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The Female Body and Plastic Surgery

A Modern Hysteria

Le corps féminin et la chirurgie esthétique

Une hystérie moderne

[Online] Dec. 30, 2015

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Abstract:

While in Freud's time the body of the hysteric, with its spectacular crises, was the means to access the problematic of the fates of sexuality in relation to the social organization of the time, what, nowadays, do hysterics convert in their bodies?

Based on a psychoanalytical practice with women who have turned to plastic surgery, the author asks herself the following questions: in what way do these experiences of the transformation of the body pose us questions through psychoanalysis? What fantasies lead these women to take such steps? The author upholds the idea that turning to plastic surgery that "fills" or "enhances" is a new hysterical modality of fending off castration anxiety. In this respect, these women turn to plastic surgery in deference to the social system.

Résumé:

Si, du temps de Freud, le corps de l'hystérique avec ses crises spectaculaires était le moyen d'accès à la problématique des destins de la sexualité en lien avec l'organisation sociale de l'époque, aujourd'hui, en quoi les hystériques convertissent-elles leurs corps ?

À partir de la pratique psychanalytique avec des femmes qui ont eu recours à la chirurgie esthétique, l'auteure s'est posé les questions suivantes : en quoi ces expériences de transformations du corps nous interrogent-elles au travers de la psychanalyse ? Quels sont les fantasmes qui animent de telles démarches ? L'auteure soutient l'idée que le recours aux transformations esthétiques de « comblement » ou « d'augmentation » sont de nouvelles modalités hystériques d'aménagement contre l'angoisse de castration. Et cela en complaisance avec le dispositif social.

Keywords: the female body, plastic surgery, hysteria, female sexuality, the fetishized body

Mots-clefs: le corps féminin, chirurgie esthétique, hystérie, sexualité féminine, corps fétiche

Plan:

"Mutation of the Gaze on the Body"

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The Body Fetish

Aurore

She is seated in front of me.

Her face is smooth. Her cheekbones are somewhat high up on her face. Her protuberant mouth and her teeth of excessive whiteness catch my attention. When I look at her more closely, I note the absence of any wrinkle of expression. The woman sitting in front of me gets up and then I am surprised to see her curved back. I am overcome with a sense of unease! In effect, her young face is in sharp contrast with the rest of her person. And yet, she has no deformity, but the overall effect is strange, as though time had held her back, without leaving the traces that would translate its passing into her appearance as a whole. It is as though her “tampered with” look were being brandished as a mirage or as a mask effect; one is unable to tell what it conceals or what it condemns. A flood of questions descends upon me as I look at her: why has she turned to this kind of practice? What fantasies do these new ways of transforming the female body cover? Is this search for a “rejuvenation” inscribed in the search for a new beginning, or is it the guarantee of a return, sustained by childhood omnipotence, at a time of possibilities?

Unable to explain to myself the thoughts that dart through my mind, I remain in interrogative mode, at the very same time as I am captivated by the image that she imposes upon me. To tell the truth, this image invaded the space. It was as though, silently, the image seemed to me to be taking part, little by little, in her narrative, to the extent that in the insistence of its appearance an *other* scene was emerging, one that was eruptive and insistent, coming to slip into the heart of her discourse.

This woman transformed by plastic surgery is not the only one. One can meet such women at dinners, in the subway, or out on the street. They have even become a day-to-day character whom one no longer pays any attention to, though this is more the case in some countries than in others.¹ Is it not the case, then, that the plastic surgeons have taken the place that the dressmakers of old used to occupy, selling mouths, noses, and breasts to women who are being led astray? This is a

normalization that is all the more forceful given that our era, which is so proud of having been through the “sexual revolution,” and which likes to think of itself as being a long way from the prudish and uptight practices of Freud’s time, asserts that it has settled accounts with the destinies of female sexuality.

