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Conversion Disorder: An Introduction to “On the Axis of Psychosomatic Totality”

What does a signifier have to do with a body? Having watched Lacanian psychoanalysis—or rather the stereotypes of it that manifest both in the opposition and the rank and file practitioners—swing from an over-emphasis on the signifier and language back to the body and *jouissance*, which is now said to be untouchable by language, the question couldn't be more pertinent, especially when one considers questions of analytic technique. This was one important reason that *Conversion Disorder* as a theme seemed important to take up (see Webster, 2018). Furthermore, the presence of anxiety about the body—questions of the difficulty of conversion, change, transformation—seems rife in culture from feelings of bodily unease, to the appearance of many new diseases that are psychosomatic in nature, to the creation of a nine billion dollar wellness industry, to say nothing of the bio-political turn that political philosophy has taken, including questions about the resurgence of fundamentalist forms of religion and racism that target bodies. All of this plays on the term ‘conversion’ as a desire for some radical shift, that comes to us, as it were, from the outside—its religious, chemical, and even socioeconomic meanings embedded throughout human history.

Another reason that conversion disorder was important to me, was that hysteria's presence in our psychiatric bible was fortuitously discarded, leaving the diagnosis of conversion disorder to hold its last traces. Why fortuitous? While this act was meant to be part of the eradication of Freud from contemporary psychiatry, from my perspective, conversion is the main formal symptomatic mechanism isolated by Freud, whereas hysteria, as a term, is suffused with phantasms of the woman going back to Ancient Greece. However, when Freud himself took the term of conversion up again in his 1926 *Inhibition, Anxiety, Symptoms*, after leaving it in the background for some time, he did so merely to throw his hands up in the air in the face of it: “why the formation of symptoms in conversion hysteria should be such a peculiarly obscure thing I cannot tell; but the fact affords us a good reason for quitting such an unproductive field of enquiry without delay”. I have recently been told that the DSM VI is considering eradicating the diagnosis of conversion disorder, seemingly prancing after Freud's own scotoma. Conversion is peculiarly obscure. So is the unconscious.

What was important for Freud early on was the stable instability of conversion in contrast to obsessional neurosis, neurasthenia, phobia, melancholia, and so on. Conversion decidedly split the subject, or at least played on the split nature of subjectivity, allowing for a symptomatic elaboration beyond the scene of consciousness, leaving the hysteric free from anxiety. Conversion, he says, left the personality of the hysteric intact (the other diagnoses have a more eroding effect), showing Freud how the talking cure could do its work, as the analyst listened for these traces of the repressed. It is important to see that this is a structure beyond mere psychosomatic symptoms, and, one might call conversion the ‘true’ psychoanalytic symptom. In one of the greatest of Freudian tautologies, conversion must be subject to conversion.

It is for these reason that I was pleased to write this short introduction for The European Journal of Psychoanalysis, highlighting the text “*On the Axis of Psychosomatic Totality*” by Lutz Goetzmann, Adrian Siegel & Barbara Ruettnner. The paper uses a Lacanian framework around the idea of hysterical conversion

that can be both symbolic or asymbolic, to orient a number of psychoanalytic psychosomatic thinkers, notably Laplanche, Green, Marty, M'Uzan, and Aisenstein, but many others, including many other important instances of psychoanalytic research. From their main graph, one can see this fundamental tautology of conversion in psychoanalysis, namely conversion's many conversions: towards language and communication, backed by repression, or away from it, towards splitting and concreteness, towards disease and death, or towards sublimation or hypochondria. While one might question lumping so many divergent issues under one heading, what is important here is the libidinal conversion (or indeed, in some cases, de-conversion) and the work this poses for the analyst.

I think this paper on conversion and psychosomatic theories gives new meaning to the Freudian body which was never simply representational, nor simply drive or *jouissance*, nor simply neurological or biological bedrock, but all of these—which is a way of talking about the field of the sexual. This is why, I would suspect, that at the far end of their graph, what unites this arena of conversion is the “erotic soma”. What the authors remind us of is the careful work we do around the erotic life of a patient, for all its attendant traumas and their appearance as so many somatic forms. This is one reason they end on a question of the Lacanian *sinthome*, the symptom that can organize a patient, as they put it, like a life-belt, and shouldn't be simply deconstructed by psychoanalytic work. Organizing into a form all three Lacanian registers of the Real, Imaginary, and Symbolic, if the analyst's work does anything, it is recognizing the symptom's place, while providing it with some room to breathe. The *sinthome* is part of analytic work, not its object, and by virtue of this, it shifts of its own accord.

From my perspective, we return here to the earliest Freud who said that what analytic work does is allow the symptom, I would say the conversion symptom in particular, to become part of the conversation. What many forget is that Freud went further this. The symptom, he says, extends into space. It becomes part of the architecture of an analysis: determining its rhythm, subverting the normal patterns of thinking, and eventually, siphoning off a space of lesser misery. It is this architecture—sometimes also called by Freud the architecture of hysteria—that a patient can take with them when they leave treatment. The *sinthome* (in which we should hear saint man, saint homme), like saints, show us conversion symptoms as a “music of the future”.

Bio:

Dr. Jamieson Webster is a psychoanalyst in private practice in New York City. She is the author of *The Life and Death of Psychoanalysis* (2011) and *Conversion Disorder: Listening to the Body in Psychoanalysis* (2018); she also co-wrote, with Simon Critchley, *Stay, Illusion! The Hamlet Doctrine* (2013). She writes regularly for Art Forum, Spike Art Quarterly, and The New York Review of Books. She teaches at the New School for Social Research and is a member of IPTAR and Das Unbehagen.

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