her give on that which she holds onto the most, that which, in her heroic position — that of sacrifice, from the confines of perversity — she had been able to give in order to believe that there is no such a thing as castration.

Notes

¹ Jacques Lacan, "The Function and Field of Speech and Language in Psychoanalysis," *Écrits: A Selection*. Trans. Alan Sheridan, (New York: Norton, 1977), p. 85. See also Jacques Lacan, "*Fonction et Champ de la Parole et du Langage en Psychanalyse*," *Écrits*, (Paris: Seuil, 1966), p. 298.

² Sigmund Freud, "Fragment of an Analysis of a Case of Hysteria," (1905[1901]), *Standard Edition*: VII, pp. 2-122.

³ Jacques Lacan, "*De Nos Antécédents*," Paris: Seuil, 1966, pp. 65-72.

⁴ "*la prise du texte subjectif*," *ibid.*, p. 65.

⁵ Jacques Lacan, "*La Psychose paranoïaque dans ses Rapports avec la Personnalité*," (Paris: Seuil, 1975).

⁶ "*son seul maître en psychiatrie*," "*De Nos Antécédents*," p. 65.

⁷ "... plus proche de ce qui peut se construire d'une analyse structurale, qu'aucun effort clinique dans la psychiatrie française," *ibid.*

⁸ Jacques Lacan, *Scilicet*, No. 2/3, (Paris: Seuil, 1970), pp. 55-99.

⁹ "L'hystérie c'est l'inconscient en exercice."

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¹⁰ Jacques Lacan, "La Direction de la Cure et les Principes de son Pouvoir," *Écrits*, (Paris: Seuil, 1966), pp. 586-646. Also see Jacques Lacan, "The Direction of the Treatment and the Principles of Its Power," *Écrits: A Selection*, Trans. Alan Sheridan, (New York: Norton, 1977), pp. 226-280.

¹¹ Pierre Janet, *De l'angoisse à l'extase*, (Paris: Alcan, 1926).

¹² Op. cite, note 9.

¹³ Schema L can be found in Jacques Lacan, *Seminar, Book II: The Ego in Freud's Theory and in the Technique of Psychoanalysis, 1954-1955*, ed. Jacques-Alain Miller, Trans. Sylvania Tomaselli with notes by John Forrester (New York: Norton, 1988), p. 243.

¹⁴ Jacques Lacan, "The Subversion of the Subject and the Dialectic of Desire in the Freudian unconscious," *Écrits: A Selection*, Trans. Alan Sheridan, (New York: Norton, 1977), pp. 292-324. See also Jacques Lacan, "Subversion du Sujet et dialectique du désir dans l'inconscient freudien," *Écrits*, (Paris: Seuil, 1966), pp. 793-828.

¹⁵ Lucien Israel, *L'hystérie, le sexe et le médecin*, (Paris: Masson).

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