Effectively, with Freud we became familiar with psychical strategies in which the body of the hysteric is used like a script and like the theatre of a conflict that cannot be avowed. Effectively, in his time, the body of the hysteric, with its spectacular crises, was a means to access the problematic of the psychical destinies of the female that was addressed to *Kultur*.²

Incontestably, the profile of the hysteric that we meet in our consulting rooms nowadays is very different from the examples of hysterics from previous times, but is it really possible to assert that this profile has disappeared? Among those who claim that it does exist in the psychoanalytical consulting room, we can count, in France, Lucien Israël³, André Green⁴, or even Daniel Widlöcher⁵ who affirms that there are probably more hysterics hospitalized in the Salpêtrière Hospital than in Charcot’s time. Or else Christophe Bollas⁶ in the United Kingdom who affirms that they are still present among the patients that he meets in analysis or through the intermediary of supervision.⁷ Having said that, in these approaches, what dominates is incontestably the plasticity and the transformational capacity of its symptomatology, which often come to give rise to confusion in the observer. These are proposals that echo the Freudian text, “A Seventeenth Century Demonological Neurosis”, in which Freud puts forward the following:

We need not be surprised to find that, whereas the neuroses of our unpsychological modern days take on a hypochondriacal aspect and appear disguised as organic illnesses, the neuroses of those early times emerge in demonological trappings. Several authors, foremost among them Charcot, have, as we know, identified the manifestations of hysteria in the portrayals of possession and ecstasy that have been preserved for us in the productions of art. If more attention had been paid to the

histories of such cases at the time, it would not have been difficult to retrace in them the subject matter of a neurosis.⁸

This tells us the number of ruses the hysteric has in her pocket to disguise her symptom. Is it the chameleon-like aspect of the hysteric that makes her public vacillate? Thus, will the hysteric always compose her spectacle in the form of painful complaints about fatigue, dizziness, sadness, and other somatic complaints that are frequent in the medial domain, but also in new forms that are more contemporary, and which are fed by the ideals of the time in which she lives? Making use of whatever she finds to hand, would the hysteric be in the process of changing the form of her symptomatic habits, while keeping the foundation of her suffering intact? As J. André has underlined, it is enough to listen to (hysteric) women to note that they :

[...] continue to complain about what they have, and to desire what they do not have, to tell stories of snakes with the same equivocal horror as in the past, and to transcribe their anxiety in the face of libido in corporeal discontent.⁹

In the wake of these authors, I ask the question: in the present-day context, in what way are hysterics converting their bodies? This is a question that I have asked myself on the basis of having met Victoire, Aurore, and other women who came to see me in analysis, not because of having had recourse to forms of plastic surgery, but whose recourse to these practices was, at a certain moment of their life, the only solution to overcome their mental suffering.

I am putting forward the idea that, leaning on contemporary medicine, techno-scientific medicine, which is a point of pride in Western culture, a re-actualization of hysteria is occurring in the unprecedented context of what might be called the “*techno-sciences of the body*.” It is as though the ideals of present-day society were shored up by new techniques that occupied for the hysteric unconscious the same function as the day’s residues in the dream, namely, providing the material for the shaping of its symptom.

This will not be the first time, nor will it be the last, as Freud’s text underlines, that the hysteric addresses *Kultur* in this way and demands that a well-considered gaze be directed on its masking effects. In effect, a good many things are deployed in this “*elsewhere*.”¹¹ The expression is a Freudian one, used to name the fantasmatic scene, and one which in Freud’s time resisted disappearing from the anatomical territories that medicine – one can understand the epistemological reasons for this – insisted on localizing in its medical manuals. Does it still need to be recalled that the hysteric, in constructing her symptom in the form of a spectacle, is challenging the doctor. It is precisely in this (unconscious) ruse that medicine, by leaving her in the lurch, offered to psychoanalysis the possibility of its birth. In the hysteric, her request for help addressed to the doctor is duplicated by another request of which she is unaware, for it is a troubled and inexpressible request. Caught in this double movement, the hysteric allows the “*insurrection of her body*”¹² to be seen in her distress, at the same time as she forges another décor, transforming the latter into a “ramp leading to the stage.”¹³ Elisabeth von R. had demonstrated to Freud very clearly this double strategy that the hysteric finds herself in: “since she nevertheless attached sufficient importance to her symptoms, her attention must be dwelling on something else, of which the pains were only an accessory phenomenon.” This was a phenomenon in which the other, hidden, stage was what had to be heard, as in the sidestep that is taken in relation to doctor’s objective gaze, which happens on Elisabeth’s backstage, through her symptom, demonstrating to Freud how,

[...] if one pressed or pinched the hyperalgesic skin and muscles of her legs, her face assumed a peculiar expression, which was one of pleasure rather than pain. She cried out – and I could not help thinking that it was as though she was having a voluptuous tickling sensation – her face flushed, she threw back her head and shut her eyes and her body bent backwards.

