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EXPERIENCE BEYOND THE IMAGINARY:

Reading Freud's
"Elisabeth von R."

with Lacan's
"The Mirror Stage"

JEFFREY McCURRY

While many read Lacan as a structuralist who sought to overthrow the authority of first-person conscious experience, his work also has resonances and affinities with a broadly phenomenological approach to psychoanalysis. This connection comes into focus when we bring Lacan's concept of the imaginary stage into dialogue with Freud's early work on hysteria. Lacan implied that the imaginary stage, while necessary for human development, nevertheless frustrates a significant dimension of being human, viz. the human being's internally conflictual and contradictory experience that calls into question the very idea of a unified self or subject. When we read the early Freud's work, we find that he is attempting to liberate the hysteric's self-experience from just this kind of imaginary illusion of unified selfhood that would restrict and even denies the vicissitudes of subjective thinking, feeling, and desiring.

Experience Beyond the Imaginary: Reading Freud’s “Elisabeth von R.” with Lacan’s “The Mirror Stage”

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“**T**he Mirror Stage as Formative of the I Function as Revealed in Psychoanalytic Experience” might be the most famous paper Jacques Lacan ever wrote.¹ My paper explores one—but only one—way of taking up the insights of this rich text in order to show an interesting convergence of theme with Freud’s early case study on the hysteria of Elisabeth von R. The convergence concerns, in particular, the question of self-experience, indeed the experience of being a self at all.

In his famous and brief paper Lacan (1949/2006) speaks of “the I function in the experience psychoanalysis provides us of it” (p. 75, original emphasis). Psychoanalysis is an experience that gives a new experience of selfhood. That said, what does psychoanalytic experience reveal about the first-person self? It reveals that the I is an “identification” with an image of oneself first attained during the mirror stage, but continuing throughout life

(p. 76). For Lacan, this identification happens early. The infant’s self-experience, if we can even speak of it, begins in a maelstrom of chaos, multiplicity, and discontinuity of his or her embodied and rudimentary thoughts, feelings, and wishes. In the midst of this storm of felt experience, the infant discovers, in theory by seeing his or her image in a mirror, that he is one kind of entity—and not many. He or she “assumes an image” (p. 76) of a unified self that the mirror reflects to him or her.

Yet, just because original spontaneous experience is multiple and discontinuous, this mirror-image of the self that purports to say that the self is one, “situates the agency known as the ego, prior to its social determination, in a fictional direction” (p. 76). The fictional character of the ego, of the personal conscious sense of being one unified agent of thought, feeling, desire, and action, of one’s very self as a seamless I, will always be in “discordance with [the person’s] own reality” (p. 76) in its

1 I am deeply indebted to my teacher and friend Bruce Fink for helping me to understand Lacan. He is not, of course, responsible for the content of this paper.

multiple, chaotic, discontinuous experience—a grammar of experience that is present not only in human infancy. Thus, the image creates in the beginning, and goes on creating throughout life, what Lacan calls an “alienating destination” (p. 76) for the subject. This image of oneself as a seamless I or self seduces the subject into positing the “organic inadequacy of his natural reality” (p. 77) and then fleeing it. This inadequate organic reality just is the experience of the “fragmented body” (p. 78) that the ego denies and represses when it creates the I and the self-image or self-concept we have of ourselves as an I, as one kind of entity. Hence, again, we have what Lacan calls “the alienating I function” (p. 79). He thus unmasks “the function of misrecognition that characterizes the ego”—a misrecognition that enforces “imaginary servitude” (p. 80), i.e. servitude to the imaginary, domination by and subordination of the discontinuous and multiple and chaotic moments of spontaneous thinking, feeling, and desiring, to the imagined unity and character of the self.

Lacan’s understanding of the imaginary, then, has to do with the issue of human self-image, self-understanding, in particular when that image or understanding posits the self as a unified, seamless, internally cohering entity. This concern with self-image or self-understanding converges interestingly with work by the early Freud, the Freud whose work Lacan so appreciated. Lacan’s notion of the imaginary, in this case, is a convergence with Freud, and Lacan is, here, a kind of Freudian. What do I mean?

