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Book Review Essay: “Conversion Disorder: Listening to the Body in Psychoanalysis” by Jamieson Webster

Conversion Disorder: Listening to the Body in Psychoanalysis

Jamieson Webster

(New York: Columbia University Press, 2018)

312 pp., £32.00 (hardcover), £32.00 (e-book)

Jamieson Webster opens the exquisitely-written *Conversion Disorder: Listening to the Body in Psychoanalysis* with a line that sounds not-so-distant from the biblical “In the beginning...” She asks, with serious candour: “Who has the courage for psychoanalysis anymore?” (Webster 2018, p. 1). This word, “courage,” appears more than a few times in this deeply insightful book and strikes the unassuming reader like an invocation of the subject [1] and their body into psychoanalysis, perhaps even an interpellation, in the Althusserian sense of what it means to be hailed into subjectivity. The subject and this body are hailed into the world of psychoanalysis, but not necessarily by some external figure of authority (though, to be sure, the pesky, pervasive name of the father hovers, Lacan’s *nom du père*, feeling always already both suffocatingly omniscient and psychically omnipotent). Here, rather, the subject of psychoanalysis, a subject in search of something akin to a cure, answers a call, a hailing as such that comes from within itself and emerges at/upon/through the site of the body through conversion. To be hailed into the psychoanalytic frame—or rather, to hail oneself into the demands of this fragile encounter between self and analyst—requires a kind of courage that arises precisely so that the broken bond between this “fractured body and the social world” (Webster 2018) it inhabits can be reconstituted. The invocation, however, is bidirectional, for psychoanalysis is at once a demand and a decision between two subjects, the analysand and the analyst, a demand and a decision mediated squarely by and between the bodies of both these figures. Moving from the courage that is required of the analysand to show up (oftentimes against the compendium of all the odds and stressors that bear themselves upon them), Webster continues this line of inquiry, but asks of it from the side of the analyst who chooses this seemingly, as she puts it, impossible profession:

Who has the courage to be a psychoanalyst in a world uninterested in the kind of change, idealistic or not, that psychoanalysis offers? Who has the courage to take on this unbalanced task, which promises the perpetuation of more pain than its alleviation? Who has the courage to lend little more than an ear in a world gone deaf – deaf despite hyper-communication and information? What can the analyst ask of a patient when the patient is to do the asking? (p. 1)

Perhaps one sees in this (recognizes, to be more accurate) that *in the beginning* – of one’s analysis, of one’s formation as an analyst, of psychoanalysis as an institution, of even the very history of psychoanalysis – there was and continues to be this call of and for courage, a certain temerity, a kind of wild audacity even. Who, then, has the courage, as such, to listen to the body, where perhaps this body becomes the bridge that needs to be traversed between the “[analysand’s] voice and the [analyst’s] ear” (p. 46)?

The metaphor of the bridge that I invoke here is purposely suggestive, and appears in another manner in Webster’s book. The work serves as an indelible conduit, a rapprochement if you will, between what have often been construed, in certain academic circles, as disparate disciplinary entities – affect studies and psychoanalysis. In a sense, North American academe replaced much fortuitous and rigorous engagement with psychoanalysis and the complexities inherent in the life of the unconscious with the proliferation of an investment in the study of visible affect. Affect came to be seen or recognized everywhere, in almost every contour of life – it was seen as having all sorts of implications, political, sociological, historical, anthropological, economical, even psychological (in direct contradistinction from being psychoanalytic). From the pulpits of all forms and types of evangelisms, religious or otherwise, to the specular scene of cinema or the spectacularized scene of so-called reality TV, affect – endless, superfluous, unadulterated, unabated, repetitive, regurgitative, recalcitrant, conservative, liberal, neoliberal, leftwing, rightwing, corporate affect – became an object of serious exegesis.

