Chapter 7

Hysteria between Big Brother and Patriarchy

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Like many others, I (Verhaeghe) discovered Juliet Mitchell via her first book, *Psychoanalysis and Feminism* (1974). The way she extended psychoanalysis, from the individual to family and society, was an eye-opener to me. In the two decades that followed, I studied Freud and Lacan, but just after the new millennium, Anglo-Saxon psychoanalysis was brought back again under my attention when I attended Juliet Mitchell’s lecture on siblings in New York, and later, in Vienna, her lecture on gender. I read *Mad Men and Medusas* and *Siblings*, which reminded me of the necessity to place psychoanalysis in a much broader framework than only a family frame, and to assign psychoanalysis an explicit political and social dimension (Verhaeghe, 2014a).

In this chapter we will discuss two interconnected subjects, which we perceive as the core themes of Juliet’s books: hysteria in relation to gender, and siblings in relation to contemporary politics. It is not the intention of this chapter to provide the reader with an exposition of or a detailed comment on Mitchell’s theory—other chapters in this volume do this work, and in any case the reader is best informed by studying her books. It is our intention here to present a Freudian–Lacanian perspective, as we have developed in the Department of Psychoanalysis in Ghent (www.psychoanalysis.ugent.be). Juliet Mitchell’s theory and our Freudian–Lacanian framework are not the same. Lacanian psychoanalysis is more structural than the empirical clinical approach of Anglo-Saxon psychoanalysis. Yet our work and Mitchell’s share the same extension beyond previous psychoanalytic theory, as they take into account the importance of the Other: siblings, society, and the symbolic order.
Hysteria and Femininity?

The conviction that hysteria is essentially a female disease dates back to ancient times and is etymologically defined by the term itself—*_hysteros_* meaning the uterus or womb. Juliet Mitchell distances herself from this reductionist perspective and presents us with convincing clinical descriptions of hysteria in men. The original denomination was coined by male authors, and especially by men whose position as master more often than not was subject to challenge by women. Lucien Israël, in his description of hysteria in a medical setting (1984), taught me the following lesson: it takes two to create hysteria. Lacan’s structural view added an extra element, and taught that a third party is needed as well. Hysteria does not exist by itself, it needs an audience, someone who is looking, while a certain relationship toward a master figure is brought on the scene. As we will explain later, the hysterical subject demonstrates to the Other both the master and the failure of the master.

Relationship is not an apt expression to characterize the dynamic played out in hysteria, as it suggests a concrete interaction and directs attention away from the significance of the unconscious and fantasy. Relational structure is a better term because it permits us to take a necessary distance from an all too concrete biological understanding of men and women in terms of the penis (or the womb) and its absence. For Lacan, gender differentiation is based on the position that the subject takes with regard to the signifier of the phallus and the castration complex (Lacan, 1975). In this line of reasoning, a biological male may take the “feminine” position, and vice versa, a biological female may take the “masculine” position. The latter will be considered as a phallic woman, the former as a hysterical man. Hysteria is no longer synonymous with femininity.

In Lacanian psychoanalysis, the idea of a structural lack is central. Castration is considered as its phallic reading (see Verhaeghe, 2001). The *symbolic* phallus denotes the supposedly final answer to desire, and hence, the lack of the Other because there is no final answer. The neurotic subject is precisely neurotic because he or she believes in the _imaginary_ phallus. “Hysterical” denotes the subject who believes in the phallic omnipotence. That is, he or she believes that there is someone who has or is the phallus, meaning that there actually is a final answer to every desire. The origin of this belief is the Oedipal complex, with the father in the position of the master. In contrast to the Freudian solution for the Oedipal complex, that is, its repression or destruction, the Lacanian solution is symbolic castration, that is, the acceptance of a structurally determined lack for everyone of us. In short, acceptance of existential limits