

# The Body is Under Analysis

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The coronavirus pandemic exposed the prominence of the body in psychoanalysis and the emergency of the analysis of the body. We are summoned, as subjects and objects of our investigation, to consider the implications of the absence of the material body within online psychoanalysis sessions and to understand the body that takes part in the virtual contact between analyst and analysand.

Our fragile certainties about life and about our own selves have been shaken by the new virus. We now fear infection and death on a daily basis. Care for the body has gained urgent and constant attention, and its importance has been redimensioned due to the recognition of its limits and impotency in the face of the lethality of this biological and environmental factor. In the pandemic's horrific landscape, trauma has been imposed by images of bodies and by their absence: hospitals overcrowded with patients and professionals fighting for life; thousands of deaths per day; interments without rituals or farewells, without embraces or the comforting of one body by another; social distancing forcing us to live without the physical presence of the people we love.

This pandemic era also exposes, in its most sordid aspects, the relationship of the human being with the body of the other. The death of an Afro-American man, George Floyd, was registered in a video that shows his agony as his neck is immobilized by the knee of a white police officer. This led the world to echo his words 'I can't breathe' in an exponential reaction against racism and the violence inflicted upon black bodies. The Black Lives Matter movement could only have taken place within the pandemic setting, since it is the black body who most suffers and dies in times of crisis.

Floyd's words became a new signifier: my body needs to breathe for my mind to survive barbarity. We have been learning how to breathe with masks on, with covered faces and tense eyes, assimilating this new obstacle to our contact. And every day, this vital bodily need – to breathe the air that can also infect – gains new meanings in the struggle for individual and collective survival against social injustice, political tyranny and the destruction of culture and environment. We need our bodies alive and healthy to support the I in the fight against the thanatic power that inhabits us and threatens our existence and that of the planet.

And what about psychoanalytical work? Can it survive without the body? Will analysis, over time, be able to take place without the presence of the analysand and the corporeal messages they emit towards the analyst? Or without the analyst's body being affected by these sensations and emotions, without the analyst embodying their interpreting function?

On the computer display, I observe one of my patients transforming. Session after session, a masculine body is taking shape and filling the screen with a potency that impresses me. The feminine body is gradually being effaced, and its image becomes more and more distant in my memory; in its place, a visible contentment in the patient's face. I ponder, within a split of a thought, that the pandemic prevented me from following more closely this body's transition precisely during hormone therapy, and after years of analytical dialogue in order to reach that moment. I feel like a mother who needs to follow each moment of her baby's development, trying to keep connected to that other being who is born and reborn every day as a new stranger before her eyes.

In the online session, I notice my patient has broader shoulders, a squarer face, and more apparent beard, so I think: 'I have never seen him so male.' The transference setting generated the circumstances for a different look; the recognition that the analysand needed became possible and was legitimized by the analyst. I choose to tell him that I see before my eyes a content and serene man. With these words, I communicate to him the sensations experienced by me within the virtuality of an encounter whose potentiality eroticizes the analytical relationship. I believe that such messages, which are present in the analytical field, contain an integrating sense for psychism.

In the process of integrating early experiences that have left profound marks onto a person's body image and identity, the patient needs to find more than a 'blank screen' in the analyst. In the transference situation, the analysand needs to find 'an alive other, who mirrors and responds,' allowing them the process of symbolization, as suggested by De Cicco and Migliavacca (2016) in a beautiful work titled 'Listening with the eyes, speaking with the body'. The authors add: 'When the patient acts and the analyst reacts – i.e. reflects the messages sent by the former – an incorporeal game is established in the analysis. The analyst leaves the position of an indifferent spectator, legitimizing thus the patient's existence' (p. 116).

The body is the ground for sensations of pleasure and displeasure, the terrain traversed by the affections and inscribed by the earliest sensorial experiences of a being. The body has a history; even before founding psychoanalysis, Freud revealed its importance when noticing that it speaks and embodies the traumatic infantile events (Breuer & Freud, 1895). The association between the hysterical coercive system and the body's eroticization led Freud to formulate his theory on libido and to understand its importance in a patient's psychic constitution and history. With the discovery of infantile sexuality, Freud understands the body as libidinally invested – since its origins and progressively so. It is the libidinal infantile body that founds the whole of Freud's theoretical thoughts on personality development (Freud, 1905).

With infantile sexuality, Freud presented an erotic and pulsional body. To him, it is always via sexuality that we can reach the body. But his focus is not, at any point, the physical body but, rather, how we get to this body via sexuality and the language of affects. By taking the body as the matrix for psychoanalytical theory, Freud presents an 'embodied theory of the mind' (Lima, 2016). Psychism is, therefore, not disembodied, and psychoanalysis' proposal is to look at psychism's interactions as something within the body, as a part of it.

