

Psychoanalysis and the Genealogy of the Erogenous Body

Prof. Christophe Dejours

Freud and the Body

Most authors agree that Freud's text 'Drives and their Vicissitudes' (1915) is the one in which he treats question of the body most closely. This is justified indeed if the drive appears as '*a concept on the frontier between the mental and the somatic, as the psychical representative, of stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of its connection with the body*' [1]. The drive is a psychic representative of what comes from inside the body, but its **source**, i.e. '*the somatic process in an organ or a part of the body [...] whose stimulus is represented in mental life by a drive,*' does not belong to the field of psychology. Freud writes that '*the study of the sources of drives lies outside the scope of psychology [...]. An exact knowledge of the sources of a drive is not invariably necessary for the purposes of psychological investigation*' [2].

On the basis of this text, it appears that, for Freud, there is no room for a metapsychology of the body.

Other authors who are unwilling to give up on the status of the body justify their position by referring to another text by Freud, 'The Ego and the Id' (1923). Indeed, in this text we find this well-known quotation: '*The ego is first and foremost a body-ego. It is not merely a surface entity, but is in itself a projection of a surface.*' [3]. But what does 'a projection of a surface' mean? Freud probably has in mind a notion of projection as a process that gives rise to the imagined representation, like a projection on a screen. However, Freud clarifies his thoughts in a footnote to this sentence: '*i.e. the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body, besides, as we have seen above, representing the superficies of the mental apparatus*' (p. 26).

To use this footnote as a starting point for the construction of a theory of the body in psychoanalysis, like Didier Anzieu has done, who uses it to found the theory of the skin-ego, it is to deviate from Freud. In this text, Freud is interested in the separation between the ego and the id, and if he quotes Groddeck, it is not to take up the latter's conceptions of the body, which, on the contrary, he rejects because he doesn't accept the monism of this author. This is the only passage where reference is made to the body as such, but the article does not engage in any theory of the body.

The Body and Non-Neurotic Pathologies

If Groddeck and Reich, and later Schilder, Dolto, Pankow and Anzieu, proposed to theorize the body, it is certainly by deviating from the Freudian approach. And if they permit themselves to do so, it is because they are interested in non-neurotic pathologies — psychosis in Dolto and Pankow's case, borderline states in Anzieu's, psychosomatics and character analysis in Reich's. It is interesting to note, in passing, that the psychosomaticians of the School of Paris have not developed a psychoanalytic theory of the body either. For them, like for Freud, the body is the psychomotor or visceral body and, as such, it remains fundamentally a biological body. Like Michel de M'Uzan affirms [4], the somatic symptom is dumb, and when the body manifests itself, it is under the economic regime of slaves of quantity, i.e. in a register that is, precisely, non-psychic.

But what interests most other authors above all is **affect**, in the sense that what characterizes dissociative states is precisely how the body eludes lived experience in the affective mode, giving way to emptiness, to anhedonia. Likewise, in psychosomatics, alexithymia is nothing other than a fundamental impossibility to experience and recognize affects. And the contemporary pathologies of self-harm in adolescence are related, once again, to a fundamental disorder in the **affective** experience of the body [5] [6].

The Notion of the Libidinal Subversion of the Physiological Body

To sketch a theory of the formation of the erotic body, we can rely on an operation described by Freud in 'Three Essays on the Theory of Sexuality' (1905) as that of the **anaclitic leaning of the drive** on the physiological function. This is a subtle process. The child, for example, endeavors to show his parents that his mouth does not only serve as an organ devoted to the function of nutrition, but is also used to suck, kiss and bite, as later it will be used in the little games of his sexual life. The subject thus asserts a certain independence of the use of his organ — the mouth — from its primitive destination. He affirms that if he uses his mouth, it is not only because he is hungry; he also uses it for pleasure. He discovers simultaneously that he is not the slave of his instincts and needs, that he is not only an animal organism, but also that he is becoming the subject of his desire. We see that this anaclitic leaning functions like a subversion. The mouth, by serving as a pivot of this subversion, can come to be recognized as an erogenous zone. Of course, it is the mouth as an **organ**, and not as a **function**, that is summoned here. To free itself to a greater or lesser extent from the tyranny of its physiological function, the organ is a necessary intermediary for the drive: **the subversion of the function by the drive passes through the organ.**

Freud described the successive stages [7] of sexual construction. Different parts of the body will offer themselves in turns to anaclitic leaning and reveal themselves as erogenous zones. These zones will gradually be torn away from their natural masters, the physiological functions, which are gradually subverted for the benefit of the construction of what is called the subjective body or the **erotic body**. The subject manages, through the construction of this psychic sexuality, to partially free himself from his physiological functions, from his automatic behaviors and even from his biological rhythms. This is how human sexuality manages to play, to a certain extent, with endocrino-metabolic rhythms. For women, for example, sexuality no longer follows the menstrual cycle and does not stop at menopause. Thanks to the relation of anaclitic leaning, the register of desire establishes its primacy over that of need.

Here again, it should be pointed out that the subversive conquest of the physiological body by the erotic body is always incomplete. Psychic sexuality and the erotic economy are often threatened to 'unlean' and to produce a movement that stops evolution, like we find at the start of severe decompensations, those that force us to reflect on a theory of the body in psychoanalysis.

But we must also consider the essential impact of what's at play in the **relations** that the child forges with the adult. From this perspective, the development of the erotic body would be the result of a dialogue around the body and its functions, a dialogue that relies on the care provided by the adult for the child's body.

The genealogy of the subjective body becomes clearer. The entire process develops in the relation to the other. But psychoanalysis suggests that this relationship is **unequal** [8] [9]. And the essential place for the encounter between the child and the adult is first of all the body: care of the body, games of the body.