The painful organic zone served in this way to make way for the imaginary function, whose construction of the fantasy subsisted as the bodily substitute for the childhood sensations. Then, the body takes on an existence in a beyond of its own anatomical figuration, that is to say, the force of the transference of the contents that operates in the conversions of symptoms, from which “one body can conceal another one”¹⁴ and present itself in complete naivety in the hysteric’s machinations. The bodily symptoms are like a “theatre,”¹⁵ finding their meaning in the bond with the “elsewhere” or “something other” that remain hidden, lying in wait for the word that would come to discover their signification. The hysteric’s ruse lies in the body, in the locus of a writing, the text of which is unveiled in the space of the session. Here you have the debt that psychoanalysis owes her, and which the hysteric, with new trimmings, is forcing us to come back to.

“Mutation of the Gaze on the Body”

In the present day context, the body has never been invested by the subject to such an extent as the locus of the symptom, while at the same time the subject has never been excluded to such an extent from his or her own body. Since and after Freud’s first theories on the clinic of hysteria, the body has also become an ideological figure, both within the psychoanalytic field and beyond it. And we can understand the cause of this: its poly-scenic position at the interface between the individual and the social places it at the crossroads between a number of different theoretical positions. In retrieving sociological, organic, political, psychical and other aspects from this interface, it has become the locus of essential epistemological questions.

In effect, theorization about the body finds itself at the crossroads of our interests, where often a terminological confusion animates the debates. We could think that the confusion is of a pluri-disciplinary order, except that this fails to recognize that the debacle is also to be found at the heart of psychoanalytical theorization itself. As P. Fédida has reminded us:

[...] it is not therefore of the least interest to observe that the “body” is intervening anew, in a certain moment of culture, as a veritable political, sociological and economic analyzer, and that it engages a process of the ideological denunciation of a psychoanalytical “mystification.”¹⁶

In the end, behind the question of the practice of aesthetic medicine, it is a matter of returning to the psychoanalytical perspective on the status of the body in the hysteric by trying to analyze the distinctive trait of modern corporeality such as it manifests itself in these social and medical practices and is reflected in current-day psychoanalytical practice.

By drawing on the idea of a “mutation of the gaze”¹⁷ upon the body, in the way that this has been developed by Cortine and Corbin¹⁸, we can understand the extraordinary transformation of techniques, to the point of arriving at our current practices. In effect, ever since the anatomical and mechanistic vision that got under way in the fourteenth century, an indelible movement has been on the march. The fact that this “mutation” results from the movement of the history of ideas, in which the contributions from the human and social sciences – such as phenomenology, sociology, history, anthropology and of course psychoanalysis – have had a decisive role, is no longer something that needs to be proven. In this “mutation of the gaze”, the body is imposed as the locus of psychical and symbolic instauration, in the sense that it is suffused with psychical stakes that are specific to the subject’s libidinal dynamic at the same time as it is the receptacle of social norms.¹⁹ This shows the definitively poly-scenic, problematic, and elementary character of what one may understand by “body”. In other words, it is inscribed into an individual and collective creation, but a creation that incontestably acts in the interior of the subject himself or herself, and at the interface between the individual and the social context in which the individual finds himself or herself. This is why the body is “the mirror of the world,”²⁰ and why it lies at the heart of multiple theorizations as a space of thought that it nourishes at the same time as it allows for access to what is currently at stake in modernity.