And yet, the psychic life of the subject persists in a timeless fashion, as can be evidenced in Webster’s theorizing of the site of the body and its relationship to this unconscious living. Here affect, through the vagaries and vicissitudes of conversion disorder, becomes an inscription, or rather the inscription par excellence of the unconscious life of the subject as written on, felt through, read from, and listened for in the body of the analysand. The body appears as a cipher for the unconscious, and conversion, or rather its meaning, is the secret sought-after in the analytic relationship. Webster revisits “Lacan’s 1971-1972 seminar, *The Knowledge of the Psychoanalyst*, where [the latter] states, “[the analytic relationship is the] mapping out of what is understood as obscure, of what is obscured in understanding because of a signifier which marked a point of the body” (p.51). Webster elaborates on this account suggesting “[a] point of the body, not a point on the body—an important distinction because even while the point is marked as a clash between word and flesh, it is *of* the body, meaning it is already body” (p. 51). Being affected, here, is a message borne of the body; it is elucidating of what “it means to be moved by a constant stream of affects, introducing a play between subject and object through the question of the body” (p. 11).

So much of classical psychoanalysis, as would be expected, sees a fêted investment in the psychic reality of the analysand. This begs the question, however – what about their objective reality? Still further, what about the objective reality as presented by the physical and physiological raw material that is the body of the analysand? Can it be listened to? Can the body speak the trauma that the subject caches deep in the recesses of their unconscious life? Can the objective, material reality of the body bridge itself to the subject’s psychic reality? Accordingly, it is understandable that Webster suggests that “the body has always been one of the most important markers in analysis. It makes its presence felt at every moment, especially since it can also do so by virtue of its absence” (p. 13), as experienced perhaps through the aforementioned exceptional focus on merely the psychic reality of the analysand.

Moving with the sort of capaciousness and ease that only one who is comfortable with the malleable dexterity of language can showcase, Webster formidably traverses the terrains of Freudian and Lacanian psychoanalysis, Agambenian philosophy, and clinical material to give a veritably exhaustive account of how conversion disorder becomes so central to listening to the body in our work as analysts. Though “Freud stumbled upon conversion when listening to supposedly sick women in early twentieth-century Vienna, showing that it was possible for nothing more than speaking to alter the body and psyche” (p.11), Webster shows that its potency for our present moment cannot be understated.

Conversion disorder – “the psychiatric term that names the enigmatic transformation of psychic energy into bodily manifestations” (2018, back cover) – could have gone the way of the controversial diagnosis hysteria,

banished, as Webster suggests, from the seemingly sacral pages of the *Diagnostic and Statistical Manual of Mental Disorders* in the 1980s (p. 13). That being said, we must tarry with it theoretically and clinically because it “keeps its potential power in reserve, a power alive and unpacifiable, a power that twists and turns and wreaks havoc” (p. 13). She describes the power of the body in the scene of conversion as such:

Conversion requires a neurological evaluation of symptoms that can range from dizziness to loss of consciousness to changes in motor or sensory functions, from difficulty seeing, smelling, and touching to paralysis, weakness or numbness in the body, and even difficulty speaking or swallowing. The diagnosis gives a nod to psychoanalytic history, the link between the first conception of psychoanalysis and the vicissitudes of neurology...[Conversion] is about being able to slip into the provinces of the body, almost without notice. The other somatoform disorders—and hysteria, too—are too noisy, circumscribed, and suspect. Conversion, on the other hand, rearranges the pieces on the board, changes their function, and refuses to expend its energy on the distractions of anxiety. (pp. 12-13)

The body becomes a question in search of an analytic answer. Webster cautions us as to how to understand this question that is the body and how we might want to navigate an answer to the complexities it presents us with:

I have come to the conclusion that what is important is not what a body demonstrates or speaks, that is, making the body a question of translation or interpretation. Many see analysis as a constant process of translating this body into language. The question of conversion has taught me that we need to move differently. I have come to see in this body a surface that holds a degree of sexual tension that begins to define what it even means to speak; that is, the body and its particular relationship to the unconscious change the nature of discourse, not vice versa. Psychoanalytic work is embedded in discourse that nonetheless manages to touch this sexual body and change what it is possible to do, no less feel. This is why I invoke the insane tautology in psychoanalysis that conversion must be subject to conversion. (p. 15)