As proposed by Jacques André (2015), there is no psychic process that, responding to pleasure or anguish, does not trace a somatic trajectory. André poetically describes the psychic route as indissociable from its organic habitat:

The sweet excitation, that which accompanies the appearance of the phantasm and sketches on the body an unexpected erogenous geography – the perineum that contracts, the back of the neck that shivers, the goose bumps that ruffle the arms' hairs, a frisson that runs the body from feet to head... – that sweet excitation draws Psyche's body. (André, 2015, p. 39)

The I is constituted as anchored in the body and remains indissociable from its vicissitudes. It is, before anything else, a corporeal I (Freud, 1923). Another beautiful reference to this subject-body was made by the Mozambican writer Mia Couto in a recent lecture about the reinvention of the human, during the Brazilian conference 'Frontiers of Thought 2020'. Couto, who is also a biologist, commented on the permeable frontiers between the human and other living beings with whom we share life in the planet. He showed how the body is subject and manifests itself. In his country's culture, one does not say 'my body hurts,' but rather 'I am feeling my body.' What is communicated there is that a person's body speaks to them.

In intersubjective relations, the communication of affects occurs in their corporeal dimension through gestures, looks, smells, breathing rhythms, the body's heat ... Each action reflects the body's expressive potency. Within the physical space of the consulting room, the encounter between analyst and analysand takes place, initially, through sensorial exchanges. Both are affected by their senses, and such impressions should be apprehended by the analyst's sensorial apparatus, and then translated by their interpretative function. Sensoriality is, thus, the entrance door to psychic reality. It is through this sensitive body that accepts to be invaded that the analyst transits between the perception of the sensorial reality and the apprehension of the psychic reality. This trajectory depends on emotions – i.e. the emotional experience encountered in the analytical relationship (Carneiro, 2013).

The patient who I now only encounter through the computer screen tells me about his apprehension in relation to the so-wished-for surgery to remove the breasts from his gradually more masculine body. He takes his time imagining possible scenarios and drafting past and future in order to be sure of his decision, while tension accumulates in his stomach. For him, there is a wisdom to be developed – that of the benefit of the doubt. It is an important one, but also one that must be limited in time: 'If I dive in and go deeper and deeper, my air is limited, and I have to come back up.'

Even if he understands as beneficial the possibility of questioning the implications of his desire, something escapes him and spills over his body. And it harms him. He understands that he is working through the changes in his body, in an equation that involves fear and risk. But he also understands that it makes no sense to dwell in the doubt, since it becomes empty and is left as a simple reflection of the fear. I interpret that the fear of severing his body and emptying it is, too, the fear of severing the desire to have a body that can fulfill all his needs – even the unknown ones.

The conversation about cutting and severing allows the patient to get in touch with the anguish in the face of the dread of castration: the fear of losing the traces of a feminine body that also gives him pleasure. His speech reverberates on my body and I recognize in me the fear of the marks that a programmed surgical intervention can leave. I see my patient facing a 'Sophie's choice'. But the fear is that his choice may take him to a situation of handicap – the imagined castration seen as an attack against his own self. I comment that every choice leads to gains and losses. He carries his discomfort in his body: for years he has only worn clothes that mask that which bothers him. I suggest that he dreams of gaining a pleasure of – 'life!', he completes, interrupting my observation. I stop for a moment and see his expression on the screen; I do not find any trace of a feminine body there. The 'unconscious body image' (Nasio, 2009) is projected onto me, and it is this body that I observe, visualize, and feel vibrate. I tell him that, by feeling alive, he is defining for himself the importance of his choice.

Nasio (2009) describes how a psychoanalyst speaks the language of their analysand's unconscious body image. This structure enables an understanding of this encounter, which happens under the register of the corporeal image, even if analyst and patient are not in the same physical environment, and even if they are not looking at each other. The author outlines five moments of the mental process that mobilizes the analyst. It starts when they are touched by a manifestation from the analysand and goes on until the moment in which they produce words to give meaning to the messages emitted.

First, the psychoanalyst *observes* the patient's manifestations, understanding them as projections of unconscious images of the infantile body. On a second moment, the analyst *visualizes* what would be

this body with its primal sensations. Subsequently, they *feel* such sensations, syncing with the patient's dominant rhythm – they then *vibrate* the patient's rhythm. Finally, the analyst *interprets*, offering meaning to the patient's emotions (Nasio, 2009). I agree with the author that the importance of the body in psychoanalysis is to give access to the unconscious.

In a virtual session, there is a real presence (in analytical terms) of the analyst and of the analysand in the intersubjective space that is established between the two of them (Carneiro, 2019). When patient and analyst are connected via telephone or the internet, they share an emotional experience and a creative mental space is generated. As the new frame is constituted, the gaze gains a different status from that within the traditional setting; the voice and listening also have new peculiarities. It is necessary to consider that online analysis creates an intermediate space between reality and imagination, a space characterized by the situation's virtuality. Under these circumstances, the presence of the other is confirmed by the gaze. It becomes real, although not physical.

We are learning more about body language in the virtuality of the analytical setting. In the absence of other sensorial elements, the corporeal dimension of the intersubjective relationship – which establishes the analytical situation – gets extended. The analysand sees the analyst and the latter directs their gaze to the patient, so vision becomes an important factor for the support of the analytical frame.

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