

## Between Bodies: When Words Penetrate Bodies

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### Abstract

*Proceeding from initial considerations about the importance of symptom formation for Psychoanalysis, in addition to its result as an incarnation of words in bodies, and a special focus on the symptoms of conversion hysteria, we propose some elements of analysis to observe a clinical case analyzed by Merleau-Ponty in Phenomenology of Perception. The significant incidence does not fail to mark the hysterical woman's body, a mark that refers to the non-existence of a sexual relationship considered by the patient, not impossible, but forbidden by the maternal Other. This relationship with her loving partners – mother and boyfriend – leads her to devastation. In this way, because she believes in the existence of sexual relationships and the existence of an Absolute Other, death, she incarnates her symptom.*

**Keywords:** body, symptom, conversion, jouissance, devastation

The lips of time leech to the fountain head;  
Love drips and gathers, but the fallen blood  
Shall calm her sores.  
And I am dumb to tell a weather's wind  
How time has ticked a heaven round the stars.  
And I am dumb to tell the lover's tomb  
How at my sheet goes the same crooked worm.  
Dylan Thomas

## 1. Body and Symptom

As the Symptom is the central and articulating element of this investigation, the first step is to present it. In '*Inhibition, Symptom and Anxiety*'<sup>1</sup>, Freud defines it as:

A symptom is a sign of, and a substitute for, an instinctual satisfaction that has not happened; it is a consequence of the process of repression. The repression takes place from the ego that refuses, possibly by order of the superego, to cooperate with an instinctual investment that was born in the id (Freud 1986: 7)<sup>2</sup>.

The Freudian definition presents the characteristic of a *sign* for the symptom. As a sign, it is arbitrary, changeable, has no connection with meaning, and is therefore indecipherable. It is a substitute for an instinctual satisfaction that did not happen. Thus, the symptom can be understood as a sign of a substitutive satisfaction.

The symptom is also a consequence of the process of repression and is therefore in the realm of the unconscious. Following the Freudian definition, the symptom is a sign that an instinctual satisfaction has occurred, even with the opposition of the self to the instinctual investment originating in the id. An instinctual cathexis occurs when libidinal energy attaches to a representation in the mind. However, repression happens when the instinct does not find a representation.

In this Freudian articulation, the organizing instance of psychic conflicts is the ego. Since the drive is so imperious, Freud asks: how

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<sup>1</sup> Sigmund Freud's text *Inhibition, Symptom and Anxiety* will be referred to in this text as ISA.

<sup>2</sup> All quotations in this text are our translations of the Brazilian Portuguese versions of the works.

can the ego exert such a profound influence on the id that it even diverts a drive? Since the ego is a part of the id, the mediator of its action is the pleasure principle. He continues: how can the ego mobilize the pleasure principle against the instinctual demand? Since the instinctual demand is not in contradiction with the pleasure principle, the drive is not a danger to the ego, and therefore the ego seeks the supplement that can make the drive a danger, a threat, that which can give it the value of displeasure.

The sign of displeasure emitted by the ego is set in motion from the pleasure principle deviation; this deviation is anxiety. Freud makes anxiety the sign from which repression is set in motion. For Lacan, the drive, as such, constitutes an infraction of the pleasure principle, since its requirement is not for the satisfaction of pleasure, but for *jouissance* (enjoyment) beyond pleasure. Therefore, the symptom is not an accident – as Miller insists in his commentary on the Freudian text: the symptom is a necessity. The normal course of the drive goes in the direction of symptomatic production. For this reason, the recording of the symptom proposes nothing more than a know-how with the symptom, implying a fatality of the symptom because it is the only possible satisfaction for the drive and irreducible to the pleasure principle. Freud insists that, no matter how much it presents itself as an organizing instance, the ego cannot be the cause of repression, nor of the symptom, which, in turn, is a formation of the unconscious.

In this context, Jacques-Alain Miller, in *Le partenaire-symptôme* (*The Partner-Symptom*), emphasizes the importance of the symptom as one of the formations of the unconscious that does not allow itself to be deciphered because it is less accustomed to the word and more connected to the body. He also proposes that, unlike the other formations of the unconscious, in the case of the symptom, the will to say is not evident. He also comments that the symptom is the belief in suffering, and adds that the analysis aims to transform the symptom

from which one suffers into an entity that speaks. According to Miller, the analytic practice seeks to verify the word of the symptom that is not spoken but presents itself in the body as *jouissance* or instinctual satisfaction. With the formation of symptoms, the body inscribes the word that has not been spoken, since a cathexis has not been formed and the instinctual impulse has not been united to a representation. In this way, instead of a repressed idea, the symptom is manifested in the body as a silent and meaningless word, an instinctual satisfaction, a *jouissance*, a suffering that reveals a satisfaction – manifested as a silent word and a sign of displeasure. Thus, the problematic of *jouissance* as distinct from pleasure is included with the symptom. Since Freud's work, the drive has always been deaf and dumb. Therefore, one may ask, to what extent is meaning capable of introducing itself into *jouissance*? To what extent is the deciphering of meaning capable of modifying the form of *jouissance*?

