

THE QUESTION OF DIAGNOSIS IN THE CASE OF A SUICIDAL YOUNG WOMAN

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'My father loves me too much'. With this sentence a young girl of eighteen, we will call Lea, seems to sum up her interview with Geneviève Morel, at Lille Hospital.

Lea goes to a local secondary school and is studying literature for her *baccalaureat*. She looks like any other girl of her age. She wears make-up and styles her hair. She is interested in advertising, marketing, drawing, and goes out with boys of her age (they go to bars and discos at night, commit minor robberies in shops...). But when we saw her, Lea had recently attempted to commit suicide, which led to her hospitalisation. During the interview, she shows us her wrists, which are itching, and the inside of her arm, which is bandaged. She can't stand life any more.

What this young girl teaches us during the interview, allows us, beyond simple appearances, to unravel the thread of a singular story and poses the question of diagnosis. At first sight, the hypothesis of hysterical neurosis seems probable but not convincing. Could this not be a case of psychosis under hysterical appearances? If, however, we stick to appearances, with a purely psychiatric approach, we may miss the real structure of the case. At the beginning of the century, E. Bleuler advised us not to elaborate a diagnosis too quickly: 'If stupidity, auditory hallucinations, disordered ideas or other signs of an authentic psychosis can be revealed, then the diagnosis is easy of course. But in less obvious cases, hysteria and neurasthenia cause problems in diagnosis because a mild schizophrenia can, for a long time or permanently remain hidden behind nervous symptoms.'¹ Lea's diagnosis is not simple and this is what makes the case interesting beyond the subject's singularity. The material we have is composed of some elements that can be read as neurotic phenomena and others as psychotic. They can be read either according to the Oedipus Complex, or outside the Oedipus Complex. So, what about her structure? We propose to study the case first as a hysterical structure and secondly as a psychotic structure.

IS IT A HYSTERICAL STRUCTURE?

Lea can no longer stand her father's love. He is violent, invasive, and depends on his second daughter (Lea has a twenty-three year old sister, who has left home and another sixteen-year-old sister). 'I will kill myself if you leave me' he threatens, or else: 'If you go away, you'd better go far away, because if you don't, I'll kill you and I'll kill myself'. Her mother died of blood disease a few years ago. She has very few memories of her. She was nine when her mother who was already ill, came back from a long stay in hospital. Although she was looking forward to seeing her, she could no longer recognise her mother; she was 'distant', 'absent', 'ugly', she says, and her hair was odd. She discovered later that it was a wig. The mother who had come back home was a stranger and she couldn't show her any sign of affection. 'I was horrible to her, I hurt her, I rejected her'. After her mother's death, she couldn't, unlike the others, show any sign of emotion and preferred to shut herself away in the attic. She seems to feel very guilty about these moments. She locates the beginning

of her depression at her mother's death. The family doctor advised her to take tablets, she took Stilnox and Lexomil.

Her relationship with her father also began to become conflictual at this point: her father became extremely violent and demanding, and got very angry with her when she went out. Before her mother's death, the closeness of this very loving father 'didn't bother her'. Now, she is divided between the desire to leave the family home and not wanting to hurt her father, who arouses her pity. She says she is 'divided' between these two thoughts and subjected to 'mental torture'. She recounts a recent quarrel they just had just before Christmas: she went to visit her friend, he phoned her to tell her that he would come to take her home, she agreed, she waited for him, he arrived, she no longer wanted to go with him, he wanted to break everything with a tool... They led each other an infernal dance in which each made the other suffer. Seducer and seduced in turn, had Lea then taken her mother's place, an impossible place to assume?

She says a number of things relating to apparent attempts to seduce her: there was an incestuous uncle who came to comfort her when she had shut herself away in the attic, her brother in law also apparently made advances and, of course, there is her father's behaviour, which she has, on a number of occasions, found suggestive, even if she doesn't say so clearly and denies having imagined 'going any further with him'. She feels she is the object of seduction in the family home, although we may wonder whether these seductions are phantasmatic or not.

As to other men, she has gone out with many boys, always chosen according to physical criteria: but after be it three days or three weeks, these relationships inevitably end. She leaves them as soon as they are in love with her; she can't accept 'the idea of a couple'. Can we then say that the couple she forms with her father is a barrier to any other love relation? She does, however, have loving though not sexual relationships with female friends, one at a time so that they can be truly passionate. At the moment she is in a couple with a classmate who she says she truly loves, even if she behaves badly towards her and makes her cry on purpose. Adolescence is a favourable period for identification and homosexual love whether acted on or not, before a heterosexual choice is made. The chosen friend of the same sex, whether a mirror, or a receptacle, or an object, plays an essential role.

In order to put an end to her relationship with her omnipresent, overly tender and overly violent father, and to her inability to leave him as well as to her guilt at wanting him dead, Lea tries to commit suicide and then accepts to go to hospital 'so as to stop making my father and my family suffer' she says. Love and hate for an impossible couple... Will Lea, we wonder, succeed in leaving her father and pursuing a career she hopes will be rich and fulfilling in advertising or in psychology, in order to help both herself and others in an attempt at reparation?

IS HER STRUCTURE PSYCHOTIC?