Having said this, within this mutation, of which medicine is at once the executive agent and the privileged locus of representation in our society, it is presented as desexualized: a body whose incompleteness has to be compensated with prostheses or other technical practices as unique solutions to suppress individual discontent. In the case of requests for esthetic interventions, which are often requested by women, the surgical *passage à l'acte* is proposed in place of an individual questioning about her psychical suffering. This is the case for Victoire, a woman who came into analysis because of affective difficulties, but who one day told me about the plastic surgery she had undergone. "I don't know what to do", asks Victoire, in the form of a question directed at me, her analyst. The question that she is asking herself is related to the news that her doctor has just given her. In effect, the silicon implants that were put in her breasts a few years ago might be contaminated, and will have to be removed. In a first phase, to avoid any encumbrance with her dark thoughts, Victoire asks the doctor for highly technical explanations about the procedure due to take place. But to this objective lesson from the doctor, another aspect, which was just as unforeseen, comes to sully her thoughts: "how am I going to manage without these implants?" For Victoire, removing them would be unbearable because "without them," so she tells me, "I am nothing." Like the Medusa's head, her breasts without their prostheses become for Victoire the representative of the sight of the incomplete and disappointing organ, plunging her back into the anxieties she had before, when she was a young girl. Back then, invaded by these anguishing fantasmatic returns, Victoire focuses on this part of her body and, like Narcissus, remains paralyzed. For Victoire, the image of the disappointing little girl is what has pushed her, since her childhood, to take the path of a "hyper-feminization" of her appearance. This is not without interest for the psychoanalyst, quite the contrary, since what forms the hysteric is also makes her come undone, namely the investment in appearance to the point of making herself disappear. To

think through the movements that are at work here is also to lend an ear to what is at stake in the shadow of the transformations of current-day bodily practices. When all is said and done, the question of the excessive use of plastic surgery in the current-day context requires of the psychoanalyst that he or she come back to the hysteria that maintains its "demonological" aspect, in order to question it further.

The Body: Some Historical Elements

A historical gaze allows us to remark that these individual and social questions, which are inseparably bound, have been unfurling side-by-side down through history, leading to medical and social practices, which they have shaped, and which in turn seek to be as simple as their implementation is complex.

According to Foucault, it is in these contingent and diverse historical events that we find the symbol of Bichat's injunction to "open up some corpses." This was the watchword on the basis of which dissection sutured the tracing of symptoms, while anatomical observation locates the body of the living being on the basis of the place of death. Thereby there is established "the first scientific discourse held by (our culture) on the individual" passing "by way of this moment of death."²¹

The history of the body in the West refers us to the first dissections of corpses that began in the fourteenth century in Italy. Even though they were curbed by religious constraints, medicine, the instrument of production and the privileged locus of the representation of the truth about the body, took a decisive turn at that time. Until then, illnesses were interpreted as the result of transgressions and magical forces, conveying their irrefutable presence through the appearance of an illness. From this magic dimension we slide towards the objective and mechanical observation of the body.²²

In order to take measure of the social and political dispute, as well as the gap opened by Freud's founding gesture, let us go back to the first public dissections carried out in Bologna, in Italy, by Mondino dei Luzzi (1270 - 1326).²³ This

Italian doctor, a specialist in anatomy, wrote the first handbook on the subject in 1316. This book, which set out the study of the living being on the basis of the dead body, anticipated the scientific invention of the modern body with its fragmentary, parceled and localized vision of the human body. We move on, next, to the fifteenth century. The rhythm gathers pace and important pieces of work on anatomy are carried out. This approach, which was influenced by the intellectual landscape of the hermeneutics of the Renaissance, progressively configures the formulation of the body through its image and delimits its limits. The formulations developed in that era, which was nourished by the (childhood) desire for mastery and (voyeuristic) control, have found their meaning in the contemporary approach to medical imagery. In this era, even the artists, and not just any artists, have also turned their interest to the idea of being able to see the human body from the inside, and all of its interior. Like a child plunged into the interior of the maternal belly, and possessing all of its content, Leonardo da Vinci (1452-1519), one of the most celebrated artists of this period delivers us his anatomical drawings.

