

Symptom, Sign, Meaning. Dora, Embodiment and the Semiology of Behaviours

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Abstract: On the basis of medical anthropological literature and the feminist critique around Freudian theory of hysteria, we here consider the concepts of embodiment, agency and crisis of presence as guiding principles for a context-sensitive understanding of dysfunctional behaviours as means of communication within the study of symbolic systems. With an interdisciplinary and comparative approach, the Dora case is represented next to an ethnographic case where mass hysteria was medically diagnosed over spirit possession seizures in Malay Western factories. We explore the status of dysfunctional behaviours as bodily signs, invested with cultural meanings representing social distress, gender inequality and structural violence. The ideas of Mary Douglas and Kurt Danziger, Jacques Lacan, Thomas Szasz and Ludwig Binswanger are here combined to outline a semiology of behaviours able to account for the phenomenological reality, inside and outside of the clinic, of a social body enacting as living metaphor.

Keywords: embodiment, epistemology, gender studies, medical anthropology, philosophy of medicine, psychology.

What we perceive are 'first and foremost' not impressions of taste, tone, smell or touch, not even things or objects, but rather, meanings.
Ludwig Binswanger [1963, 114]

Being left alone, per se, apparently is not considered a sufficient cause for feeling anxious. Hence, if such a reaction occurs, it must be due to something else. The meaning of being left alone is then advanced as the cause of the 'abnormal reaction.'
Thomas Szasz [1974, 86]

In the pages of *On Being Ill*, Virginia Woolf remarked on the prominent role the mind has been given in literature, vindicating the intertwined relation between the body and *the creature within*:

With a few exceptions [...] literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two passions such as desire and greed, is null, negligible and non-existent. On the contrary, the very opposite is true. All day, all night the body intervenes [...] The creature within can only gaze through the pane – smudged or rosy; it cannot separate off from the body. ([1926] 2012, 32-33)

Human body and behaviours are not considered anymore as mere facts of nature. XXth century reflections progressively rescued the body from materialism and placed it at a symbolic crossroads, a junction where an exchange of meanings takes place, one between organic matter and social-psychological reality.

Particularly under the sway of phenomenological and anthropological influence, behaviours gradually came to be considered as a culturally shaped medium of expression. As early as 1935, Marcel Mauss dedicated a pioneering, comparative research dedicated to what he called '*les techniques du corps.*' Presenting his work before the Parisian *Société de Psychologie*, he there defended that there can be no such thing as a 'natural behavior,' in the light of the cultural variations provided by comparative studies and ethnographic research. In the same work, he proposed the notion of *habitus*, later developed by Pierre Bourdieu (1977, 1990) and described the cultural and social shaping of bodily techniques, foreseeing that human behaviours would soon take their rightful place within the study of symbolic systems.

Under his influence, contemporary social sciences came to describe the body as a proper experiencing agent, as the result of an ongoing negotiation with social, political, economic, historical forces that mould it, and in turn are influenced by it. In her 1970 *Natural Symbols*, anthropologist Mary Douglas further theorized the concept of 'social body,' a cultural entity which "constrains the way the physical body is perceived." As she argued, physical and social bodies are in a dialectic relation: "The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society." ([1970] 2002, 69) Both in everyday life and in the collective representations about its place in the world, human body progressively came to be considered as a complex, integrated cultural product:

The forms it adopts in movement and repose express social pressures in manifold ways. The care that is given to it, in grooming, feeding and therapy, the theories about what it needs in the way of sleep and exercise, about the stages it should go through, the pains it can stand, its span of life, all the cultural categories in which it is perceived, must correlate closely with the categories in which society is seen in so far as these also draw upon the same culturally processed idea of the body. (Douglas 2002, 69)

Conceived that way, the old-fashioned idea of the body as a mere mechanic, material entity has gradually given way to the concept of a body as the medium of an inter-subjective historical and cultural process. Perception itself is there perception of the body and through the body, including the very perceiving of the meanings the body displays, produces and reproduces. From Merleau-Ponty to Thomas Csordas and Judith Butler, the notion of *embodiment* progressively came to sketch the outline of an innovative philosophical paradigm, at the junction between phenomenology, practice theory, feminist theory, and post-structuralist discursive thought.

Recently absorbed also within neuroscience in the simplified form of embodied cognition, embodiment aims to describe how human experiences are enlivened, materialized and situated in the world through the body, conceived as a living metaphor at the liminal threshold between environmental, behavioural, biological and psychological domains.