In the case studies on hysteria, Freud (1895/2000) is significantly concerned with conscious experience. Indeed his work has a phenomenological dimension: he clarifies certain essences of psychological experience for his patients, i.e. how they qualitatively think, desire, and feel in their own first-person subjectivity. Nevertheless, Freud is not merely a phenomenologist: he goes further

than just reflection. For he believes that patients come to experience painful neurotic symptoms because they refuse certain of the moments of concrete, direct, immediate experiences he has phenomenologically noted. Neurotics resist and repress these moments of experience that prove too dangerous to their self-image and self-understanding—they are too sexual, too aggressive, too novel, too disruptive, too self-questioning. The paradox Freud points out, however, is that neurotic symptoms find a cure only if we acknowledge and embrace just these kinds of dangerous subjective experiences. Moreover, doing so means that we must embrace a kind of selfhood, or self-experience, that goes beyond any kind of unified self-image.

Freud’s diagnosis is that the pathogenesis of Elisabeth von R.’s symptom was her refusal of an immediate and spontaneous desire. She experienced an untoward desire that she then, in turn, almost immediately refused to allow to remain in her conscious experience: a sexual desire for her brother-in-law and an attendant gladness that her sister is dead so that her brother-in-law is available as an object of romantic attention. However, as his experience with neurotics was teaching him, Freud had begun to learn that we humans cannot unwish a wish, or unfeel a feeling, or unthink a thought—try as we might! When a conscious thought, feeling, or desire is so repugnant to us that we cannot allow ourselves to retain it in consciousness, our only option is to repress it. But we humans are also bad at repression—indeed we find it impossible—and so there is a return of the repressed in the form of an initially unintelligible symptom, one usually psychosomatic in the case of a hysteric neurotic like those Freud was treating in his Vienna.

But why is there in Elisabeth, as in all of us, the desire, the impulse, to repress a conscious moment of experience in the first place? We repress moments of thinking, feeling, and

wishing that are intolerable to self-image, to self-understanding. She and we fold the current of conscious experience violently against itself and repress it into the unconscious, from whence it returns painfully as a mysterious, physiologically inexplicable symptom.

Let me try to parse the situation out by engaging Freud's own words. He tells us that Elisabeth is a young woman with feelings, desires, and thoughts of love: "Here, then, was the unhappy story of this proud girl with her longing for love" (Freud, 1895/2000p. 143). Yet there is also jealousy and envy, for Elisabeth feels "the contrast between her own loneliness and her sick sister's married happiness," a contrast that was "painful to her" and that gave her "a burning wish that she might be as happy as her sister" (p. 151). When her sister dies, though, Elisabeth immediately suffers from excruciating leg pains that prevent her from moving. She is not forthcoming about why she cannot walk. Indeed she is herself, initially, truly unaware of the cause. Hence the mystery: a young woman who wants to love sees her sister dead, a sister whom she envied for her enjoyment of the kind of love Elisabeth wanted, and now Elisabeth cannot walk. Elisabeth herself, we might say, has died to some degree too through becoming immobile and corpse-like.

Freud wants to solve the mystery. To do so, he enforces the rule of free association on Elisabeth, a rule according to which "she was under an obligation to remain completely objective and say what had come into her head, whether it was appropriate or not. Finally, I declared that I knew very well that something had occurred to her and that she was concealing it from me; but she would never be free of her pains so long as she concealed anything" (p. 154). Freud speculates that she had experienced some wish, feeling, or idea that she had then repressed and somaticized in the form of leg pains. In our terms, she had suffered—

in the sense of undergone and undergone painfully—an experience that she did not want to experience. She had an experience that she tried to refuse. This experience was so intolerable that she arrested her experiential current to eject the proleptic experience out into the unconscious, from whence it returned as the psychosomatic symptom. But what was the experience exactly?

The upfront experience was her wish to possess erotically and romantically her brother-in-law, who was free now that Elisabeth's sister was dead. This theory is not only Freud's speculation: through free-associative remembering, Elisabeth finally admits it, although not comfortably or willingly. She remembers more or less consciously that she once took a walk with her brother-in-law, in which "She found herself in complete agreement with everything he said, and a desire to have a husband like him became very strong in her" (p. 155). But the traumatic experience comes later as she sees her sister's dead body. When she comes into the bedroom where her sister's body was laid out, she "stood before the bed and looked at her sister as she lay there dead. At that very moment of dreadful certainty that her beloved sister was dead . . . at that very moment another thought had shot through Elisabeth's mind, and now forced itself irresistibly upon her once more, like a flash of lightning in the dark: 'Now he is free again and I can be his wife'" (p. 156). She has an ever so brief moment of wishing—lust and love—toward her brother-in-law, which is so horrible to her that she immediately rejects it and ejects it—so she thinks—from the stream of her experienced consciousness. Therefore, there is an experience, an erotic wish, which Elisabeth seems unable to directly experience because it conflicts with her image of herself and her understanding about what kind of person she is and should be.