At this point, Paul-Laurent Assoun, in *Corps et Symptôme*, claims that the symptom presents itself as the physical moment of the unconscious process. This interpretation is enlightening because it situates the unconscious process in the body. Being the symptom a formation of the unconscious, it is the physical impact of the real unconscious (Assoun 1997). Through the symptom, the unconscious reaches the real of the body. For him, the symptom happens when something goes wrong in the body, making it clear that something has been symbolically lost in this process. Something that deregulates the organic process has happened in the body. This bodily event requires the questioning of every manifestation in which something of the subject's demand or desire is seen through the body. When the symptom occurs in the body, it translates into the physical presence of the conflict that generates the repression.

Thus, from Assoun's perspective, thinking about the body in Psychoanalysis brings out the real of the symptom and makes us

recognize the problem of desire disguised by a sick body. The bodily moment of the symptom is the signature of the lack of a significant strategy of inscribing oneself as real, a failure in symbolization. Therefore, as a formation of the unconscious, a symptom does not fall into the same category as a dream, a faulty act, or a joke – because it does not have the consistency of a formation of the unconscious like the others that the symptom is said to be somatic.

Resuming Freud's (1986) questions: what happened to the instinctual impulse activated in the id in search of satisfaction? The drive is a demand for satisfaction from which escape is impossible. Since the symptom is the substitute for an instinctual satisfaction which has not happened, the question as to what really happened to the instinctual impulse in this process is appropriate. Freud adds, 'the pleasure that one would have expected from satisfaction was transformed into displeasure by the process of repression. But then we were faced with the problem of how the satisfaction of a drive could produce displeasure' (Freud 1986: 7). Freud contrasts a normal course of the drive, which is to obtain satisfaction through its own object, and a symptomatic course of the drive, which gives rise to a substitutive element, a symptom.

In Freud's text, the drive appears as a vector with a dynamic function of unity of motion. To this dynamic function is prescribed an end, a single goal, which is the search for satisfaction. In his course *The Partner-Symptom*, Miller (2008) repeats Freud's question in his own way: 'How does a drive, which seeks satisfaction, give way to the symptom?'. The drive, in Freud's text, is a demand that manifests itself as a demand that does not cease; it is a kind of pure demand for satisfaction. He comments that the symptom offers the short-circuited drive *another satisfaction*, an anomalous satisfaction, insofar as it presents itself as a displeasure. Therefore, according to Miller, Freud poses a paradox of a satisfaction that presents itself as displeasure. It

was from this paradox that Lacan came up with the term *jouissance*, which is justified by the notion that the symptom is articulated with the drive, causing the latter to deviate. The symptom is the result of a deviation from the drive course which, at the same time, satisfies its requirement in some way. The term *jouissance* is necessary because we cannot conform to the simple opposition of pleasure and displeasure, but to an unconscious pleasure that does not know itself and which presents itself in the form of displeasure (Miller 2008).

Freud (1986) states that the symptom arises from the instinctual impulse affected by repression. If the ego, by using the sign of displeasure, reached its aim of suppressing the instinctual impulse entirely, we know nothing about how this happened. Our only source of information in this regard is the cases of repression considered to be, more or less, flawed.

The description of the repression failure is noticeable. In this way, as Freud states, we can learn a little more about the symptom: it is a substitute for an instinctual satisfaction, a consequence of repression. Consequently, the symptom is not to be confused with the repression itself, which is also a destiny of the drive. Freud's proposition is enlightening because it relates the appearance of the symptom with a failure of repression. Thus, we can understand that the symptom is the consequence of a repression that has failed.

Freud (1986: 11) continues: 'in general, the instinctual impulse, in spite of repression, has found a substitute', which can be interpreted as: there was an instinctual impulse, the repression came, it worked, but not enough to contain the powerful drive; at that moment, the symptom appears as a second defense against the same impulse. He continues, 'but a much more reduced substitute detached and inhibited, and which is no longer recognizable as a satisfaction' (*Ib.*). In this clarification, the characteristics of this substitute for the flawed repression, which is the symptom, are reduced, detached, inhibited,

without even resembling satisfaction anymore. Freud continues: 'When the substitutive impulse is carried out, there is no sensation of pleasure; it presents, on the contrary, the quality of a compulsion' (*Ib.*). Not only does it not feel like satisfaction, but it does not offer any sensation of pleasure. It is something related to the beyond the pleasure principle, presenting the quality of a compulsion to repetition, which is the mark of the beyond the pleasure principle. The symptom, even though it is an undesirable and unpleasant satisfaction, manifests itself to avoid the worst.

Freud specifies that the symptom is a degradation of the instinctual satisfaction – 'by degrading a process of satisfaction to a symptom in this way, repression exhibits its force in another aspect' (*Ib.*). This claim of the symptom as a degradation of satisfaction and a strength of repression is interesting – what would be a satisfaction becomes a symptom. Hence, the symptom is a *jouissance*, but bad, degraded, and arises in the place of the *jouissance* that would be good for the drive. However, this degradation strengthens the repression that had failed at some point in containing the drive. Thus, a wavering repression is solidified by a degraded satisfaction. He also states that the substitution process is prevented, if possible, from finding discharge by motility; and if this cannot be done, the process is forced to expend itself in making changes to the individual's own body, not being allowed to revolve around the external world (Freud 1986).