And the time came to pass when Andreas Vesalius (1514-1564), a doctor and professor of anatomy, published the book *De humani corporis fabrica*. This book, which was rich in its wealth of images, essentially presented illustrations of the human body that would come to demonstrate how the theories hitherto set out by Galeno were, at the end of the day, false. Of course, Galeno was dissecting pigs or other animals, then proposing his theories in line with animal observation. Andreas Vesalius, meanwhile, in drawing on his corpses, his theories are more loyal since they draw on human flesh. Thus, the history of anatomy came to be divided in two: pre-Vesalian anatomy and post-Vesalian anatomy. Having said that, we are entering a period when there was a veritable policy of “bodily pedagogy”²⁴ and its consequence, the creation of the concept of organic illness.²⁵ In other words, the guilty party in the

disturbance is the organ that is malfunctioning. Hence the necessity of its extermination.

Having said that, this movement that got under way with the opening of corpses would have been simple if other discourses had not come to meddle in this pedagogical and ideological politics with respect to this body. The religious discourse that drew inspiration from the breach that had been opened saw in this the possibility of controlling the sexuality of the subject. Under the cover of “good health”, this control²⁶, which has been analyzed at length in the writings of M. Foucault, would reach its culminating point in the nineteenth century, and with the invention of the hysterics, as the intelligent formulation of G. Didi-Huberman has it.²⁷ The following celebrated formula from Leriche, “it is life in the silence of the organs,”²⁸ cannot help but leave the psychoanalyst in interrogative mode. As Paul Laurent Assoun has underlined²⁹: in psychoanalysis, does not the silence of the organs refer rather to frigidity? In effect, in the background a bourgeois social organization was being imposed whose goal was to bring sexuality into line, to control it and put it in the service of procreation. And the means of production became unavoidable, making way for the developments of capitalism. Nonetheless, the imprisonment of sexuality, as Michel Foucault has demonstrated, does not only come to exhibit the ignorance of its theories, it also comes to show their will to circumscribe the discourses on sexuality within a certain sphere. It is in this context that Freud exposes his theory and positions himself against “biological science,” against “religious morality,” against “civilized morality,” and ultimately against a social order that only tries to broach sexuality from the angle of suppression and its regulation by various corporeal practices. His writings follow this logic of dissidence, and hysteria is just the starting point of this logic.

The body will continue to be dissected, sounded out, manipulated, and named by medical knowledge, since those who seek to master it seek to master it totally. If we pursue the developments proposed by Cortine and Corbin³⁰

in *Histoire du corps*,³¹ 1, 500 pages dedicated to tracing out these mutations, with Descartes a great influence in the history of the body would come to crystallize the idea of a dualism, in which the body is separated from the soul and represented as a machine, confined to the status of the slave of reason. Sensoriality and the imagination are condemned to be our errors, and the sign of our weaknesses will have to be eliminated from any construction that seeks to be a learned construction. This is a surprising observation that we find becoming actualized once gain in certain currents of modern thinking about the body³², and which techniques of perfectibility and of “enhancement” provide an example of. In other words, it is on the basis of this “mastery” and the possibility of learning like a machine that the present-day techniques stem from it. Thus, in this mutation, besides its traditional role of care, medicine is operating beyond the field of illness, today developing a new mode of producing knowledges and practices with respect to the body. Technical omnipresence leans on the current image of a medical technician who is capable of ascertaining, of remodeling, but also of enhancing the body’s “performance.” Will the hysteric, she who is eternally unsatisfied, she who complains about what she has and desires what she does not have, ever find here the possibility of her action?

The Body Fetish

If there does indeed exist a body that upsets the social dimension and puts it to the test, then it is well and truly the female body. This female body is a body of permanent transformations. It is conceived of as the locus that serves the scene of castration anxiety. In effect, the female body intrigues and fascinates. It is a body where several battles are carried out. It thereby becomes a formidable partner of discontent.