But what if, just here, it is not this wish that is what is most pathogenic for Elisabeth?

What if it is her self-image, her self-understanding, the sense of herself that is dear to her that is really the problem? We might think that Elisabeth's strong stake in sustaining her image of herself is the problem, because without this self-image her desire for her brother-in-law might have been tolerable to her. Elisabeth sees herself as a moral person, as someone who would never think of becoming romantically involved with her just dead sister's husband. As Freud writes, "The girl felt towards her brother-in-law a tenderness whose acceptance into consciousness was resisted by her whole moral being. She succeeded in sparing herself the painful conviction that she loved her sister's husband by inducing physical pains in herself instead . . . her pains had come on, thanks to successful conversion" (p. 157). In order to retain her moral—or moralistic—self-image she has to eliminate from consciousness her libidinal desire to possess her sister's widower when her sister's body is not even cold. In psychodynamic terms, two forces are motivating her—the wish for her brother-in-law and the wish to be the kind of person who would never wish for her brother-in-law—and she is caught in the middle with only a symptomatic road to go down to solve the conflict.

Nevertheless, it bears mentioning here that the wish itself is not the primary threat; nor, perhaps, is the danger to her self-image. The most profound threat Elisabeth fears may be her own multiplicity and discontinuity of experience. She cannot tolerate her untoward desire(s) because to tolerate them would mean that she is 'the kind of person' who has such desires. Moreover, if she is that kind of person, then she is only that kind of person. That is, if she is one and only one person with one and only one trajectory of wishing, feeling, and thinking that has to operate in a coherent, continuous way, then she is, in fantasy at least, a horrible person, so horrible that she cannot admit it to herself.

At this point a full discussion of symptom-formation would need to happen, and a detailed investigation of the process of therapy. But I want to focus on a particular dimension of the cure. For Elisabeth is, at one level, making what we might call an ethical choice, a choice to refuse to experience her experience.

For, eventually, a breakthrough or healing came: "the girl's wish, of which she was now conscious" (p. 159). Her wish, once conscious, then repressed and unconscious, is now felt as a wish among wishes, an experience among experiences, along and within the fullness of her flow of consciousness, where experiences can come and go, rise and fall away, as they will when left unhindered in their vicissitudes. The cure happens through a paradox: while "we are not responsible for our feelings," (p. 157) we are responsible for feeling our feelings, wishing our wishes, experiencing our experiences, however unpalatable to the self-images we cherish.

Here is Freud's ethics of life, his ethics of experience: we often need to experience our experience even when it seems safer not to do so. Yet the ethics of directly experiencing experience is profoundly difficult. We can listen to Freud as he describes the process of Elisabeth von R.'s coming home to her desire: "the recovery of this repressed idea had a shattering effect on the poor girl. She cried aloud when I put the situation drily before her with the words: 'So for a long time you had been in love with your brother-in-law'. She complained at this moment of the most frightful pains, and made one last desperate effort to reject the explanation: it was not true, I had talked her into it, it could not be true, she was incapable of such wickedness, she could never forgive herself for it" (p. 157). While the pains did seem to dissolve, a different pain would never dissolve: the pain of coming to know oneself as a person who has untoward (but still very human) desires alongside so-called moral desires. Here is where the pain

of the symptomatic leg ache has to be transformed into the more direct pain of what we might call being human. This process is necessary if we are to attain Freud's idea of psychic health—experiencing the full texture of our experience—but it can be hellish because one's—often moral—self-image is called into question. Elisabeth had to accept that she was the 'kind of person' who desired erotically and romantically her brother-in-law when her sister had just died.

As a human being, she had to recognize that her phenomenological stream involved profound sexuality and aggression. While Freud would focus on aggression later in his work, it is not too much to say that we see here a sexual and aggressive victory on Elisabeth's part. Her sister is gone, and Elisabeth is glad, for now her brother-in-law can become her husband. For a proper, moral, even moralistic person like Elisabeth, coming to terms with accepting this phenomenology of her experience means coming to terms with phenomenological essences, such as sex and aggression, which may not be pretty. Few people want to think of themselves as feeling jealousy, envy, or death wishes, especially toward those they love. Nevertheless, Freud says that these are precisely the wishes and feelings we feel and repress into the unconscious. Moreover, he insists, we have to feel them directly and fully if we are to keep up our psychical health. The first dimension of sustaining our psychic health is continuing our participation in the immediacy and continuity of our spontaneous stream of experience, and we can only do so if we are willing to embrace the concrete content of that stream of experience directly.