The symptom precludes the instinctual movement by wearing itself out, as Freud enunciates, altering the individual's own body. Analogously, the symptom functions as a containment of the drive, preventing movement, by placing the drive over one's own body. Especially, in the case of symptom formation, the body restrains and defends itself against its own drive. According to Miller (2008), the symptom, as a substitute, comes in the place of the object that would be good and convenient to the drive. It is about, in the symptom, the

repression of jouissance that is transformed into the defense of the ego. The substitutive process of the satisfaction of the drive is what gives birth to the symptom. Instead of preceding an action that transforms the world, or locomotion and motor function, there is a symptomatic change in the body. This is why Freud insists on proposing that the symptom is a metaphor, since, in the foreground, what exists there is a symptomatic metaphor. Instead of a direct satisfaction of the drive, because of the opposition of the ego, the normal course of satisfaction is degraded by the symptom that has the metaphorical value of the satisfaction of the drive and, in a sense, embodies the demand for the satisfaction of the drive. Because it is a substitutive formation, it is metaphorical and subject to repression. From this path followed by Freud, by making the symptom a metaphor and considering that the symptom manifests itself in the body, it is concluded, in Lacanian terms, that both the body and the flesh can be taken as signifiers.

## **2. Conversion**

One of the complex and hard-to-reach symptoms pointed out by Freud in ISA is conversion hysteria. For Freud, conversion is the most effective mechanism to eliminate the anxiety arising from conflicting representations. The process of repression in conversion hysteria ends in the formation of the symptom.

Freud asserts, together with Breuer in *'Studies on Hysteria'*, that in conversion hysteria there is a suppression of the subject's emotions. The hysterical 'beautiful indifference', as Freud comments, is an important mark of this suppression of the affects included in the conversion process. In his theoretical considerations, Breuer (1996) claims that the excitement resulting from the affective idea is 'converted' (Freud) into a somatic phenomenon. Thus, where there should be affect, there is a conversion. For Freud, this defensive mechanism consists in the fact that a group of representations tends



to lose its strength when the corresponding affective motion is withdrawn. There is no longer representation linked to affect, only somatic phenomena. That motion of affect is drained into the body in the form of hysterical fits, or projected outward constituting the hysterical hallucinations or delusions. As the original affect was linked to a sensory impression, in every evocation of the affect appears, according to Freud, instead of a memory, a hallucination.

He also highlights the symbolic relationship between somatic symptoms and the ideas or representations that suffer repression. The unspoken, or cursed, word is fixed, inscribed in the body as a mnemonic symbol. He also considers it incorrect to say that these sensations are created through symbolization, but that something is nourished together with the linguistic use of a common source. Regarding the Elizabeth case, Freud (1895: 197) comments that the patient's functional disorder increased through symbolization 'and that expressions such as 'not being able to take a single step forward' and 'having nothing to lean on' served as a bridge' to conversion. He points out that the purely motor part of hysterical fits takes the place of an original memory; an event that produces affective traits called trauma. Breuer and Freud comment that the genesis of phenomena determined by traumas finds analogy in the hysterical conversion of psychic excitation – trauma and conversion have, by analogy, the same structure. When an affective tension is intolerable, there is room for conversion. According to Freud (1895), the question is about the maximum level of affective tension of this nature the organism can tolerate. When we talk about conversion, we talk about trauma – a founding event that causes a permanent imbalance in the body, in the mind, by producing an excess of non-resorbable excitement. A traumatic event leaves subsequent traces in the speaking being's life. For Lacan, trauma has an affectation of the tongue on the body. An original and indelible memory marks the body, in this case, as

conversion. In '*Considerations on Hysteria*', Lacan proposes that, in '*Studies on Hysteria*', Freud clarifies that words make affect evaporate. His 'question is to know whether or not affect is aired with words' (Lacan 2007: 19).

Conversion is the transposition of the affect accumulated in the psychism into suffering in the body through the impairment of the function of an organ. Freud, in ISA, explains this phenomenon as a gain resulting from the symptom formation due to a homeostasis in the psychic economy. In this way, the change in the destiny of the affects, mediated by conversion, reduces the manifestations of anxiety and supposes, as the cause of the illness, the influence of an unsatisfied sexual impulse that permeates the social and affective bonds. He repeats that not much is known about these symptoms and that all available energy seems to have been focused on the formation of these symptoms, leading us to think that little remains of the instinctual impulse for the formation of the repression and, since the symptom is the mark of a flawed repression, in the case of symptomatic conversion, the repressed part of the symptom seems to be very reduced.

