hysteria

BOOK NOTES for the
PSEN TRAINING PROGRAM

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The Hysteric Character
(Chapters 1 – 6)

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For the PSEN Training Program

Introduction

The Hysteric Character is:

- Troubled by their body's sexual demands.
- Repressive of their sexual ideas.
- Indifferent to conversion.
- Over-identified with the other.
- One who expresses themselves in a theatrical manner.
- One who daydreams their existence rather than engage it.
- One who prefers the illusion of childlike innocence to the worldliness of the adult.
- Easily influenced by others.

In looking at a character as complex as the hysteric, it is important to use as many perspectives as is necessary both to distinguish their essential traits and to forge them into an integrated vision of how each of the traits influences and is affected by the others.

The hysteric character can often be confused with the borderline personality.

Chapter 1 – The Various “Characters” of Analysis

Character defenses and disorders do not actually describe human character, but rather the failures of becoming a character true to one’s potential.

Character in itself is indescribable.

When discussing the hysteric character, we are identifying a person’s fixation in character, a type of structural arrest that makes it difficult for that person to carry much of the other character types in them as well.
A character disorder has taken a fundamental position in relation to a “primary object”, and the fixation is a reflection of the self’s partial arrest in being. 
*Putting the Hysteric in Context With Other Disturbances of Character*

When a person is caught in their character defense, their unconscious freedom is restricted and they are caught up in an unconscious relation to a primary object. *It’s like driving a car.* When there are no problems, a person is free to think about whatever crosses their mind. But if something starts to go wrong with the car, the person’s mind will immediately focus on the problem, and their state of mind will become characteristic of dealing with that sort of problem, in a particular and repetitive kind of way.

*What Is a Primary Object?*

In a state of unconscious freedom, the primary object is rather like a blank screen; it is anything we need or wish it to be in that moment – and open and useful space for passing wishes, memories, needs, reflections, plans, etc., that are typical of moment-to-moment life.

It rests upon the infant’s experience of the good breast, something which, by being there and being fulfilling, serves as the basis for free imagining of selves and others.

It is that *introjected* inner object that supports our thinking, and allows us to be mental travelers articulating interests peculiar to ourselves in the lived moments of everyday life.

When thrown into certain types of conflict, a troubling object emerges – even if unknown – and our unconscious freedom is immediately restricted by the redundant nature of the conflict.

*What Is the Source of this Primary Object?*

Its origins lie in the complex relationship between infant and mother. *The informative effect of the maternal unconscious upon the infant’s psychic life is profound.*

She is an *enigmatic signifier* whose unconscious life is so much more developed than the infant, that her unconscious becomes an intrinsic part of the infant’s own unconscious structure.
A primary object is determined by the self’s psychic structure. Formed during the first years of life, this psychic structure projects the primary object that will be taken as the disposition of all others towards the self.

In non-conflictual moments it may be benign, but when the self is disturbed it will reflect the structure of the self’s pathology.

If the father is to be held responsible for the self’s negotiated acceptance of the necessity to internalize and adhere to the laws of society, then the mother is to be held responsible for the self’s experience of existence itself.

Just as for every failure of the child’s father to uphold his role, we will find dynamic motivations in the child to destroy his function. So too, with the mother. For every actual failure in her provision of care, we will find the infant self de-forming her out of anxiety, rage or depression.

All character disorders can partly be understood as an adjustment made in relation to the mother.

_The Narcissistic Disorder_

Experiencing the mother as uneven, the infant resolves the problem she poses by eradicating her and putting a part of the self in her place. This is the classic narcissistic position: apparent infatuation with the self.

The narcissistic strategy is to replace the other with some harmonic object that will support the narcissist’s search for tranquility.

In their disturbed, relations, narcissists will search for someone to idealize them, thus finding in this other someone who is compatible with their own self love. All will go fruitfully until such time as the other disagrees.

The narcissist finds that difference, in and of itself, hard to bear.

Their strategy is largely aimed at reducing differences between self and other, seeking relations with common objects around which idealization may occur.

Being inclined towards harmony, narcissists are disinclined to entertain the complexities of lived experience, as this predisposes them to encountering difference. Thus, they will seek less complex internal issues and try to pursue a life relatively free of the unwanted or undesirable.

As this may incline them to be rather boring, they will often seek a partner who is lively and interesting, but not a challenge to their self-esteem, because they are people of idealization.
They can piggyback on the other’s interests in life, and gain nourishment through the other’s bearing of the inevitable conflicts that come with encountering difference.

As clients, they tend to idealize their therapist in an unconscious effort to have the therapist return this type of love in the form of empathic mirroring; but they are liable to states of rage and distress when they feel judged or criticized.

Narcissistic states of rage, commonly regarded as a typical feature of the narcissistic personality, are more like anxiety attacks that abreact panic through a rage intended to restore harmony.