Furthermore, beyond coming to terms with the facts of what she thinks shameful, sexuality and aggression, she has to come to terms with another fact. For she has been making an even more pathogenic choice to be one and only one 'kind of person'. For Elisabeth von R., her self-image, her self-

understanding, as a particular kind of unified person is itself the problem. Neurotics need, in certain ways at least, to become less in touch with the imaginary illusion of their self-unity. Thus Elisabeth's desire for her brother-in-law is not her only fantasy. Her self-image as unified and coherent, as one and only one kind of person, is also a fantasy. It is this fantasy that fundamentally and primarily punishes her, that is the engine of her resistance to her sexual and aggressive experience, and that is the cause of her symptomatic pain.

Thus while Freud emphasizes difficult, dangerous dimensions of the human being's lived experience of consciousness's vicissitudes, such as aggression and sex, the most dangerous essence of experience may be the conflictual, fragmentary totality of the experiential flow itself—or, perhaps better put, flows themselves. Freud's aim, that is, was not only to lead us to experience or embrace our sexual or aggressive feelings, as if that was the end of it. His broader mission was to restore us humans to an existence in which we could more capaciously embrace and sustain the whole gamut of our experience—to feel all our many feelings, to wish all our many wishes, to think all our many thoughts, good, bad, and neutral simply because they happen and are ours. That is, Freud invited Elisabeth to return to the always already present, but often resisted, stream of her multiple, chaotic, self-contradictory, and discontinuous experience that defines human life. This picture of human being stands in contrast to any sense—in Lacan's terms any fiction—she has had of herself as one unified, coherent, seamless kind of person.

Freud's treatment of Elizabeth was an attempt to liberate her from imaginary illusions of unified selfhood that constrict the often anarchic vicissitudes of her real concrete flows of experience. Freud tries to liberate her from a problematic, pathogenic imaginary 'capture' that traps her so she can acknowledge and embrace, in some sense, all her experiences—

all of her thoughts, feelings, and wishes—for the first time. She has always experienced multiply and chaotically and discontinuously, but only indirectly. The cure for Elizabeth is to learn to live beyond a unified but false self-image that has forced to deny and frustrate her multifarious, differentiated, disconnected feelings and desires so that she can live out her conscious experience directly for the first time instead of repressing dimensions of it into the unconscious. She embraces experience's fundamental logic(s) at an epistemic and existential level. Conscious experience is discontinuous, incoherent (it does not cohere), and conflictual. Freud brings Elizabeth to a place where her subjective experience (beyond an imaginary self, so to speak) is consciously conflictual and differentiated in its many flows, all of which are irreconcilable into only one self-image of 'the kind of person' she is. For she is many and different.

Returning to Lacan, I hope the reader has sensed the convergence between Lacan and Freud this paper has tried to make visible. Lacan shows how a baby must pass from an original, fragmentary real into the imaginary in order to begin to be a subject at all, but he also hints that this imaginary stage alienates us from dimensions of being human that fundamentally define our original and ongoing body-experience. For Lacan, we have to learn to live within and after the mirror-stage, to be sure. However, his work also raises the question whether the imaginary and so-called unified self—which would be a self without experiential conflict, difference, contradiction, and discontinuity of thoughts, feelings, and wishes—that is dependent upon the mirror-stage or mirror-phase in turn presents its own problems to human thriving. Does imaginary capture, because it is fictional and alienating to embodied experience, also diminish us psychically?

In a way resonant with Lacan, Freud shows how Elisabeth von R. has to learn to

live a life beyond the imaginary, beyond the unified image of herself as one kind of person that she has assumed. For such an image is fictional, self-alienating, neurosis-generating. Paradoxically, one gets to know oneself, who one is, when one lets go of the notion that one is one, that there is one self to be experienced, acknowledged, and known, and lived.

In conclusion, I do not mean to claim that Freud's and Lacan's work are identical, or that they make the same points in the same way. Nevertheless, while both seem to imply that we need a unified self-image in at least some sense, both also seem to diagnose the pathogenic character of such a unified self-image. Their work invites us to think about ways that we can resist being completely dominated by myths of self-unity. In doing so, Freud and Lacan offer us the possibility to tarry a little more loosely in the realm of the imaginary, in the images that we inevitably hold of our selfhood—and perhaps that of others as well. Such tarrying would entail a more difficult existence without the securities of knowing who we are. Even so, such tarrying might also entail a more generous, forgiving, and curious attitude to ourselves and to others.

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