Since in conversion hysteria there is little energy left for the formation of repression, one may ask about the form of manifestation of repression in conversion hysteria. Concerning conversion hysteria, in ISA, Freud (1986) observes the variation in the sensation of displeasure that accompanies the appearance of symptoms, whether in chronic symptoms displaced to motility, such as paralysis and contractures, with practically no sensation of pleasure; whether in intermittent symptoms or those related to sensory waiting, Freud's observation is that the sensations of displeasure are, in general, distinctly felt; in pain symptoms, they can reach an extreme level. Faced with such a diverse and varied picture, Freud (1986: 32) does not find a uniform explanation for them: 'Where does the particular

opacity of symptom formation in conversion hysteria come from? We are unable to elucidate so. But it gives us a reason to leave this sterile domain'.

Freud's observation about the opacity and sterility of the elucidation of conversion symptoms draws a lot of attention, especially when one reads this text following a Lacanian orientation. One can ask whether the opacity of the conversion symptom converges with a presentation of the real unconscious, of the opaque jouissance to the meaning and, therefore, without the possibility of access to treatment to which nothing is associated. From this perspective, something that does not make sense in this symptom prevents the symbolic from covering it with possible associations and, in this way, the symbolic wears through by the very sexual drive investment involved. Thus, inhibition affects the body when it lacks a signifier to give sense to what affects the body. The symptom appears meaningless, offering no conditions for the extraction of a production of knowledge.

In *Seminar 23*, Lacan (1976-77) clarifies that the symptom is 'an event of the body', whose definition derives from the fact that it is jouissance, a substitutive satisfaction, the very satisfaction of the drive. Therefore, the symptom is a jouissance that passes through the body and is unthinkable without the body, an event of the body implied in the existence of the body itself. Lacan appropriates the Cartesian proposal of the body as something that is possessed through the symptoms that manifest in it. From this perspective, having a body and not being a body allows the speaking being to identify with the symptoms that determine him. Identifying the symptom requires a distance between what one is and the body in which the symptoms are manifested; this small distance is, according to Lacan, the field of action of the psychoanalytic clinic.

By identifying the symptom, a subject can find other bodies. For

Lacan, there is no body that is not sexualized and vivified by symptomatic jouissance. Thus, 'the individuals that Aristotle takes as bodies, can themselves be the symptoms of other bodies', hence we cannot say that the subject has a body of its own, because what is of the order of the subject can manifest itself in another distinct body – 'a woman, for example, she is a symptom of another body' (Lacan 1976-77: 35). Therefore, the body can be a manifestation of the symptom of another body with which it establishes a partnership.

According to Lacan, when it is not the case to encounter a woman, there remains the hysterical symptom that only addresses itself to another symptom. In this way, 'hysterics present themselves as symptoms of women' (*Ib.*). That is why he comments that hysteria does not require the body-to-body. In the hysterical symptom, there is a refusal of one's own body that manifests itself as a refusal to the functioning of the body, presenting itself as a dysfunctional symptom that prevents any substitution to the absence of a relationship between the sexes.

### **3. Symptom and devastation**

Jacques Lacan, in his *Seminar 20*, elaborates a theory of jouissance, based on the concept of drive presented in the Freudian text '*Beyond the Pleasure Principle*', as a constant and internal energy to the organism that demands a satisfaction obtained only from an encounter with an external object. Since all satisfaction obtained is partial, because the object is never sufficient for total satisfaction, the difference between the demanded satisfaction and the obtained satisfaction keeps the drive constant in its demand for satisfaction. The satisfaction of the drive is partial, and pleasure tends to decrease because the demand for satisfaction is felt as displeasure. For Freud, the surplus between the demanded satisfaction and the obtained satisfaction manifests something that escapes the pleasure principle

and dominates it.

The drive is a demand for satisfaction that is always partial given an object that could offer the required satisfaction but is never sufficient to silence the demand for satisfaction. Thus, the fact that the drives are always partial determines that, in human sexuality, the sexed bodies refer only to the drives themselves. According to this theory, the drives would always be intermediating the sexual relationship. The problematic of sexualization articulated with the theory of drives translates the meaning of the word *jouissance* theoretically elaborated by Jacques Lacan.

In *Seminar 20*, Lacan establishes the positions of the sexual being with the emphasis that 'the sexual relation does not exist' (1975: 44) – since the only two possible forms of sexual intercourse are fantasy and phallic *jouissance*, which preclude a direct sexual relation. In fantasy, the subject relates to an object that exists only in his fantasy, and phallic and autoerotic *jouissance* relates only to his phallus. Sexual intercourse is thus presented as impossible. The necessary and the impossible mark, each in its own way, the modalities of sexualization proposed by Lacan.

Lacan proposes types of *jouissance*, such as phallic *jouissance* and *jouissance* that he names feminine. For him, phallic *jouissance*, the only one we have access, exists because we inhabit the field of language. Thus, phallic *jouissance* can be in any activity, because it maintains the pleasure principle. Feminine *jouissance* does not enter the field of language and has no possible representation. This *jouissance* relates to what is beyond the pleasure principle. In '*The Partner-Symptom*', Jacques-Alain Miller (2008) names four *jouissances*: the phallic *jouissance*, the masculine *jouissance*, the feminine *jouissance*, and the *jouissance* of speech. He notices that Lacan proposes auto-erotic phallic *jouissance*; male *jouissance* articulated with object *a*; feminine *jouissance* articulated with the

barred Other; besides these, the *jouissance* of speech. It is important to observe the multiplication of *jouissances* in this Lacanian presentation, so that *jouissance* is shown to be multiple and not localized, following the unlimited of feminine *jouissance*, the great innovation of Lacanian thought.