**Abreaction** - *the expression and consequent release of a previously repressed emotion, achieved through reliving the experience that caused it*

Although an unconscious violent action has removed differentiated otherness from view, ironically, narcissists lack generative aggression. They are disinclined to struggle – to put the self or their ideas forward, since struggle implies difference – which leads them to take refuge in a semi-fortified paradise of self-objects.

In therapy, narcissistic clients can often seem initially appealing and charming, but eventually they become uninteresting and boring, causing a kind of sleepiness in the therapist.

The narcissistic client will often talk as if the therapist had not just spoken, and the therapist often struggles to exist as a meaningfully separate object. (Vaporizing.)

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*The Borderline Personality*

They differ from the narcissistic personality. They experience the primary object as causing so much *turbulence* to the self that inner states of mental turmoil have become the equivalent of it.

The borderline feels that their primary object is to be found only through turbulent states of mind. Unconsciously therefore, the borderline character seeks out turbulence, turning molehills into mountains, and escalating irritations into global states of rage.

In therapy, they will tend to split the therapist, between a fragile idealized object and a denigrated object that feels more real, and more primary. In seeking this split, they exploit the errors of interpretation or other therapeutic failures, converting
mistakes into paranoid feeding festivals, the strange delight disguised by the intensity of mental anguish they experience.

The Schizoid Character

They find the mother to be intrusive, but rather than reduce the difference of the object, like the narcissist, or immerse themselves into a affective cocktail produced by the actions of the object like the borderline does, the schizoid stands back, asks questions like, “What is going on here? Who is this other? Who am I?”

The schizoid turns relational space into something of a mind’s laboratory, where the self becomes a research scientist. They populate the mind with a thousand different mothers, fathers and selves.

For the schizoid, each intense experience of life is repeatedly examined in the mind until gradually the mind becomes that fundamental object of dependence.

Contemplating future experiences, the schizoid thinks them out in advance, so that such thinking eventually substitutes for experience itself.

In the transference, the schizoid seeks to use the mind – with its associative potentials – as an end in itself. The schizoid wants to talk and explain his or her inner world to the other, and dreads emotional experience, as it usually brings closer a form of surrender to the primary object, which, for the schizoid, it is preferable to keep at a distance.

Differences Among the Characters

The narcissist seeks to sustain an empty self, while the schizoid is full of objects.

The borderline seeks out turbulent mental states, while the narcissist rages in order to restore harmony.

The schizoid experiences emotional life as bringing closer an uneasy surrender to the primary object and thus prefers emotional aloofness, while the borderline seeks emotionally enmeshing encounters.

The hysteric, in many respects, is the most complex character of all. Their relation to the primary object differs from those of all other character disorders (except the malignant hysteric).
The hysteric witnesses intense, if detached, maternal love of the self, evidenced by maternal narrative passion about the child and/or maternal performance of her love in the presence of the child.

What is missing is an unconscious sense of maternal desire for the child’s sexual body – especially the genitals – but in other respects, the child often experiences maternal interest, passion, investment and care. Yet the mother is in conflict over her child, whom she knows she has failed.

In the presence of the primary object, the child seeks out who he or she is to the mother – then tries to identify with this object of desire and to represent it to the mother. The hysteric’s ailment, then, is to suspend the self’s initiatives in order to fulfill the primary object’s desire.

At times, it can seem as if the mother’s mind determines the fate of her child.

The child of a hysteric mother does not experience a deep sense of threat to their being, as the child of other characters do. The hysteric’s object is whole, supplying a coherent sense of self.

In one single respect, in her sexuality, the mother is insecure and this she communicates to her infant.

The heart of the matter, then, is the hysteric’s disaffection with his or her own sexual life.

**Chapter 2 – Sexual Epiphany**

Children begin to experience a meaningful intensification of sexual excitement around the age of three, as biological maturation drives newly intense genital sexual sensations.

Although the infant-mother bond is erotic right from the beginning, transformation of the ‘mother-as-comforter’ to ‘mother-as-sex-object’ breaks up a particular sense of her as a sensual provider, who is almost a part of the self’s auto-erotic universe.

She is now distinct and different because her body is now seen more precisely as the object of sexual desire, and ‘sexuality-in-itself’ changes the child’s life forever.

- *Sexuality destroys the innocence of a self and mother, contaminating the simplicity of dependence with desire.*
There is no original sense of innocence, it is only conceived after original sin. In the wake of genital excitation the self invents innocence, usually removing it from the present, where it can be sullied by the everyday, and putting it into the past, where it may be more easily enshrined.

Sexuality-in-itself, intensified by the child’s auto-erotic stimulations, and driven by their biology, is the agency of trauma, all by its fearsome self.

Sexuality and death are linked by this epiphany, as a certain image of a solely comforting mother dies. The child must now survive his or her imagining of the mother’s desire. There is an elemental shock that ‘mommy’ is now gone forever, signifying the death of infancy.