Although the essential stakes in these relations between the adult and the child would lie, firstly, in the objective world, like in the quality of care, the very movement of these relations activates the emergence of other stakes: those of pleasure, desire, excitement, and more broadly the erotic dimension, all of which are inseparable from the games of the body. The second body, the erotic body, arises from the first, the physiological body. Between the two are the adult's gestures on the child's body.

Areas Excluded from the Erogenous Body and Drive Agenesis

To try to understand patients' vulnerability to severe kinds of decompensations like delusion, borderline depressions and evolving crises of somatic illnesses, and their relations to sexuality, we must focus on the failures or 'accidents' of this subversion, and on the deadlocks in the body-to-body relations between the child and the adult.

The way in which the adult accompanies the child's solicitations to play with his body depends on the adult's own capacity to play. These games elicit various reactions in the adult that are closely linked to his own fantasies and to the relative freedom or ease he has with his own body, with respect to his psychic organization. Some of these games, aroused by the child, sometimes provoke the adult's aversion, disgust and hatred for the child's body. In this case, the adult may react with violence against the child's body, hitting it savagely, provoking an excitement in the child that goes beyond all possibility of binding and putting him in a situation of psychic trauma, i.e. of an **impossibility to think** what is happening in his body.

The consequences of this disturbance are twofold:

- In the very place of the body, the libidinal subversion is jammed, which crystallizes in the form of a partial agenesis of the erogenous body and of a constitution of cold zones or registers. This hypothesis of a crystallization of cold zones during development, devoid of any erogenous potentiality, leads to the recognition of a form of sedimentation, of materialization, of a kind of 'anatomization' of the history of child-adult relations. The history of libidinal subversion could thus be deciphered in terms of the geography of the erogenous body.
- When at the time of the body-to-body encounter, the individual is asked to play with this inaccessible erotic repertoire, there is a risk of revealing what this exclusion has left in its place: an elective vulnerability to the onset of a somatic or delusional decompensation.

Proscription and Splitting

We can use the term 'proscription of the function' outside the erotic order to designate the failure of the libidinal subversion of a biological function. It is clinically perceptible in the 'pareses' of the body or in clumsiness, rigidity, unexpressivity, coldness or stiffness of the body in the intersubjective exchange, as well as in expressions of both seduction and anger, of aggressivity and tenderness; in both motor skills and in alterations in tone of voice; in stupor and in laughter, etc.

In other words, where the libidinal subversion has failed, a trace of the '**proscribed**' is inscribed in the child's unconscious. This means that the unconscious is formed without passing through thought and is therefore an unconscious that is not thinkable, as suggested by the term '**amental unconscious**' [\[10\]](#), which Laplanche prefers to call 'the unconscious enclave' [\[11\]](#). When the amental unconscious occupies a preeminent place in the topic, there is a greater vulnerability to psychotic and psychosomatic pathologies. But there is always a share of amental unconscious in everyone, such that no human being is totally protected from severe decompensation.

In this conception, we therefore arrive at a topic that describes the juxtaposition of **two unconscious**s that are different in their genesis and in their functioning. Between the two, there is a **splitting**, as Ferenczi had anticipated in the text already cited.

Conclusion

In other words, if we try to recapitulate this discussion from the perspective of a metapsychological theorization, we can note that if we start from the psychopathology of severe afflictions, we must go through the genealogy of a second body – the erotic body – which derives from the biological body through a subversion of the physiological order, in favor of the sexual-erotic order.

And if we proceed in the opposite direction, starting from the clinic with patients suffering from severe psychosomatic and psychiatric decompensations, it would be possible to broaden the practice in order to analyze the accidents of libidinal subversion that prevent them from inhabiting the body and from enjoying its powers of experiencing life in and of itself.

[1] S. Freud (1915). 'Instincts and their Vicissitudes,' *S.E.* 14, trans. James Strachey, London: The Hogarth Press and the Institute of Psycho-Analysis, 1957, p. 121-2. Translator's Note: In the title of this paper and in the quotations from it that follow, I have replaced Strachey's translation of the German '*Trieb*' as 'instinct' with 'drive,' as is now customary.

[2] *Ibid.*, page 123.

[3] S. Freud (1923), 'The Ego and the Id,' *S.E.* 19, trans. James Strachey, London: The Hogarth Press and the Institute of Psycho-Analysis, 1961, p. 26.

[4] M. De M'Uzan (1984), 'Slaves of Quantity,' *Psychoanalytical Quarterly*, trans. R. B. Simpson, 72 (3), 2003, p. 711-725.

[5] D. Le Breton, 'Le recours au corps en situation de souffrance chez les jeunes générations,' in *Ressources : Entre corps et psychè*, ed. J. Aïn, Toulouse: Eres éditions, 2004, p. 99-115.

[6] H. Catz, 'Tatuajes como Marcas Simbolizantes,' *Revista de Psicoanálisis*, 74 (2/3), 2017, p. 149-165.

[7] This is not, however, a question of subscribing to Freud's developmental conception. What is intended here is not a stacking of stages according to an evolutionary stratification that would lead to any kind of genital and heterosexual maturity. It is rather a spatial progression leading to the formation of a 'geography,' that of the erogenous body.

[8] S. Ferenczi, 'Confusion of Tongues between the Adult and the Child' (1932), *International Journal of Psychoanalysis*, 30, 1949, p. 225-30.

[9] J. Laplanche, *New foundations for Psychoanalysis* (1987), trans. D. Macey, Oxford: Basil Blackwell, 1989, p. 89-151.

[10] C. Dejours, *Le corps d'abord*, Paris: Editions Payot, 2001.

[11] J. Laplanche, *Freud and the Sexual: Essays 2000-2006*, New York: International Psychoanalytic Books, 2011, p. 285-302.

Translation: John Dewitt