We must take this tautological impulse, or let us call it an imperative, in psychoanalysis seriously. Psychoanalysis, itself, is a series of conversions – the analysand in search of a distant messianic cure, that may or may not arrive, is in search of a conversion in an analysis that feels interminable; the analyst is the object of an erstwhile conversion from patient to candidate, now to serving as the practicing clinician, and then possibly onward to becoming a training analyst. One has to experience the conversion at the level of the body, or rather at the level of a point of the body, or even still further, at the level of the body as *the* point in itself that tells us something of the unconscious life of the subject. This is possibly what psychoanalysis prophesies as part of its seemingly impossible cure, a necessity as such for an analyst to be able to render it in another, or rather *the* other, the analysand. It feels impossible precisely because of the weighty demand that is made of the analyst, that in actuality it would seem the analyst is making of themselves. One has to wonder, then, why one might even become an analyst under such circumstances that seem tedious at best, impossible, as suggested earlier, at worst. One quickly realizes that we return to that word that seems to echo so resoundingly throughout Webster’s book – the word “courage,” which is perhaps, in the final analysis, a courage for conversion as living proof, as proof of life, of the impossible cure:

One becomes an analyst because one believes in the power of openings, of reversals and revelations, of breaks in a system that can create new sensualities, new symptomatic configurations. But one also becomes an analyst because one believes in repetition, in trauma, in defense, in entrenchment. Caught between these two, where else will all this be felt than in the body of the analyst, which is met as an open or closed conduit? In what other profession must one remain at this threshold—and for so long? And finally, what in the conversion of the analyst makes bearing this at all possible? What if the answer is—nothing? Nothing in your personal analysis prepares you for this kind of work. Nothing tells you how much you will have to take on, how difficult it is to live through so many other lives, to have them live in your body. They do live there. All the conversions in a treatment happen because of

this living. (p. 17)

I want to close this review off by becoming a bit anecdotal, if you as the reader will offer me that allowance – this review experiencing its own conversion into psychoanalytic material for further analysis, extrapolation, expansion, theorizing, and even more conversion. When I initially thought about how I wanted to approach writing this, I felt that I wanted to start by being anecdotal. I wanted to emplace myself into the thesis of conversion as described by Webster. I feel psychoanalytic theory becomes best amplified when it offers the analyst the opportunity for reflexivity into either their formation or their practice. Instead, I decided to leave this anecdotal material to the end precisely because I wanted to trace and track the path that led me to this point of my experience with conversion, wherein my body emerged, or rather began to appear to me, in the very context of my own ongoing formation as an analyst.

And so, I return again to Webster's original question: 'Who has the courage for psychoanalysis anymore?' When I first read the word "courage" here, my mind freely and associatively led me to another word, the word "guts." I began to wonder as to why Webster did not take the question there, to the site of the gut (To be sure, my curiosity was satiated because – without giving away too much of the plot – Webster does indeed end the book with a purposeful reflection on a part of the literal gut, the appendix). And, every time I would come across the word "courage" in the book, I began to read it as "guts" – "Who has the [guts] for psychoanalysis anymore?...Who has the [guts] to be a psychoanalyst in a world uninterested in the kind of change, idealistic or not, that psychoanalysis offers? Who has the [guts] to take on this unbalanced task, which promises the perpetuation of more pain than its alleviation? Who has the [guts] to lend little more than an ear" – so on and so forth. I wondered why I became almost obsessed with wanting to replace the word "courage" with the more physiognomic "guts." It dawned on me that this word "gut" emerged for me from an elsewhere place in my own psychic life.