As sexuality is the genesis of a rift in the self, it is not surprising that it draws to it like a magnet all the issues surrounding this first death – most famously, the association of orgasm with death.

Kohon’s important essay on hysteria (1986) stresses the hysteric’s impossible position, stuck between two objects of desire (mother and father), unable to go from one to the other. The question of what one desires cannot easily be answered by the hysteric, unsure of what he or she wishes.

All children seek temporary refuge from this conflict, as it is impossible to acknowledge that one’s sexuality is the agent of this change. Comfort is sought by putting outside the mother-child relation, inevitably pointing to the third object, the father.

If the father is ‘good enough’, he will accept this projection and bear it with patience, as he knows that however much he is lovingly included in the infant’s world, other parts of him are unwanted and hated.

- Assigned to an important function – to bear the child’s hate of the outside world and all that it sirens or portends – the father’s task is to accept the projected.

All the while, the father will carry repressed excitement to be returned to later in the child’s development.

It is important to see that in the unconscious life of any person – male or female – there is a fantasy of having been molested by the father. The molestation, however, is sexuality in itself, which breaks the relation to the mother and transforms the bliss of ignorance into the sin of sexual knowledge.

The father is ‘sexuality-as-trauma’; a molesting figure whose sexuality drives a wedge between child and mother, forever problematizing the child’s sense of goodness.
What had been Eden is now ruined by the serpent, which drives God the mother to abandon us to our fate.

- *The sexual father does have his uses, especially as the villain meant to bear evil.*

Upon realization of one’s sexuality, projected into the father and then repudiated, the sexual father is castrated – either marginalized for a while or removed entirely, as in Christian theology.

- *Paternal hatred will be energized by the child’s violent refusals of the father’s reality and his sexual function.*

The budding adolescent feels assaulted by sexual ideas. *Blissful as this is, it is also disruptive.* Adolescents begin to feel that childhood friendships will never be the same again.

Parent’s bodies are once again seen as intensely sexual presences, and although many adolescents will almost leap with relief at their parent’s bodily imperfections, they do so because these sexually exciting bodies are just too much to bear.

Adolescents establish sexual ideals – who contain the self’s sexuality, allowing more time to contain the alienating aspects of sexual life.

One of the consequences of sexual attraction is to leave the self arresting aware of bodies and their drives – a crucial factor in the thinking of the hysteric, who is most deeply at odds with the body which drives the self to consider mental content, thereby ruining the self’s desire for simplicity and innocence.

Children at the age of three are on the verge of discovering just how complex he or she is. They begin to supply the idea of parents coming together for sexual passion from the biological fact of their own auto-erotic adventures.

Being embodied is a mixed fate for the hysteric, who does not want to be excluded by anyone for anything.

In so many differing ways, hysterics indicate trouble with the body. It imposes the unwanted – and the response to their body’s invasion of the self varies from irritated indifference to paranoid grudge.
• To discover that maternal desire is not restricted to the wish for their child self, and that the mother and the father have independent sexual wishes, seems like an attack upon the visions of the self as the center of the parental universe.

This moment in a child’s life initiates an intense period of questioning about everything.

Freud postulates that any self’s search for knowledge is driven by the anxiety that arrives upon the child’s recognition of sexual difference.

• How many children identified as ‘attention deficit disorder’ or as ‘dyslexic’ are hysterics who eject knowledge rather than learn, or who unconsciously sabotage cognitive development?

The hysterical boy or girl is proclaiming an innocence of knowledge in order to assert his or her pre-sexual relation to the mother. He or she attacks cognitive development by disabling the self’s maturation process.

• The hysterically is always symbolically celebrating the position of the innocent child; they are always resisting growing up and going forward.

Projecting sexuality-as-molestation into the father, the hysterical constantly seeks a return to the mother, through a de-sexualization of the self and other.

Aiming to be the ‘perfect little boy or girl’, the hysterical energizes idealization through libido-as-desexualization. The hysterical’s ego ideal will be an internal mirror of the perfect self.

The child that will become hysterical will sustain a rigidly pure ego ideal that specifically targets its sexual life as degrading, and will seek to transcend such contamination by continually asserting the presence of an ideal self – through testimonial good behavior or ascetic removal from all relations.

Sexual passions are transformed into the ecstasy of self-sacrifice, in which one’s instincts are given up for presumed love by the mother and father.

This attempt at desexualization puts the hysterical in direct conflict with his or her own sexual body.

As the genitals are the agents of sexuality, the hysterical’s solution is to ‘disavow’ them, in order to ascend to a ‘higher’ level of function.

The psychic functions deriving out of acceptance of one’s genitalia – the penetrating search for answers, the opening up of areas of investigation – are suspended.
Instead, the hysteric cultivates a kind of ignorance that becomes crucial to sustaining the little-boy or little-girl self.

Adult hysterics are tempted to abandon sexuality because it is ‘too complicated’.