It is upon this effect, prompted by the sight of the woman’s body, that Freud in his text on “Fetishism”³³ focuses his attention on castration anxiety and its consequences in the boy in a society that is dominated by strategies of

avoidance faced with the sight of the female body. It is interesting to recall that the fetish is the substitute for the woman’s absent penis, and more precisely the absent penis of the mother. It is through this process of averting his gaze that “the boy refused to take cognizance of the fact of his having perceived that a woman does not possess a penis.” This is a reality that is all the more painful for the body given that, “if a woman had been castrated, then his own possession of a penis was in danger.” In order to avoid encumbering himself with the faintest recognition, there is nothing for it, thinks the boy, but to find strategies in order to be rid of his fear, “and against that there rose in rebellion the portion of his narcissism which Nature has, as a precaution, attached to that particular organ.”³⁴ It is because the threat is a sizeable one that the mechanism of disavowal will be employed in order to maintain on the outside (the reality that is testified to by the visual perception of the opposite sex) the trace of the psychical conflict on the inside (the anxiety about castration). The psychical movement, which is summarized by Octave Mannoni in his famous formula: “I know full well, but all the same...,”³⁵ contains within it the recognition of this reality, “I know full well...” at the same time as the guarantee of a narcissistic integrity that is threatened by his sight, “...but all the same.” If I am underlining this psychical strategy in the boy it is so as to engage us all the better in the approximation proposed by Freud himself between the male’s castration anxiety, fetishism, and the social field. In bringing the three together, the father of psychoanalysis cites the example of the binding of the feet of Chinese women, a concrete example of a kind of fetishizing of the female body. In effect, in this practice of the mutilation of the feet of Chinese women, which became an object of collective adoration, as though it were a “thank you” to female submission, we meet a further “variant” of fetishism.³⁶ Returning to this example, P. L. Assoun reinforces the sexualized dimension shored up in the social system, developing it as follows: “a certain conception of woman’s

beauty, of which the foot that has been 'mutilated' in this way (in the eyes of the Western observer) organizes a veritable erotic 'cult'. This is an (infantile) strategy that clearly illustrates what becomes of a construction of the collective on the basis of individual childhood sexuality, since "the signification acquired on the plane of the description of the 'individual' logic of perversion allows for a deciphering of the unconscious secret of an 'institution' that draws its mystery precisely from a secret 'gain' that is intelligible to the observer in a different way." It is that this social system "of 'barbaric' appearance", as Paul Laurent Assoun adds, "is experienced by those concerned as the sophisticated sign of a civilized refinement" and will find "its meaning in a social 'economy' of jouissance and of sexual relation."³⁷

A good many other practices may be mentioned as a sophisticated manner of "socializing" the double movement – recognition of castration and the disavowal of the same, a double movement that is anchored in traumatic childhood amnesia, and transferred onto the woman's body. I propose to analyze the practices of plastic surgery that are inscribed into this same necessity of the fetishizing of the female body that is present in the footings of a society that is dominated by "phallic" quests. Nonetheless, in saying this, another question immediately comes to light in relation to the behavior of women themselves in such a context, because it should not be forgotten that the recourse to plastic surgery is often a female mode of consumption. In other words, in this (social and medical) fetishizing of the body of the woman, we find again the woman herself as its best ally.

Aurore

Aurore comes to see me following a state of narcissistic collapse. She will only be able to put words to this state much later, referring to the sense of a brutal awakening, as though she had been in a state of deep sleep. Regarding this, she will tell me, "time has passed and I have become aware of it."

The first moments of her sessions are often silent, but her gaze and her gestures are intense. This woman, who is rather beautiful, and who in a first phase catches my attention with her charming voice, has a gaze that appears to be attenuated in a form of absence that removes her from what is going on around her. She seems to me to be so present and yet so absent. She speaks to me, but when I am listening to her I am unaware of where she is, and what she is doing with herself. Is she taking shelter from herself? Her elements elude her narrative and I cannot help but measure the scope of her difficulty.

In her first session, she tells me that for some time now "nothing has been going right." She is surprised at how she has been forming little allergies here and there, without really knowing why. But above all, she has the impression of a great fatigue that is overwhelming her more and more. At this time, Aurore is still capable of making associative links with this sensation of tiredness. It is the sense of no longer recognizing herself and the impression that everything is collapsing around her that is pushing her to come to see me. However, "I have everything I need to be happy", she tells me. She is surrounded by a husband whom she says she loves and who brings her great material comfort. She has two children in good health, and a full social life. She is well surrounded in her life, Aurore tells me, but she has the impression that she is no longer there.