The feminine perspective points to a flaw in the field of language that destroys the possibility of communication and, therefore, of relationship with the masculine side – manifested in the very structuring of language, making it exist. The impossibility of sexual relationship is manifested in such a way in the Lacanian articulation that, the masculine, the structuring of language, is made possible through the signifier; while, for the feminine side, there is no possible structuring for a properly feminine language; a fact that attests to the limits of the field of language itself and, therefore, the field of the Other.

However, Lacan does not propose a fixed separation in the field of sexuation, because if this were the case, the feminine would be completely deprived of the possibility of entering the field of language and, in this way, reduced to absolute silence. For Lacan, the feminine has access to the phallic signifier, because the feminine provides an incompleteness to the field of the Other, of language.

The field of the Other comes into existence regarding the collapse of the Other promoted by the absence of another primordial signifier, besides the phallic signifier. Thus, it is possible to perceive the *ex-sistence* in the field of sexuation. According to Jacques-Alain Miller, about the term used by Lacan, 'the expression *ex-sistence* is always correlative to an exit out of' (2002: 10). If, on the one hand, we cannot speak of a complete Other, guarantor of discourse; on the other hand, we cannot speak of an absolute absence of the Other. The two sides are not independent. According to Miller (2002), the *ex-sistence* preserves the bond between the two sides, causing one *ex-sistence* to the other. Thus, the sexed being can be neither fully masculine nor fully

feminine, but some discursive or pre-discursive manifestations are situated more on one side or the other. In this way, some discourses can make more illusion of meaning than others, becoming more or less acceptable depending on the fact that they manifest, more or less, something of the feminine order. Ex-sistence grounds the real as excluded from meaning and, as Miller (2002) proposes, ex-sistence re-establishes the real.

In *Seminar 23*, Lacan continues to deal with the theme of ex-sistence, establishing that it is ex-sistence itself that offers consistency to the real. As the ex-sistence presents itself as being 'outside of' something with which it makes a bond, in this way, when it makes explicit the impossibility of the relationship between the sexes, he adds that the non-relation presents itself as a lack of equivalence:

A woman is a *sinthome* of every man. For what is of a man to a woman, another name must be found, since the *sinthome* is characterized by non-equivalence. Man is for a woman everything that will please them, an affliction worse than a *sinthome*, a ravage (Lacan 1976-77: 20).

To make the other a *sinthome*<sup>3</sup> is to transform him into his object of jouissance to which the signifier is articulated. However, an affliction or a devastation are of another order. Someone is distressed when his body *phallicizes*, by embodying the signifier that, in this way, does not enter the discursive chain, becoming the *phallus* itself, from a silent suffering, without words and without the possibility of making sense. However, Lacan emphasizes, devastation, as a feeling, is even worse than affliction.

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<sup>3</sup> This spelling of symptom was proposed by Lacan in *The Seminar, Book XXIII, The Sinthome*, and is about the emphasis on the symptom as an event of the body.

In approximation to the notions of symptom and devastation, we follow Jacques-Alain Miller, who proposes a topical opposition to this subject. For this author, the symptom translates a form of masculine jouissance, 'an always limited suffering, a localized suffering' (Miller 1999: 15) – thus, the symptoms can be classified and can be treated. Devastation, however, is boundless and unclassifiable pain. Miller opposes the notion of limit and limitlessness, finite and infinite, between the two forms of jouissance. The devastation, if we take it in relation to nature, extends everywhere, without limits. As an affect, it is a manifestation of love, in an alternation of love and hate, which does not pass through the limitation of the signifier. The devastation manifests itself as a love without words and reveals a certain freedom taken in relation to the phallic mediation. Nevertheless, in this devastating love, the devastation being unlimited, it spreads everywhere, like a love disease that contaminates.

Devastation as a form of jouissance shows itself as a limitless destruction and as a displeasure. The limitlessness delineates the lack of significant mediation that marks the word as a phallic claim. A word that limits the unlimited is sought, but devastation does not have signifying mediation and the emphasis is on claiming the lacking signifier. In the absence of words, the limitlessness of the signifier absence mobilizes it; that is why it is of the order of the unspeakable.

Lacan exposes the term devastation in a few moments; as we have already mentioned *Seminar 23*, we refer to the text *L'Étourdit*, when he writes that the devastation stems from the fact that 'the daughter expects as a woman more subsistence from her mother than from her father, he coming second in this devastation' (Lacan [1972] 2001: 465). Being originally a demand for love directed to the mother, it is transferred to the father in a second moment and, later, to the chosen love partnership. It is a demand for love without reciprocity manifested by a demand for a signifier that limits one's own ex-sistence. The



mother did not initially respond to the demand for unlimited love, as she was also affected by the same unanswered demand – which echoes to infinity. How can the mother offer an answer she does not have? How to live with a question whose answer does not exist? The demand is reiterated indefinitely in search of a possible answer. The love so demanded in the context of devastation is the way of access to the Other in the field of the feminine experienced as suffering, something, as Lacan enunciates, worse than a symptom, given that the basic characteristic of love, that is reciprocity, is not established.