_The opposition between love and sexuality is a core feature of hysteria_, which only makes sense if we see that the hysteric views sexuality as a form of separation from maternal-like love.

Bollas believes that there are as many male as there are female hysterics.

- _The most prominent paradox of the hysteric is the exchange of carnal sexuality – specifically, the genital drive – for spiritual sexuality._

The hysteric uncannily converts carnal excitation into spiritual excitation.

_It is important to clarify that any hysteric who is in love, is also inside an auto-suggestive spell._ They may be able to enter sexual activity and make love, but they mentally eradicate this bodily engagement, and in its place put the soul. This is hysterical bliss.

Sacrificial pain becomes the passion. Sexual excitation is transformed into spiritual excitation. This transformation is always, at least unconsciously, linked to the psychic, if not real, impossibility of the self’s intercourse with the other.

The hysteric’s solution to this is rather ingenious: out of unrequited love, the self discovers the power of higher forms of love.

_Unrequited love, perhaps ordained by chance, is the path selected by the hysteric character._

The hysteric’s masochistic pattern is to transform the excitement in their body from its carnal desires to an erotic undoing, and from their bodily pulsations towards orgasm to the waves of despair created by the self’s abstention from sexual life with the other.

### Chapter 3 – Sexuality And Its Transformations

Loss of innocence imposed by the body is shocking enough to sponsor a violent, unconscious refusal of the body.

In Christian theologies, especially in their medieval cosmologies, the upper part of the body suggests transcendence, as one looks _up_ to the deity. This is the food of
Christian love, and it is rooted in the infant’s dwelling in the eyes of the mother, who provides her milk and her love.

It will be some time before the infant has something happening lower in the body that creates a new order of things, disrupting the heavenly gaze. The Christian world assigns this rupture to the Devil, who embodies all that disturbs the sacred order.

For the hysterical, sexual urges seem to destroy the self’s relation to the sacredness of the primary object (mother), unless they can be transported from carnality to spirituality, with the soul as the stand in for the genitals.

The psychosexual development for the three year old is deeply unconscious and mysterious: The child at this age begins to experience an increase in genital sensations in relation to the mother, but this is fundamentally through self-stimulation.

Self-stimulation regulates the excitement, returning the child to his or her own body, thus modifying incestuous love – but parental intervention often requires the child to give this up, even though it is a regulator of their excitement, and a solution for it as well.

The libido, formerly directed towards the expression of sexuality through self-stimulation, now is left to find gratification in opposition to them, while in turn earning parental love.

This elicits a kind of castration anxiety that is not literal, but now the genitalia that gives the body its own pleasure has been subdued.

The child’s sexual epiphany involves a curious disturbance of the self’s excitations. The self’s own body is quite capable of giving it all that it sexually desires at this point.

Masturbation is frowned upon, however, because there is something in the narcissism of the auto-erotic that cuts the self off from the other. If it were practiced to the exclusion of an erotic investment in other’s bodies, ultimately it would threaten species survival.

The parents organize a seduction by the mother, moving the child from the autistic sexuality of the auto-erotic to desire for mother and her sex object, the father. ‘This must stop’ is an injunction against self-stimulation, and ‘You may have me later’ is the promise of the deferral.

Thus, the mother and the father seduce the infantile instinct. They want themselves to be taken as its object.
The parents necessitate a deferral of the child’s sexuality because they recognize that the self that only finds sexual fulfillment through self-stimulation with internalized others might not develop their need for actual others.

Hysteria tends to carry forward the secret life of the self’s auto-eroticism.

Self stimulation serves as the engine of excitation and its discharge from the beginning of life. Parents intervene in order to move the child toward his or her future sex objects. And the child must be seduced into their future.

The future, within the child’s present, functions as a carrier of what is being deferred. Parental prohibition against masturbation is not aimed against the child’s sexuality, but against the infant’s sex object (the genital alone), and towards the adult’s sex object: the wonderful materialization of the woman or man of one’s dreams.

As the self moves towards its future, however, it does so carrying lost erotic promises and deferrals, biasing it to feel a certain betrayal.

The exchange of narcissism for object love transforms sexual passion; sexual passion now drives romantic love, in which the immediate object of love is sacrificed, thereby increasing its true value: deferral of gratification sexualizes the future, which now promises a great reward in time.

Like the promise of heaven does, spiritually.

Human beings must move themselves from auto-erotic pleasure to allo-erotic desire, a transition it accomplishes through romantic love, which is based on sacrifice, deferral and sexual hope, all part of the foreplay of eventual sexual union.

Non-hysterics move progressively into sexuality, and genitalia show up the second time around – in adolescence – and there are sex objects available.

- The hysteric does not accept the above deferral and tries to sustain auto-erotic reveries based on an idealization of the parents as sexual beings.
- The hysteric is in grief because they believed in the promise of virginal sexual realizations with the parent, and the failure of this promise keeps the self in perpetual search for union of a non-sexual type with the ideal other: a mother or father figure.
- As the non-hysteric courts the future, the hysteric lusts after the past.