It would be remiss of me if, at this juncture, I did not provide a bit of context before going further. I am presently a candidate in training to become a psychoanalyst, in the very final stages in fact, at the Toronto Institute of Psychoanalysis, a classical institute affiliated with the International Psychoanalytical Association. I had been in analysis with a Lacanian analyst for a good eleven years before I decided to train. The word "gut" emerged for me from within an experience I had during the rigorous interview process I underwent to gain admittance into the training institute. You see, I have a disability – a congenital condition called cystic hygroma, a hardening of the lymph nodes around the chin and neck area. It is a condition that is very visible when you see me, and audible as well, as it impacts my speech to the extent that it may take someone a little getting used to before they fully comprehend my speech. Cystic hygroma has informed much of the way in which I experience my body as I move through the world and the various identities I claim. In fact, I would argue how others around me perceive all the identities I claim – be it racial, ethno-specific, or regarding my sexuality or gender – are mediated vis-à-vis how these others perceive or experience my disability. Furthermore, even the identity of being a person with a disability was something I had arrived at much later in my life in my twenties. For the longest time, I would describe my cystic hygroma as a physiological condition originating from my fetal beginnings. I would provide the curious and inquisitive with extensive, near-encyclopedic medical knowledge – all of which I had accumulate over the years – about the condition. Or, if I wasn't interested in a long-winded conversation about it, I would simply resign myself to calling it a birth defect, knowing well enough that it was neither something that emerged right at the moment of my being born nor a "defect." Years of explaining myself around what felt like a kind of mysterious – for others – albatross would leave me psychically exhausted, tender even.

All of this came to a head in my analysis. It became the first place where I began to explore in greater depth how others perceived me and how I perceived myself in relation to what I felt were their fantasies about me and my cystic hygroma. I admitted to being emotionally and psychically tired of having to resist the label of being disabled. I also realized that I had used my intelligence – I was labelled "gifted," "exceptional," and so on from a very young age as a result of doing quite well at school – or peoples' ideas regarding my intelligence as a cache to hide behind, or hide away my cystic hygroma despite it being so visible to anyone who looked at me. I might say that I came into my own, or rather came into my body finally, or at least I

thought I did.

When I applied to join the training institute, I knew that my disability may come up as a point of query. I think of it often as playing a very significant role in my identity as a clinician. Even if patients rarely asked me about it, or worked hard on their part to not hurt my feelings or to treat me as a “normal” therapist, I was always prepared for my disability to become a living part of the therapeutic encounter. In fact, one way I would bring it up myself was by encouraging patients from the start of our working together to ask me to repeat myself if they felt they couldn’t understand something I had said. Even if some of my patients may be too polite to ask me to repeat myself, I had grown so accustomed to reading the body – listening to the body, as the case may be – of others to know if and when someone did not fully grasp what I had just said or if I needed to repeat myself in simpler, more comprehensible terms. All of this to say, I thought I was prepared for how I would navigate a question about my cystic hygroma in the context of an admission’s interview. Little did I know, I had still to come to a certain more powerful and in-depth awareness of my body.

The training institute that I am a part of organizes a set of three separate one-on-one interviews between applicants and training analysts affiliated with the institute and that make up the institute’s faculty. It was in my most difficult and challenging interview that my body emerged for me in a way that it had never done so before, and where I felt a scene of conversion was experienced, a conversion that would inevitably create an opening toward my formation as an analyst. In that interview, which lasted an unusual length of time—two and a half hours, to be precise—the training analyst who was interviewing me asked me some of the most direct questions I had ever, at least in my memory, been asked. She asked early on in the interview, “I have read your application statement...and I know from it that you are from India...that you are Indian by origin...I was wondering, if you had ever been perceived as Black?” It was such a curious question, asked with a tone so blunt in its declarative power. Of course she knows I am Indian, I thought! She knows as much from reading my application statement, as she disclosed she had! What kind of question was this, I wondered? Something to throw me off? A trick question? Was I being tested to see how I would respond? I remember pausing for a moment, thinking briefly, and answered, “Yes...come to think of it, I have been perceived as Black...by some of my patients who don’t know much, if anything at all, about me...perhaps because of my dark complexion...” She seemed pleased with my response. I didn’t appear to be thrown off by her line of questioning.