What strikes me when I am listening to Aurore is her capacity to efface herself, as one wipes the data from a hard disc, like a way of making a clean slate, and moving on. This is the most worrying thing for me in Aurore's narrative. This sense of being in shelter from herself, which anesthetizes her pain, her emotions, and her feelings, is like a protection. At the end of a few sessions, I still have the sense of not knowing anything about her. Who is this woman who speaks to me without giving me any impression of actually being there? Aurore comes to her session, the upper part of her body held very straight, her handbag slung over her shoulder

and tight against her hip, always in the same way. Sometimes her voice varies under the emotion. But nothing can be said about it, even if I ask her to speak about these moments when life has become so heavy that she has had to escape from it. Aurore does not know what to say about it. Similarly, in the first sessions very few memories stir her psychological space and the sessions will often be filled with silence. When finally she feels reassured, a memory will occur to her that brings her out of her usual way of speaking. The memory concerns an event that knocked her sideways a few years ago, an event that she has completely forgotten. She discovered that her husband was having a love affair with a colleague at work. She who had always been so careful to keep up appearances and who is recognized as a tranquil and balanced woman was knocked sideways by this. She thought that it would never be able to happen to her. For a few days, everything was collapsing around her. An unbearable sense of loneliness invaded her, the same sense that had accompanied her throughout her childhood, from the time that Aurore felt she has been “left behind” by her parents. She speaks of an idealized mother, who was both sad and distant. A father of whom she says very little was always absent, working hard in order to make the money to give to his children the life that he had never known.

During her entire childhood she thought that the lack of interest that her parents showed in her could only be due to her. She thought that she was not doing enough to attract her mother’s gaze or to seduce her father who was too busy making money. This memory calls forth another one. She mentions a childhood friend. This friend, who became her best friend, used to wear clothing that was admired by all, and she lived in a large apartment that was full of beautiful furniture and works of art. She also had parents that Aurore dreamed of having. Identified with her father, Aurore constructs in this way her ideal of a happy and fulfilled life. This was the life that she wanted. After having found a husband who guaranteed this life for

her, she thought that she has succeeded, but now nothing is sure any more. She has the sense of having been caught in the trap of her own wishes, the pressing necessity of which has come undone. Following the thread of her associations, her vision as a child and then as a woman deprived of any interest, first by the scorn of her mother, then by the disinterest shown by her father, and then her husband, come to the forefront of the stage. For some time, she has also been thinking that she does not feel right in her women’s clothes, projecting upon them her own sense of discontent. This is the condition of woman, which represents for her a constant and painful problem, and this has been the case since she first had consciousness of herself.

When she discovers her husband’s betrayal, a sense of dizziness overcomes her. A “scenario,” or other, older, scenarios, will come to be laid out in their wake. Could one think that, for her, her husband would have come along as a substitute, as a cover that masks the suffering of the little girl she once was, and whose *passage à l’acte* exposes her to her unveiling? It is at this moment that Aurore turns to prostheses and plastic surgery. First of all, she has mammary implants put in to reshape her breasts. Next, caught in a rush, she multiplies the interventions, here and there, on her body and on her face.

At the time of her unveiling, revealed by her situation with her husband, ancient conflicts come back to the surface. But in a defensive movement in the face of this unveiling, these conflicts will be reworked and avoided. This time, it is the use of plastic surgery that presents itself as an ideal. Is it this same impossibility of gaining access to the conflictive kernel and the recognition of her lack that leads her to cling onto the prostheses and transformations to her body? This is a line of recourse that leads me to think in terms of a fetishist solution, given the risk of the emergence of a psychological collapse. Aurore did indeed say that her prostheses and the various interventions on her body gave her the impression of having “saved” herself, as though what was at stake was the young girl who seemed to have victoriously left behind her