#### **4. The sexed body**

The understanding of the human being and their interaction with the world involves a deep study of affectivity and sexuality as primordial and instituted elements, as Merleau-Ponty points out in the *Phenomenology of Perception*. Philosophy of the body does not belong to the sphere of thought, but to desire, it is always a description of the central importance of affectivity in the formation of individual and collective perception: 'We shall try to see how an object or a being comes into existence for us through desire or love, and through this, we will better understand how objects and beings can exist in general' (Merleau-Ponty 1994: 213).

From phenomenology, we must re-signify the understanding of affectivity, contrary to the idea that it operates a mosaic of feelings of pain and pleasure. Affectivity thought of solely as an association – of stimuli of pain and pleasure – is the paradigm of an essential lack when we reduce the sexual and the erotic to the genital. Merleau-Ponty claims that by agreeing with this mechanistic perspective, one would be reducing all existences to the model of the Schneider case (Murta & Falabretti 2015). More than that, affectivity is a primordial expression of meanings that we give to the body, to the other, and to the things around us – it is in decision-making and directly influences the way we

relate to the world. Among all affective experiences, love, friendship, and others, sexuality, since Psychoanalysis, has come to be understood as the primordial expression of the open incarnation of one's own body, because sexuality includes an original intentional arc that mobilizes perception, motor skills, and representation.

Freud's contribution to the understanding of human sexuality is fundamental, as he reintegrated sexuality into the human being by discovering a dialectical movement that crosses both biology and psychology. Sexuality is not restricted to the genitals but represents the power of the psychophysical subject to adapt to different environments and acquire structures of conduct. Merleau-Ponty points out that biological existence is intrinsically linked to human existence, being fundamental to understanding the world around us. Living, in the biological sense, is a primordial operation that enables to experience different realities. In short, affectivity and sexuality play essential roles in the formation of human perception and experience. Not only do they influence our interactions with the world, but they also shape our understanding of existence and life itself. In the patient, says Merleau-Ponty, as in the Schneider case, we rediscover a sexual inertia that reveals an essential perceptual lack:

A patient never seeks the sexual act for his own sake. Obscene images, conversations about sexual topics, and the perception of a body do not urge any desire in him. The patient hardly hugs and the kiss has no sexual stimulation value for him. Reactions are strictly local and do not begin without contact. If at that moment the prelude is interrupted, the sexual cycle does not try to continue. In the sexual act, the intrusion is never spontaneous. If the orgasm occurs first in the partner and she goes away, the desire is extinguished. Things happen as if the patient ignored what he had to do.

For Schneider, on the contrary, a female body has no particular essence: it is character, he says, that makes a woman attractive; by the body, they are all similar. If the tactile stimuli themselves, which on other occasions the patient uses very well, have lost their sexual significance, it was because they have ceased to speak to his body, to situate it from the point of view of sexuality or, in other words, because the patient has ceased to address to his environment that mute and permanent question which is normal sexuality. Schneider and most impotent patients are not 'into what they are doing'. But distraction and inopportune representations are not causes, they are effects, and if the patient perceives the situation coldly, it is because he does not live it and because he is not involved in it (Merleau-Ponty 1994: 214–216).

The interaction between affectivity and perception in the human experience is crucial to understanding our existence in its totality. Affectivity, its radical expression converted into sexuality, determines our incarnation in the world, the way we perceive and represent ourselves and the other.

In the *Phenomenology of Perception*, Merleau-Ponty uses another clinical case to show how the interdiction of one's own affectivity, beyond erotic desire, is a prohibition of living, is the rupture of our primordial ties with the world, with the other and with oneself.

Merleau-Ponty interprets that Freud reintegrated sexuality into the human being through the discovery of a dialectical movement that crossed biology and psychology. Thus, for example, the description of frigidity cannot be explained by an anatomical deficiency or even by a kind of pathology of the spirit and feelings: a dissenting disciple of Freud shows, for example, that frigidity is rarely linked to anatomical

or physiological conditions, that it most often explains the refusal of orgasm, of the female condition or the condition of being sexed, and this, in turn, translates the refusal of the sexual partner and the destiny he represents (Merleau-Ponty 1994). Thus, sexual desire is not limited to the genital, the libido being the power of the psychophysical subject to adapt to different environments and to develop structures of conduct. Sexuality, as previously said, is a force that binds us to or distances us from the world and others. For affectivity penetrates all our cognizant elaborations, because only in this way, unlike Schn, can we feel pleasure and pain in circumstances that would not necessarily be directly related to them, because just as we can feel a body at a distance we can also feel felt, an erotic world is the primordial infrastructure of the chiasm in the world.