When the hysteric marries, it is to a heavily idealized figure, with intercourse often occurring as a kind of hypnotic moment – the genitals are obliterated from the mind.
by the mesmerizing effects of the sexual – or to a perpetually disappointing figure, with the ideal object carried in the mind in countless daydreams every day.

The hysterics love is deep auto-erotic preoccupation projected on to an other, and as soon as the other eventually differs from the internal one, there is bitter and confused disappointment.

The hysterics do not partake of erotic knowledge, and makes love in a blind or detached manner, using the other as a figure with whom to self-stimulate.

They also reproduce body deprivation through this scarcity of erotic capability.

Instead, the hysterics seeks in foreplay the endpoint of sexuality – a series of touchings which increase excitation but which are never meant to find release in genital fulfillment, but rather in withdrawal or frustration.

Hysterical bliss thrives on this self-sacrifice, as self and other – brought to the point of sexual engagement – withdraw from it in order to testify to a greater or higher love. The message is to wait. “If you love me, you can wait.” In deferral is to be found true love.

The auto-erotic denies the pleasure of the other. For Freud, this is at the heart of the hysterics position. Hysterical ‘loss of consciousness’ is that kind of absence...derived from the fleeting but unmistakable lack of consciousness which is observable at the climax of every intense sexual satisfaction...

Thus the hysterics finds ecstasy in a kind of thinking: the orgasm of loss of consciousness. The mechanism of repression is not only sexualized, but becomes a form of auto-eroticism, albeit exceedingly well disguised. This solution is rather remarkable.

The hysterics transcends the contents of sexual life – thus achieving a type of purity – by identifying with that loss of consciousness brought on by sexual ecstasy. Elimination of the sexual content becomes a new form of sexuality.

Why do some go through this type of process, and others do not?

Chapter Four – In The Beginning Is the Mother

When we think of the mother of the borderline, we imagine a figure who is too sensorially and emotionally upsetting, and who unconsciously threatens the infant with her departure, encouraging her child to conjure turbulent states of mind because this is the body she offers.
It is important to keep in mind the limitations of this one-sided construct, especially as it leaves out the infant’s idiomatic distributions of love and hate.

A large part of the skill of parenting is in accepting the projections, in the interests of the child’s freedom of mind and expression, while at the same time allowing time and other frames of mind to enter the scene, so these passing evacuations may be repaired by the child’s sense of guilt, and other frames of mind.

Parents accept vilification because being held responsible for the child’s plight is partly accurate. The mother is meant to be the guardian of her infant’s needs, and when the child feels ill of mind or body, she may be held to blame. There is always a bad mother held responsible for the child’s ills, just as there is a good mother held responsible for the child’s well-being.

When we think of how a mother is fails her child, we are force to conclude that all infants are failed by the mother; indeed, childhood is a distressing time from which the child tries to recover over a lifetime.

If the mother shall bear the distress with existence itself, she will perhaps also be the associated beneficiary of our sense of aliveness. Essential to generative mothering is her erotic love of her infant, conveyed most particularly through the eroticism of breastfeeding, which is a form of sexuality unto itself.

The erotic passion of the mother meets the instinct of the infant at the breast feed, at a crossroads where both are transformed. Infant and mother are satiated by the breast-feed as a somatic, erotic and emotional experience.

It is not only through imagery that the mother conveys her eroticism. She bathes the infant in seductive sonic imagery, oooing, cooing and ahhhing, luring the infant’s being from autistic enclave to desire for this voice.

The mother ‘words’ her infant’s gestures; maternal speech becomes an acoustic signifier as body-ego action. Her speech attaches itself to the moving parts of the infant’s body.

Maternal speech is more of a ‘thing representation’ to the infant, composed of a complex of associations made up of a variety of visual, acoustic, tactile, kinesthetic and other representations. (Freud)

In ‘voicing over’ the infant’s body, the mother touches her infant with acoustic fingers, precursive of all conversions from word to body.

The cure of the hysterical depends on the patient ‘getting his words in the right place’: into sound, rather than allowing them get caught up in his body. (Forrester)
All hysterics are biased to keep the words in the body, as such conversions ‘remember’ a maternal eroticism.

The mother’s words substituted for physical touch, so the healing for the hysterics must be moving from a body focus, to the sound, to the signifier.

The hysterics uses words as a ‘thing presentation’ (display), transforming them into a direct impact on the unconscious of the other. (Cindy M)

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Let us return to maternal eroticism. The mother caresses the infant in countless ways. She evokes the child’s erotic capability.