The interview proceeded with her asking more questions – about my family, my relationship, my friendships, my education, my dreams, and so on. She hadn’t asked me anything about my disability at all. Toward the very end of the interview, she posed another question that felt like it was meant to throw me off with its directness. She asked, “We should wrap up soon...but I wanted to ask you...I suppose I should have asked you earlier on in the interview...but do you...do you realize that you are difficult to comprehend at first? I mean, I could understand you as the interview proceeded, but I was wondering if this is something you are aware of?” I felt like I had been punched in the gut, a thrashing right in my abdominal area. Again I felt the question was asked to see how I would respond to it. I remember taking a breath and responding calmly, “Yes...I know that about myself...I know that my disability is very well a present thing in my day-to-day life...” She asked how I had experienced it in the context of my psychotherapy practice, and to provide her with some scenarios from within my practice to show how I negotiated it. At the end of this conversation, she ended the interview, thanked me for coming in, gave me a business card in case I wanted to ask her any questions I had regarding the interview process. She said that I “had given her much to think about and ponder and that the admissions committee would be in touch with me in a few weeks to let me know about the status of my application.” The feeling that I had been punched in the gut was replaced by a feeling of those very guts having sunken. I distinctly remember walking home from that interview feeling morose, certain that that interview hadn’t proceeded in my favour and that I would not be admitted into the program, that my disability would be used against me in assessing my capacity to become an analyst. I remember coming home, slipping off my clothes, and slipping into bed, taking a long and seemingly much-needed sleep; “conversion slipping into the provinces of the body.” It was as though my body was metabolizing the experience of that interview.

But what precisely did I experience in this scene of a possible conversion? And how does it inform my formation as an analyst? In a broader sense, how does such conversion inform the very complex tensions inherent – between knowledge and reflexivity perhaps – in the process of training an analyst to become one? What would it mean for analysts to be borne from this site of such a necessary tension through a process of a conversion, or for psychoanalysis itself – its methods, its languages, its discourses, its institutions – to be an experience of and with conversion? When reflecting on my experience during the aforementioned interview, I find resonance in the following illuminating passages from Webster’s book:

The question of knowledge is central—even fundamental—when considering the experience of the analyst and his training. Analysts must stop dispensing predigested knowledge to patients and in their institutes. This has nothing to do with being “reflective,” nor of cleansing reality of infantile wishes, nor even of being able to “go with the flow.” Rather, it is about a transformation in one’s ideals that brings about a transformation in the analyst’s relation to knowledge.

Psychoanalytic training is not about the transmission of knowledge. Whether the experience of training happens via the candidate’s experience in analysis, supervision, or an experience with teachers who know not to fetishize knowledge, it is about a revelatory encounter with ignorance essential to being a psychoanalyst. To take this one step further, I center this revelation on an experience of the body in transference as the conversion experience of psychoanalysis. (p.263)

Weeks later, I would find out that I was admitted into the training program after all, to some surprise on my part. But then, I also quickly realized after talking about the interview and its impact on me extensively with my analyst that something had happened to me in that process that made my body appear to me. I had always known that my disability was a real and present part of who I was and how I was looked upon and perceived. However, something in the way the interviewing analyst posed her question to me: “Do you realize that you are difficult to comprehend at first?” On a cursory glance, the question may appear condescending, or even somewhat infantilizing. Of course, how could I not realize, let alone know, this? But then, what exactly did I realize or know? What precisely was I being called upon to see? Had I been ignorant to my self all along? It was as though a mirror had finally been placed right in front of me. I remember remarking to my analyst, “...it’s as though against the Cartesian schema, I had to recognize a new schema...” Perhaps, one more in line with Webster’s theorizing of the body: “...I am a body, therefore I am.” I was seen by that interviewing analyst, but also not just seen: I was also asked by her, demanded upon, beseeched even perhaps, to see myself and how this self could imagine himself as analyst with a disability, an analyst with a body. It was uncanny, to say the least, to read Webster’s powerful tome on conversion, because it allowed me to recall this moment in which a kind of conversion became animated for me, playing its part toward my own formation as a analyst. I was punched in the gut with a query; I was invoked into seeing myself. I could no longer be ignorant nor claim to be. I was asked, do I have the courage—the guts—to be a psychoanalyst, to listen not only to the bodies of others, my patients, but also to my own body?

Note:

[1] I want to note here that I use the words “subject” and “analysand” interchangeably, to suggest that the subject I am always alluding to is the analysand.

Bio:

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