But it is necessary to consider the hyperbolic movement of Psychoanalysis that elects sexuality as the primordial infrastructure of human life, integrating sexuality into all aspects of existence. For Merleau-Ponty, this raises two fundamental questions: a) does all existence have a sexual connotation, or b) does every sexual phenomenon have an existential significance? These questions are not mutually exclusionary, since phenomenology recognizes that life cannot be fully understood by reducing it to sexuality. Biological existence, as a whole, is intrinsically linked to human existence and is never indifferent to its rhythm. Living biologically is an essential operation to enable the experience of living in different contexts. Sight, hearing, speech, as well as sexuality, are not simply passages or instruments of personal existence, they are experiences that encapsulate and embody the given and anonymous existence.

To explain this phenomenological perspective of sexuality, conceived as a significant marker that determines our affective relationship as a whole, but which should not be taken as the exclusive event of this relationship, as the structure of structures, Merleau-Ponty

resorts to the description of another clinical case, now taken from Binswanger, about the loss of speech by a young woman when she was forbidden by her mother to see the boy she loved:

A strictly Freudian interpretation would call into question the oral phase of the development of sexuality. But what has been 'fixed' in the mouth is not only sexual existence; they are, more generally, the relationships with the other, of which speech is the vehicle. If emotion chooses to express itself through aphonia, it is because speech is, of all the functions of the body, the most closely connected with common existence, or, as we shall say, with coexistence. Aphonia then represents a refusal of coexistence, just as, in other people, the nervous breakdown is the means of escaping from the situation. The patient ends the relationships in the family environment. More generally, she tends to break up with life: if she can no longer swallow food, it is because swallowing symbolizes the movement of existence that allows to be penetrated by events and assimilates them; the patient literally cannot 'swallow' the prohibition that has been made to her (Merleau-Ponty 1994: 222).

Aphonia, as Merleau-Ponty points out, can be attributed more to interpersonal relationships than to sexuality itself. Being aphonic does not only translate into silence but is a symptom of the absence of the other as the desired interlocutor, representing a rupture with one's own life. It is necessary to separate psychological bad faith from metaphysics which reveals the duality of human nature, where lying and self-deception are inevitable elements. While psychological bad faith is lying, a moral act of deceiving others, metaphysical bad faith results from the degradation of freedom, a condition inherent in our

situation in the world. For the silent girl, aphonia reveals someone who has lost more than her voice, but who has lost her power of expression and has broken all ties with the other. In this case, there is a double loss, of freedom and corporeality.

The freedom reveals the ambiguity of the body, which is both anonymous and symbolic. It represents the ability of our existence to free itself from itself, alternating between closing itself off and opening itself to the world – because we never completely transform ourselves into a static entity in the world, we are always a lack of plenitude as a subjectivity and as a thing, because our essence escapes from ourselves, we always remain in a zone that contains ambiguous intentions: of the order of autonomous and conscious desires and of escapable desires, which flow like a wave that we do not see forming but that knocks us down and carries us to where we could never imagine. This duality of desires can be understood through the concepts of anonymous existence and personal existence. The body can be seen as the hidden form of one's own being, while personal existence is the reintegration and expression of a specific being in a particular situation:

He who sleeps is never completely closed in on himself. The patient, who is never absolutely cut off from the intersubjective world, is never entirely ill. But what enables them to return to the true world are impersonal functions; the sense organs and language. We remain free from sleep and sickness to the exact extent that we always remain engaged in wakefulness and health, our freedom rests on our being in the situation, it is the situation. Sleep, awakening, and health are not modalities of consciousness, they suppose an existential step (226–227).

Freedom in the situation reveals this ambiguous existence of the body, which is at the same time anonymous and symbolic. This movement of corporeality, which wanders between the instituted desire and the constituted desire, allows us to understand sexuality as a dialectic and ambiguity of the body and not as the result of a thought, but of a sexual experience, as a tension of an existence that denies it and without which it cannot be sustained. Sexuality is neither transcended in human life nor figured in its center by unconscious manifestations. From the phenomenological perspective, it radiates from our body, motivates our existence, and is, ultimately, dramatic, because we engage our entire personal life in it. Its interdiction or bankruptcy, as in the case of Schneider or the girl who lost her speech, shows us that the loss of sexuality reveals a loss of our power and desire to transcend worlds and situations, and reveals our power to die, 'to resign from my existence' (Merleau-Ponty 1994).

### **5. The girl who lost her voice**

From the psychoanalytic perspective, proceeding from these initial considerations about the formation of symptoms and, especially, the symptoms of conversion, including in this problem – the concept of devastation –, we have some elements to observe the clinical case of the girl who lost her voice analyzed by Merleau-Ponty in '*Phenomenology of Perception*'. As previously mentioned, the girl, by being forbidden to see the man she loved, loses sleep, appetite, and finally speech. For Ponty (1994), she 'breaks up' with life by not swallowing food – or the prohibition that has been made to her.