Here is the interlinking network of several of the key constituents known to be featured in the formation of the hysterics:

1. *Repression* (of maternal excitation);
2. It’s *transmission* to the infant;
3. By way of *conversion* to the infant’s body;
4. Through an *enervation* of the mother’s touch;
5. Mitigated by *displacement* of the genital-sexual to the non-genital erotic zones of the body, lighting it up like a Christmas tree with flashing desire;
6. Further compensated by *passing the word* into the body, where it is meant to maintain its status as a thing presentation;
7. Leading the infant to *identify* with an other who finds the sexual self unacceptable.

This exchange (genitals for the remaining parts of the body) predisposes the child to an hysterics’s management of sexual excitation, as the body becomes unusually charged with displaced libido.

In foreplay, the hysterics often finds the arousal of the non-genital erogenous zones exquisitely compelling, yet this bliss is at the same time a source of depressive rage, as the genital self is to be refused.

The child feeds on tertiary excitations aimed to distract it from core eroticism, a displacement that saturates the child with unconscious grief.

As maternal love is the first field of sexual foreplay, the hysterical mother conveys to her child’s body anguished desire, as her energetic touch bears the trace of disgust and frustration, which communicates sexual ambivalence into the infant’s body knowing.
If genital eroticism (and eventually, genital intercourse) involves sexual depth – literally, in the penetration into the other or in being penetrated – hysterical eroticism sexualizes the surface in order to avoid sexual depth.

The hysteric suffers an excess of non-genital erotic transformations, often verging on a kind of exhibitionist theatre, but when it comes to the genital moment the self is suddenly and dramatically an infantile creature with no sense of erotic destiny. (NK)

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As the mother voices over her infant’s body, she forges links between word and body.

For the hysteric however, maternal narrative takes the place of hands-on mothering. In the course of their development, the child becomes a lively figure inside a maternal narrative, as she talks to the child about all the facets of life, including their relation, which exchanges desire from the actual to the narrative (JT, NS, DM).

The child will become a storyteller, enjoying narrative as a kind of collaborative alternative to possible actual experiences, especially those involving sexual engagements. (The Menu instead of the Meal.)

For the hysteric, talking and narrating is the livelier place of sexual life than the act of lovemaking itself.

The hysteric disappears into the auto-erotic object at the moment it touches the real; the actual other lives inside the other’s narrative.

Hysterics become anxious to know who they are to the other. They have the knack of invading the other to find out who they are to that other, and this has often led the hysteric to be mis-diagnosed as a borderline personality, because there is a certain kind of boundary violation.

Such ’break-ins’ aim to discover the self’s status as the other’s secret object of desire. The hysteric invasions can be charming and beguiling, while the borderline’s invasions are persecuting and infuriating.

The hysteric develops two inseparable skills – identification and representation. They show an uncanny ability to gain access to the other’s desire and then can represent it. The hysteric is always representing ‘the maternal phallus’. 

The self-sacrificing way of the hysteric abandons their true self in order to substitute it with the supposed object of maternal desire.
For the hysterical, there is always an anxious need to have evidence of erotic appeal. This can lead to over-intense, somewhat invasive, forays into the other’s inner life (or privacy) in the effort to extract evidence of the other’s desire for them.

Again, the core issue of hysteria (for either gender) is the sense that the mother has withdrawn her love of the self’s genitalia. The mother unconsciously conveys her disgust to all genitals, male or female.

When working with hysteria, it is helpful to bring the theory and character of hysteria to the client in sessions. This can support the client’s gradual integration of his or her genital sexuality, and the corresponding pleasure in rejoining the maturation process.

_How do we know when the hysterical is being compliant, and is reading our desires for them, and is now simply determined to supply it for us?_

The answer is the hysterical will always do this, under all circumstances. At least in the healing process, the client is fulfilling the desire of the therapist that the client return to being his or her own true self.

Even when the hysterical resists the therapist’s storytelling of the client, hearing who one really is, in the eyes of the therapist, is pleasurable. But this will only happen for a certain phase in the therapy, and after that time, the therapist will feel disinclined to offer this.

*The paradox of being an interpretive authority for the hysterical:* the interpretations can be infantilizing for the hysterical, which fulfills their desire. "The client must eventually _take over_ the interpretive process, while the therapist addresses the client’s chronic compliance.

Note: it is in the states of _mental quiet_ that a self hatches, sponsors and cultivates unconscious creativity.

The narrative-in-itself will always function symbolically as the body of the mother, a constant lure for any hysterical. (JT)

Hysterical passion is a conversion of carnal excitement into the ecstasy of self sacrifice – where the self shall now be a soul seeking its soul mate, but from a distance – the story-in-itself becomes an erotic place where this self can exist.

_The eroticism of the hysterical is in fact to move actual life into the realm of the story._
Hysterics enter the other’s story, there to dedicate, if not sacrifice, their life. They especially love the stories of psychotherapy! It was if the couch was invented to catch the hysteric’s falling body.

To this day, hysterics present themselves to doctors and hospitals, under the pretext of bodily ailment, as partly a transferential expression of the self’s wish to have the body-as-ailment presented to the loving other, a continual call to the mother to take the self back into care, and rediscover the infant’s body as something now desirable.