Her lack of identification is striking. 'Identification,' says Freud, 'is known to psychoanalysis as the earliest expression of an emotional tie with another person. It plays a part in the early history of the Oedipus Complex.'² There is no identification with the 'unary trait' (*trait unaire*), that is, no signifying identification: Lea's taste for drawing and advertising comes from nowhere, from nobody. Her father is a workman and likes gardening whereas she doesn't. She remembers no particular trait of her mother's, no special moments with her. Just a pleasant dream in which she goes

shopping with her 'it was cool...' she says. She shows neither pleasure at her mother's return from hospital, nor pain when she dies. Can we then say that it was the fulfilment of her desire that her mother should not come between herself and her father that led to the overwhelming *jouissance* of a relationship with her father, who was both horrible and marvellous?

Lea thinks she is a monster: she made both her mother and her father suffer. In order to get rid of them, she wished for both their deaths. She also behaves like a monster towards boys whom she drops as soon as they fall in love with her. She is a monster with her best friend, whom she can neither stop teasing nor quarrelling with. All her representations are divided: good/bad, kind/nasty... She lives amid excessiveness and extremes. She can't control what it is that pushes her to behave like this, as both executioner and victim in turn. She feels she is caught up in something. She is convinced that the boys she meets love her, especially the friends of her girlfriend. She is always the object of interest. With regard to her brother-in-law and her uncle, it is again she who is loved. There is a hint of erotomania here. The point is not that she wants to take the place of a female friend or of her partner, as we see in the case of 'the beautiful butcher's wife' or of 'Dora'. Lea is sure she is loved. What might have pointed to a hysterical identification and given us an indication of a hysterical structure now seems to switch to something else. Identification is a 'highly important factor in the mechanism of hysterical symptoms'³. In 'the beautiful butcher's wife's' dream, Freud shows us that this woman takes the place of her friend 'because', he says, 'her friend was taking my patient's place with her husband and because she (my patient) wanted to take her friend's place in her husband's high opinion'.⁴ But in Lea's case, everything seems to happen on a surface level, without the intervention of repression. She is the object of the seduction of others, others who are not lacking and she has no doubt about their desire. Neither does the question of femininity 'What is a woman?' arise. Lea has only certainties.

She says she is subjected to drives that are often destructive and that also turn back on her. For instance, a minor incident, a brief quarrel with a patient in the hospital, after she had felt let down by a medical student (he didn't respond to her desire to talk to him although she had singled him out) implies something unbearable that leads her to cut her veins with broken glass. The fact of having been 'let down' by the medical student may have evoked her mother letting her down as a little girl. Her inability to symbolise the lack, to put it into words, makes her fall into a chasm.

After having been 'let down' by the medical student, in the hospital, she has a vision: through the window she sees her mother hanging in a tree, lit up by a street lamp. This horrible image appears to her crudely and very clearly, and surprises her. Then she sees an image in her head: her mother eaten away by worms in her coffin. We can call this a visual hallucination. It is this element that makes us ultimately conclude that our subject, whose problematic isn't articulated around a lack is psychotic. As a matter of fact, visual hallucination doesn't always imply psychosis but it appears that for our patient, what is 'foreclosed' about the mother appears in the real: we recall that Lea says she has no memories of her mother and that her death didn't affect her.

No signs of identification can be picked up; the work of mourning has not been done. Her mother thus appears in the real in a hallucinated form, as does castration for the Wolfman in his hallucination of his cut finger: where there is no *Bejahung* (no preliminary symbolisation) there is no repression, and the subject ejects into the real

what is 'foreclosed', which then appears as a perception. 'What hasn't come to the light of symbolisation appears in the real.'⁵

In order to confirm this diagnosis, we will have to see what happens next and how the transference develops in future treatment. It seems nevertheless that the best thing to do would be to keep her away from her family home and especially from her overly intrusive father whom she can't defend herself against and by whom she feels threatened. She doesn't want to go back home after her stay in hospital. It would be best to listen to her desire, born of the subject's truth.

The following events, related by Dr. Fleury, allow us to go further in apprehending our subject's structure. Shortly after the interview, Lea drew a childish and colourful picture of herself. Then she looked at herself: the thought 'I botched it' imposed itself on her from outside, talked in her place, and can be considered a verbal hallucination. Is this hallucination at the origin of her attempts at suicide, which she 'botches'?

Her forearms, which she shows us during the interview and which she conscientiously and immodestly scratches, don't belong to her. She says it feels like they are her mother's. To a feeling of decorporalisation is added a feeling of being invaded by her dead mother. Her mother lives inside her and itches her. She scratches her arms which are barely even hers and slashes them regularly as though under the sway of a master signifier. Her suicidal attempts then take on another dimension.

The different points made regard:

- the absence of hysterical identification,
- the absence of doubts and questions,
- the absence of any elaboration inside signifying classifications (everything is either good or bad),
- the importance of the real,
- the presence of erotomania, and
- the presence of elementary phenomena, allow us to confirm our hypothesis that this is a case of psychosis.

ENDNOTES:

¹ Bleuler E., *Démence précoce ou groupe des schizophrénies*, 1993, p. 407.

² Freud S., *Civilization, Society and Religion, Group psychology, Civilization and its discontents* and other works, Harmondsworth, the Pelican Freud Library, Penguin Books Ltd, 1985, p. 134.

³ Freud, S., *The Interpretation of Dreams*, Harmondsworth, the Pelican Freud Library, Penguin Books Ltd, p. 232.

⁴ Freud, S., *Ibid*, p. 233.

⁵ Lacan J., 'Réponse au commentaire de Jean Hyppolite' (1974), *Écrits*, Seuil, Paris, 1966, p. 388.