The symptom of aphonia was recurrent in childhood and had already been manifested after a violent fright and the imminence of death. The same symptom reappears in the current situation and, according to Merleau-Ponty, this happens 'because the maternal prohibition restores the same situation in the figurative sense' (1994:

221). Still concerning the symptom of aphonia, he adds that there is no imitation in the body of a drama of consciousness, an inner state manifested on the outside. For him, 'the girl does not stop talking, she 'loses' her voice'. This emphasis on the loss of voice is very important, and he insists on this comment: 'the sick person separates from his voice, just as certain insects cut off their own paw. Literally, they are left without a voice' (Merleau-Ponty 1994: 222). He adds that aphonia and anorexia are the refusal of the other and of the future turned into a *de facto* situation. The role of the body is to ensure this situation because the movement towards the future and towards communication with the other has become a bodily symptom, 'existence has been tied up, the body has become a "hiding place for life"' (*Ib.*).

Resuming Freud's thesis on ISA, considered by Miller in '*The Partner-Symptom*', the girl's conversion symptoms appear without meaning so that they can be analyzed. The dimension of the symptom is correlative to the dimension of the speaking being, to the being that brings his condition of being through the word. The symptom exists because it has a function. In the patient in question, aphonia as a symptom has the function of taking the place of enigmatic jouissance that is out of meaning for her, in this case, death. Unlike the case written and cited by Freud in ISA, little Hans, who names his symptom as fear of horses and can incarnate his symptom outside of it, the patient described by Merleau-Ponty incarnates her symptom, not being able to name it, heading for death. The symptom that happens in the body prevents her from extracting any knowledge from that same symptom, because the symptom is on the edge of the unspeakable, following the path of the silent drive, and the aphonia associated with anorexia leads her to death.

A possible solution would occur in the context of a symptom-partnership that the patient would have glimpsed when proposing a loving partnership. As Lacan points out, by becoming a symptom of



another body, it can thus detach itself from the intimacy of the opaque jouissance of its own symptom. However, the mother's intervention leads her to another jouissance, the jouissance of devastation, the jouissance of the demand for love without reciprocity. The jouissance of the insatiable, short-circuited, demand for love directed to the mother herself, from which the long-awaited and already abdicated answer does not come, leaving the patient at the mercy of her silent conversions.

In the specific case of this patient, there is a hysterical refusal to give her body to the word, to the master signifier, a refusal of the body to the effects of castration. The organic function is subverted by the inscription of the signifier on the body. In this way, the flesh and the somatic functions become significant elements. At first, they seem incompatible: the refusal of the body to submit to the incidence of the master signifier and the bodily condescension to the signifying crossing. Merleau-Ponty observes that the oral drive in this patient is predominant. In terms of the symptom as a form of jouissance previously analyzed, it is an oral jouissance presented by the symptom of aphonia and anorexia. The materiality of jouissance takes place in the infantile scene of aphonia in the face of imminent death, the traumatic scene traces the affect in the body, becoming the central element of the symptom that is repeated in adult life when, metaphorically, death appears in the form of forced separation by the Other. The symptom here is reduced to an independent and uprooted trait, which gives consistency and fixes jouissance. In the case of the patient, the jouissance of the symptom is disinvested with meaning and reduced to significant repetition. However, the significant incidence does not fail to mark the hysterical woman's body, and this mark in this case refers to the non-existence of a sexual relationship, which the patient does not consider impossible, but believes that it was interdicted by the maternal Other. In this way, because she believes in

the existence of a sexual relationship and in the existence of an Absolute Other, death, she incarnates her symptom.

## References

- Assoun, P.-L.. (1997). *Corps e Sinptôme: Tome 1 – Clinique du corps*. Paris: Antropos.
- Breuer, J.. ([1895] 1996). Considerações Teóricas. In: Breuer, Josef & Freud, S. *Estudos sobre a histeria*. Rio de Janeiro: Imago.
- Freud, S. (1895). Srta. Elizabeth Von R. In: Breuer, Josef & Freud, Sigmund. *Estudos sobre a histeria*.
- Freud, S. (1986). *Inhibition, symptôme et angoisse*. Paris: PUF.
- Lacan, J. ([1972] 2001). L'Étourdit. In: *Autres écrits*. Paris: Editions du Seuil.
- Lacan, J. (1975). *Le Séminaire, livre XX, 'Encore'*, Paris, Seuil.
- Lacan, J. (1976-77). Le Sinthome: paroles imposés. *Ornicar*, 8, Hiver.
- Lacan, J. (2007). Considerações sobre a histeria. *Opção lacaniana*, 50.
- Merleau-Ponty, Maurice. (1994). O corpo como ser sexuado. In *Fenomenologia da Percepção*. São Paulo: Martins Fontes.
- Miller, J.-A. (1999). Un Repartitoire Sexuel. *La cause freudienne: revue de psychanalyse*, 40, Jan.
- Miller, J.-A. (2008). *El partenaire-síntoma*. Paidós: Buenos Aires.
- Miller, J.-A. (2002). A ex-sistência. *Opção lacaniana*, 33, Jun.
- Murta, C. & Falabretti, E. (2015). O autômato: entre o corpo máquina e o corpo próprio. *Nat. hum. [online]*, 17(2): 75–92. Retrieved from; [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1517-24302015000200004&lng=pt&nrm=iso](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1517-24302015000200004&lng=pt&nrm=iso) (last accessed: 10/05/2024).