infantile distress, even if it was at the cost of a disavowal, and in deference to the social system. In her text “La relation fétichiste à l’objet,”³⁸ E. Kestemberg develops the idea that some patients are able to turn to fetishistic solutions in the aim of treating their anxieties. These strategies are shored up by supports that are exterior to the subject, and which are fed by early experiences with the mother’s body. For this author, these experiences borrow their forms from elements that took part in the phase of primary narcissism, when the child’s experience of autoeroticism is inscribed into a non-differentiation with the maternal object. These patients remain attached to an impossibility of conceiving of the loss of the object and, as a consequence, of fully inscribing themselves in differentiation. This type of narcissistic relationship with the object will not function as a mirror, but functions instead as though the existence of the other or of these substitutive objects that are localized in outer reality were to guarantee for the subject his or her narcissistic integration. This is conveyed by a modality of liaison with the object that supports the fantasy of maintaining oneself in permanent “fusion” with the mother’s body. Was this one of the effects, for Aurore, of a confrontation with a depressed maternal imago that failed to satisfy her need to be shored up, a support that was necessary for her to come to terms with Oedipal complexity? This is what her recourse to prostheses and plastic surgery covers over.

By leaning on these hypotheses, I think that fantasies of this type have been decisive in the construction of fetishistic solutions in Aurore. The use of prostheses created in her a condensation of fantasmatic contents that enable her to “feel superior,” as she herself said. For Aurore, the recourse to plastic surgery is constructed upon the fantasy of *being* the phallic object, and not in the feminine phallic quest of *having*. These external objects added to her body: the breasts, the buttocks, the mouth, and so on and so forth, will become fetishized objects and the conditions for a choice of object that is attached to the maternal object, which in this way has still been preserved and idealized.

Time passed by. One day Aurore reacted with great anxiety, produced by the rage and the disappointment that until then had found refuge in her machinations. She arrives at her session. She has been knocked sideways without knowing how or why. It happened in the wake of an argument with mother. Yet the argument only lasted a few minutes. Aurore feels great anger, however. She who never complains, she who always says that she is ready to lend a hand, tells me: “never would I have thought that analysis would turn me into an angry person. This is unbearable for me.” She thought that by coming here she would be able to calm herself down, to console herself, and that I was going to teach her to say the words that had to be said, in the right way. This is the thought that knocks her sideways, that she is now able to get back in touch with her childhood rage, which has now been transferred against the “disappointing analyst mother.”

Aurore’s treatment shows her avoidance, in deference to the social discourse and medical practice, of the confrontation with fantasies and with the conflicts that are specific to the construction of female sexuality. Her fixation to the position of a *seeming* in the place of *being* is constructed as a hysterical attempt to spare her psyche any suffering attached to her disappointment as a young girl. Having said this, the frequency of this type of practice in women thereby invites us to examine the specific stakes of female sexuality that lie in the shadows in such situations. The valorization of physical appearance presented as an ideal is not a new fact in those authors who are concerned with the new trajectories of hysteria, but while previously these machinations passed into an individual dimension, it is nowadays being displaced from the private domain to the collective domain. In this sense, I agree with S. Lepastier when he asks himself whether we might not be witnessing new forms of hysteria..., but this time collectively.³⁹

Hysteria crystallizes the individual and the collective in an “intemporal” way since its plasticity, linked to its adaptability, allows it to survive in different eras by advancing “masked”,

following the example of the men and women who turn themselves, unbeknownst to themselves, into *duped word bearers*.

Furthermore, this might lead some to think that hysteria has disappeared, when in fact its *form of being* has rather transfigured, in keeping with

the spirit of the times. When all is said and done, the recourse to plastic surgery as a means of “fulfillment” (a term that is also employed in anti-wrinkle aesthetic medicine), or “enhancement,” are new hysterical modalities of adjustment against castration anxiety.

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Notes:

¹An international phenomenon, the use of prostheses and the recourse to plastic surgery have become a social norm, especially in Brazil.

²Assoun, P.-L. (1993). *Freud et la femme*. Paris: Petite Bibliothèque Payot.

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- ⁶Bollas, C. (2000). *Hysteria*. London & New York: Routledge.
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- ¹³*Ibid.*, p. 257.
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- ¹⁸*Ibid.*
- ¹⁹Assoun, P.-L. & Zafiroopoulos, M. (2006). *Psychanalyse et Sciences sociales : universalité et historicité*. Paris: Anthropos.
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- ³²This observation is also bringing happiness to the trans-human movements that have been very active in the United States.
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