The doctor’s office, and the surgeon’s knife, seem inherent to the mother’s repression, and may indeed be more alive to the hysteric’s body than the mother w

In therapy, the therapist’s giving words to describe the client’s repressed desires helps to transform the maternal refusal of the self’s sexuality; the therapist seeks to name and identify the sexuality of the client.

The after effect of the therapist’s ‘wording’ of the hysteric’s body is to invest the hysteric with imaginary potential for the sexualization of the self, which in turn makes it possible for them to enter the real world of sexual engagements, with a new set of internal expectations.

All the therapist must do – over and over again – is talk about the realness of the client’s sexuality, while the client’s character structure tries it on and acts it out.

Chapter Five – Eroticizing Absence

The mother’s comings and goings are always creating an absence, which becomes an important form of presence in anyone’s life, but the hysteric feels that her absence is driven by an intense withdrawal from her child’s sexuality, a rift that presents and represents itself as an erotic question between child and mother.

Lack would be meaningless without presence; the hysteric creates displays of presence that play off of absence. Sudden abstention from communication is often very arresting.

Hysterical absence is more like evacuation; it becomes a void which ‘widened in the service of repression’, swallowing up anything that the repressive self rejects.

The defenses, or means of self-protection, are themselves eroticized – very subtly so, but it helps in the understanding of a hysteric’s abrupt departures. “I can’t seem to focus on your words, tell me again what you are saying?”, spoken in a dazed tone of voice, indicates the auto-erotic spell, with the hysteric unconsciously saturated in the pleasure of innocence.
This kind of hysterical dissociation is derived from the maternal split of the child's erotic being:

While ignoring the child's body self as her erotic object, she objectifies before the child's eyes, through performance and narrative, a spectral child whom she engages in highly sensuous ways. It is as if she were reading a book held out in front of her, that is the story of her love of this child, to which she directs the child's attention, riveting him or her the story through gaze and voice.

_How do we account for the immanent sexuality of the hysteric? Why, if they are in conflict with genital sexuality, do they so often appear sexual, even when they are refusing it?_

The hysteric eroticizes the work of absence, so that in removing sexuality from psychic and interpersonal realities, the sequestering itself is sexualized. The body becomes 'genitally de-centered' erotic vehicle, which gets over-sexualized in other erotic zones – an excitement that the self both struggles to contain and also to gratify.

_Hysterics evolve a somewhat peculiar auto-sexuality_. They imagine themselves the mother's secret object of desire, and then, through self-stimulation, eroticize themselves as this object – by either narrating it back to the mother, or by performing it in her presence.

The ear is an erogenous zone; sound can function as an erotic medium. Gaze is also an erotic object.

Maternal absence for the hysteric is understood to be erotic action – where physical touch is replaced by non-tactile forms of touch – voice and gaze – which suggest that true desire is always absent from self-other realization, or it is disseminated to other parts of the body as to create a pan-sexuality in constant tension, since no genital binding can be obtained to relieve the body of its sex-ache.

As just discussed, the mother creates the child's double before his or her very eyes, as if saying, "Look here you are, in my stories about you, and in my performing you in front of you." _The child adopts this as an erotic companion_, a spectral creature invested by child and mother. _This is the object of desire that brings them together._

"I was my mother's little doll." Or "I was my mother's little man."

This double self reflects a kind of dissociation common to the hysteric. On the one hand, the true self is sexually suspended, but an intermediate self can be cultivated based on the auto-erotics of mother and child.
The hysteric splits the self, accepting the illusion that the self is in fact a ‘doll-like object’ that creates an interesting false self – as an invention of desire – that becomes a lure for the other. This predisposes hysterics to be easily misunderstood as offering the self as a sex object, especially when appearing sexy or seductive.

The hysteric focuses their mental energy on their body as an object of unconsciously shared, but nonetheless auto-erotic, interest. They attend to the body with a certain kind of auto-erotic care, through which a form of parental intensity is found.

Thus, the hysteric spends a great deal of time grooming the body. The woman is absorbed with make-up and jewelry, constructing a sex object around her body.

The body self is only meant to become sexually charged by such detailed attention and care; it is not intended to be spent in intercourse with the other.

Hysterics do engage in intercourse, but they often use sexual encounters as ‘banking’ events, collecting scenery for their auto-erotic life.

The self that is present in intercourse is always the ‘double’, the intermediate sex object that stands in for one’s desire. There is always an important psychic distance between the hysteric’s inner self state and the hysteric’s sexual encounters, like a virginal puppet-master manipulating his or her image as a sex object for the other.

For the hysteric, love-making is a mediated sexual encounter occupied by a sexy self. An auto-erotic figure engages the other in intercourse.

During sexual intercourse hysterics feel removed from the actual sexual gestures of the other, and their partners often complain about this distance.

