

REFLECTIONS ABOUT HYSTERIA AND ITS CURRENT VICISSITUDES

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Translation:

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“Hysteria expresses itself through the language of the body; presenting symptoms according to the epoch are current era, expressing symptoms according to the perceptions of the Other self.

It is now as it was in previous eras and enigma that puzzles medical knowledge.

It seems that through extreme deafness, the present medical institutions are muting the body by not allowing it to speak through its symptoms. It is suffering the encrypting of the words, thus generating what today is called depression, addictions, somatic illnesses, anorexia, bulimia, etc.; Illnesses that have to do with the lack of symbolization. “

Contemporary psychopathology establishes a multiple nosology to describe hysterical symptoms. But with this movements hysteria has been erased. It does not exist in the DSMIV anymore. Hysteria is hidden today behind depression, stress, anxiety, conversion, somatizations, eating disorders, etc. This division of clinical pictures frequently produces the *silencing* of hysterical symptoms, as neurotic expressions of sexuality.

Hysteria has fallen into the “*fast*” system. There are “rapid” treatments that only bring about that the hysteric patient finds different forms of expressing her symptoms. Sometimes quite rapidly, but what has this rapid treatment created? Perhaps some somatic illnesses or diseases of silence idealize silence, as Salamonovitz refers to them.

The symptom has its own history, its own language, speaks for us and to us. Or even more speaks within us of that which is centered on our wishes, especially those unacceptable or

unmentionable wishes. So long as our intimate wishes remain unacceptable or inappropriate, we will pay through body discomfort, with the suffering of carrying a wish converted or turn into pain or some disease.

If the person has symptoms, dreams, slips of the tongue, or jokes around; this means the person is alive, the person exists. The symptom is a metaphor of our history, our way of expressing our wishes, our sexuality. Therefore psychoanalysis does not aim at the removal of the symptoms, but instead, through words the person_recreates_reasses that part of his history that was fixated in time and in his body. This fixation will be able to be expressed in the context of the listening atmosphere of the psychoanalytic listening setting.

Knowledge can be rigid and constraining. For instance, in the classic times hysteria was seen as a manifestation of a wandering uterus and what was needed was to return it to its place. "*Poor symptoms is best to be quiet*". In the middle ages, hysteric patients were accused of witchcraft. In Rubens' painting "**Miracles of San Ignacio of Loyola**", Charcot uses it to explain how those women were seen. This painting shows the most notable of the hysteric Grand Mal seizure. With the right hand the "possessed", it pulls her messed up hair, while her left hand pulls violently her blouse in an effort to tear it off. The semi-opened skirt flowing over her hips is a testimony of the severity of the convulsions and the furor with which the possessed tries to tear her clothes. In short, the blouse will end up torn as the skirt and the possessed will appear totally naked, as it happens to patients who during their crisis cannot stand any clothes touching them. Idealized, "*poor symptoms, it is best to be silent*". Later on, psychiatry takes from the churches hands the "possessed" and they become the object of study as mental illnesses.

S. Freud was able to listen to the body pain. He gave importance to the listening of the latent unconscious and made a distinction between the psychic reality and the objective reality. *“The hysteria is to the psychoanalyst the first neurosis that was studied. Then it was the first neurosis that allowed those who listened and studied to introduce or to create this psychoanalytic discourse. What was true to us, Freud continues to be so for each one of us. No analyst is introduced to psychoanalysis without having followed the vicissitudes of hysteria. The hysteric patient teaches the analytic discourse and teaches the analyst”.*

Nowadays technology is quite advanced. Medications are very popular. How many times have we heard “no, the medication didn’t help, I still hurt”. Pills cannot silence that which screams from the body. *“Poor symptom, please speak”* to want to silence the hysterical symptom, is to not to want to know anything about it. As Charcot would say; always that, always that thing, genital issues.

We cannot ignore the current rules, the cultural laws. NO! The body is heavily influenced by and for the culture where it lives. We arrive to the conclusion that the symptom is the YES, BUT NO. It assumes the law but at the same time it makes a transgression. It looks for the medical knowledge just to challenge it. Efforts to use pills or to calm them are really used to silence the truth that peers, that speaks to *“that”, always that*, the sexual. What is it that we cannot hear? What has caused so much anxiety? Anguish-anxiety returns over and over like something unable to stop, unable to mention its true nature. Anguish-anxiety is that dizzy feeling of knowing the truth about our mortality. As we are mortal so are we sexual. There are two ways of facing that anguish-anxiety: to submit to someone else’s wishes or to be able to own our own wishes through the analytic process.

Julio Bobadilla, psychoanalyst, published a very interesting study about a phenomenon that happened in Mexico in 2007, *"The factory of hysteria"*. In a special school known as the *"the girls village"*, more than 600 girls began showing similar symptoms; difficulty walking, leg paralysis, dizziness, vomiting, headaches and muscle aches. The girls claimed that this happened because their friends had played with a ouija board. In a press release dated April 13, 2007 by the health department, it was stated the following: "The conclusions of a multi-disciplinary team of experts that included MDs, psychiatrists, psychologists, sociologists, and anthropologists were that the girls symptoms were the product of a disorder known as *"walking or marching psychogenetic disorder"*, which from a psychiatric perspective corresponds to a conversion disorder manifested by difficulties walking. From Madrid, Oscar Santiago Salinas, an ex-teacher of the girls who is working on his doctorate stated that that school was in the hands of fanatics and described the school as very scary and weird. He described a situation where there is a great deal of sexual repression and extreme vigilance on the girls. They have no access to newspapers or magazines, radio or tv, so that they will not be contaminated by the external world. They are very isolated from their families, which they see only once a year and they have no phone or mail contact with them.

Genesis was expelled "because of sexual inappropriate conduct and for wearing her hair short" (06/04/07). It was discovered that she had a skin problem-which was not properly attended and was later diagnosed as skin cancer. She endured a harsh treatment by the nuns that consisted in burning her skin as sister Chenong was opposed to medical exams or surgical interventions. "She ordered me to submit to the burning treatment. She marked three marks on my back. Then they placed a paste, and then torched them with lit matches and with ambers. It was extremely painful and there was no local

anesthetics". The sister stated "we do not burn the girls". She acknowledged knowing Genesis. She claimed she took her to an "oriental treatment" with a Korean healer. She accepted the fact that it was a big mistake to force the Mexican girls to a treatment from another culture. In other words, what this "benevolent" sister wish is that the school continue to be a "castle of purity", disconnected with the rest of the world so that they can continue with their labor of indoctrination, repression and violence, disorientation, and religious fanaticism, which they dispense without mercy to the girls ages 12-17. In this school, there were more than 5,000 girls.

This case of collective hysteria is a marker regarding mental illnesses in the worst and the last half-century. It was in the 1800s at Saltpetriere and Nancy, when for the last time we saw so many cases of hysteria. And even then Charcot and Bernheim had to collect patients from several places. The "expert" that studied this phenomenon punted in their findings and recommendations. They did not realize or acknowledge that the cause of these problems could be the isolation, the cruelty, the child labor exploitation, the lack of sexual information, the cruel physical punishments, the rigid vigilance that speaks of "extreme erotization", between the sisters and the students. They could not see the relationship between the symptoms and the culture of the school. They preferred to use ambiguous and sterile medical lingo to avoid the study of this "factory of hysteria", which is the product of the deployable moral and the punishments reminiscent of the inquisition.

This phenomenon showed society that hysteria is alive and well. These girls were able to break the "silence" through showing their hysterical symptoms, showing its existence to society and with this once again placing the health professionals on "check". With it we can say hysteria is not exactly as it was in the old times. "Mead points out that hysteria increases in the periods of cultural transformation

of the large heterogeneity of social groups and shows that hysteria is cultural phenomenon. The marginalized individuals of the evolving groups turn towards the corporal expression”.

The hysteric patient struggles to have her symptoms heard. Struggles against efforts to suppress symptoms through pills or surgical interventions instead of encountering a setting where her psychic pain and her unacceptable wishes and fears are listened to. As psychoanalysts or therapists, we cannot be mute witnesses to such lack of understanding and we must not be accomplices in a silencing system. We must know that psychoanalysis is both the therapeutic method as well as a research tool to understand the functioning of the unconscious. Our work aims at recognizing and mastering words that express our pulsions, so that they can be expressed appropriately and to avoid the complete out of control pleasure or the repressive silence. Through analysis, the patient_owns the knowledge of her symptom, the knowledge of her own wishes.

Today more than ever we must return to or strengthen the practice of listening. Not to do it will make us as actors in the theatre of the absurd, in which deaf clinicians take care of mute patients. The result of which will be the mutilation of the body instead of a symbolic castration. Surgery mutilates a real substitute for the genitals. Psychoanalysis is the route that takes us from a surgical mutilation to a symbolic castration. A symbolic castration allows the patient to think his symptom as hysterical and not organic, in other words, as an incarnated word that talks, and not as a malady.

The disappearance of hysteria would be a terrible weakening of the life drive in favor of the death instinct, impulsive act that skips representation. Maybe, after these thoughts, we may start to listen differently the question: What has happened to hysteria in this modern times?

Notes

¹ Valle, Leolinke. "Mis histéricas me mienten..o ya no quieren hablar" (Reflexiones sobre la histeria y sus vicisitudes actuales){*"My hysterics lie to me..or they just don't want to talk anymore"*(*Reflections on hysteria and its current vicisitudes*)}, Tesis para obtener el grado de Maestra en Psicología Clínica. UAEM. {*Master's thesis in Clinical Psychology, Universidad Autónoma del Estado de Morelos.*} 2005.

² André J., Lanouzière J., y Richard F. *Problemática de la histeria.* {*Problems in Hysteria*} (1999) p. 15-16.

³ Israel, L. *El goce de la histérica.* {*The Joy of Hysteria*} (1979) p. 69.

⁴ Racamier P.C. y otros. *Las histerias. Histeria y Teatro.* {*The Hysterias. Hysteria and Theater*} de Sauri. J. comp. (1984) p. 34 (n. p.).