The ‘good enough’ hysteric mother promotes anti-hysteria, a psychic inoculation against the contagion of her own neurosis. She mocks herself, communicating to her children “don’t ever be as screwed up as I am about my body and sexuality.’

The ‘good enough’ hysteric mother also finds a way to break the child’s attachment to her neurosis by becoming slightly mad, in small and ironically loving doses, so that the child will move forward and not overly attach to her in a symbiotic way.

This mother encourages the child to seek sexual destiny with a nother type of sex object, one with a mentality receptive to erotic needs.

The destiny drive is the urge to use objects in order to come into being and relating that is expressive of one’s true self. By desiring the other, the self finds a complex vocabulary of objects through which to speak the self.
Auto-eroticism is a fundamentally different drive, more like the work of the death instinct, in which objects are selected in order to extinguish desire.

The hysteric’s auto-eroticism is towards the past’s desire of itself, rendering the hysteric a passive recollector rather than an active seeker. The hysteric eroticizes the past that visits the self in fateful reveries, whereas the non-hysteric eroticizes the future as they seek to object to fulfill their desire.

Chapter Six – Functions of the Father

He is the figure who is the upholder of the law, an out-of-sight other ready to arrive from the real. From the very beginning, he is a vital third object referred to many times over by the mother.

Maternal and paternal psychic structures are composed of functions. The psyche is not unisexual by bisexual, and a self will be utilizing separate but equal sets of functions.

The internal mother includes the psychic functions of reception, gestation, delivery and holding, as well as forms of communication based on non-verbal means.

The internal father includes the functions of penetration, insemination, guardianship, encountering, law-making and enforcement.

At very best, the hysteric will daydream reality, even implementing that daydream to significant lasting effect.

The journey of the hysteric:

First, the mother does not include the father as a desired third object. If the mother is hysteric, she is likely to convey to the child two differing fathers: an ideal object that would be magical and unreal, and an ambivalently regarded real object that would be persecutory, perhaps sexually dangerous or physically repulsive (monster making).

Second, the actual father may be disturbed, discrediting his functions.
The hysteric temporarily solves the problem of ambivalence by using the false self to stand in place of inner convictions. This feels self-sacrificial, as the child has to suspend inner psychic reality for outward appearances.

With the father, this position is, “I give up my true desires and comply with what is expected of me by giving you what you want”.

The child then constructs a paternal narrative: “You who dominate mother and me demand that we accede to your image, which we do. We only do so because of your power. We cannot overpower you. I accept your laws only in order to grow strong enough so that one I may remove you.”

This father partly stands for reality itself.

The child then constructs a narrative for reality: “Mother and I were fine until you came along and disrupted us. I hate you, reality, but I must accept that I cannot overpower you, and I adapt to you. But one day, when I am grown up, I shall overpower you, renounce you, and return to mother.”

All along, the developing hysteric adapts in order to return to an imagined ideal world.

*The hysteric experiences the father as a figure whose power grows in inverse ratio to what the child loses.* What is lost is the illusion of singular union with the mother.

The ‘return of the father’ proves to be a vital and essential ‘killing’ of the self, as it through matriculation into the paternal order that the child separates from the infant self and from the mother of that self.

“Father as obstacle” proves vital to the child’s negotiation with all future difficulties, and boys and girls seek conflict with this otherwise unwanted figure, unconsciously knowing that in doing so they are serving their own futures.

The hysteric recognizes this, and knows that going forward is essential in order to survive, and does so by being precocious, and becomes a good little ‘adult pleasing’ boy or girl.

But fulfilling the father’s desire is not the same as engaging the father-as-obstacle. Identifying with the father’s desire strangely incarcerates the child in the maternal order, declining those very trials and tribulations that await the child who truly takes on the father’s law and all that it suggests.

One function of the *castration complex* is to mobilize an anxiety in relation to the father, who will embody the *impingement of the real* upon any self’s unconditional relation to the mother.
This anxiety is ultimately related to those castrations performed by reality, such as the recognition of parental sexuality, the birth of a sibling, the discovery of other families, the selection of a peer group, and so forth. Battling the father is akin to engaging reality. *What does the hysterical do with this anxiety?*

The good boy or good girl become like Barbie doll children, who have suspended the true self in order to realize what they imagine to be parental desire.

That these children are unusually good means they are highly prized objects in contemporary Western culture. They are the teacher’s helper, exceptionally mature; they delete sexual curiosity and aggressive elaborations, while being concerned with being as grown up as the adults around them.

They have constructed a strained, precocious self with manic identifications with the adult world, leaving in a corner of the self an unprocessed, infantile being that has not been taken along on this journey.

As the strain they carry is informed by a castration anxiety, there is a fear in these children, and later in their lives as adults, that something awful is going to intervene in their lives to destroy all their assumptions and accomplishments.

Thus they evade engagement with the father, which is in a way a castration of the father’s function, deferring their genuine refusal of the father until later in life. This is a complicated matter.