All along the XXth century, the scientific status of behaviours has been deeply disputed. Just like the mind, soul or psyche, the very concept of 'behaviour' too has been the object of a profound scrutiny in the history of science and psychology, as its ontology appeared to be extremely uncertain and dependent on exemplars to be able to function as reference, or scientific indicator, able to sustain theoretical and applied research. However, trying to evade the problem of the merely assumed character of thoughts and of the mind, which were not subject to scientific observability, behaviours came to represent precisely the perceivable, observable entity from which the mind could be inferred, thus legitimizing psychological assertions. Unfortunately, when the mind was that of an animal, this convenient relation revealed to be somewhat problematical, as the whole set of categories adopted to describe the human mind showed its conventional status of social construction, not easily ascribable to other beings and forms of life.

As many have observed [...], behaviourism's use of the category of behaviour has always been marked by ambiguity. The reason for that lies in the basic incompatibility of the twin goals of the movement. Behaviourists desperately wanted to be recognized as natural scientists, and, to the degree that their image of natural science included good old-fashioned mechanistic materialism, they would emphasize that behaviour was ultimately reducible to physical movement. (Danziger 1997, 98)

Moreover, even accepting the reduction of behaviours to a mere set of movements, it was noted that such movements were likely to appear in a context, as the experimental data provided by psychologists were always the product of a social interaction. To clear the ground from such variables, the lonely rat in a maze became the prototype of experimental praxis:

In their interpretations of experimental data, psychologists had traditionally tried to ignore the fact that all such data were the product of a social interaction [...]. In animal learning experiments, however, they had managed to construct a situation in which human communication had been eliminated once and for all. The subjects whose behaviour provided the prototype for behaviour in general were speechless subjects. They lacked the means for participating in a language community with their controllers or anyone else. 'Behaviour' was basically an attribute of singular, non-communicating individuals. (Danziger 1997, 99)

In the 1920s, against such reductionism, psychologist and linguist Karl Bühler got to incorporate behavioural data in a richer, more scientifically accurate synthesis. Inspired by the work of von Frisch on the language of bees, Bühler chose a different animal to serve as prototype for the definition of behavioural entities: neither a solitary rat in the maze, nor a problem-solving primate were his

exemplar, but rather the communicating bees. Such a decision was not a minor one, as the very choice of a certain animal over another as a reference, was influenced by specific sets of assumptions on the one hand, and could orient research towards some expected results on the other:

[Bühler] took it for granted that the kind of animal behaviour that would be most relevant to human behaviour would have to be communicating behaviour. For Bühler, humans were fundamentally communicating creatures, and the psychological work of his mature years was mostly devoted to the study of language. The point here is not whether Bühler was right and the rat runners were wrong, but that the choice of the exemplars which give meaning to abstract 'behaviour' depends on culturally determined preconceptions about the fundamental nature of human conduct. (Danziger 1997, 100)

In the light of such debate, the concept of behaviour as it will be adopted here does not represent much a set of movements allowing the scientific gaze to infer mental qualities, but rather as an act of communication, as well as an outcome of a process of socialization and embodiment of cultural traits, meanings and relations.

Therefore, while trying to understand the meaning of behaviours, sufferings or symptoms, as they appear in the clinical context, we consider that the nervous system may come to represent the biological and semiological interface of such a dialectic, bridging medical materialist reductionism, behaviourism and mental, abstract, subjective human experience under the phenomenological gaze. One may also consider the idea of *memory embodiment* as a fruitful tool to fill the traditional body-mind gap and further support the relevance of an inter-disciplinary threshold where to design a field of analysis.

Once the body is considered as a part of a wider symbolic system, then human behaviour becomes symbolic to the extent that it constitutes a *corporeality*, deeped in a set of meanings which are subject to the rules of cultural transmission. Such meanings are socially and culturally organized, individually reinvented and do not conform to the universalist requirements of mechanistic models, but rather respond to a specific cultural mode of living and existence, namely a subjective relation within socially determined historical forces, integrated values and narratives. As the body gets to learn and incorporate meanings, feelings, and emotions, it also gets to perceive them and exchange them in local terms, becoming part of a wider cultural and social organism. In the hands of a subject, the experience of the body becomes itself a mean of communication. As Merleau-Ponty described in 1945:

The experience of the body leads us to recognize an imposition of sense that does not come from a universal constituting consciousness, a sense that adheres to certain contents. My body is this meaningful core that behaves as a general function and that nevertheless exists and that is susceptible to illness. In the body we learn to recognize this knotting together of essence and existence. ([1945] 2012, 148)

While existing through organic tissues, meanings transcend the physical matter and yet require the very living performance of a body (behaviours) to interact with a system of signification and so participate in the arena of invention, negotiation, modification of social conventions, norms and practices. The consideration of such dynamic integration provides us with an insight over the feeling that “the hysterics and the psychosomatics know by heart: namely that our body is an organism of symbols, and that there may be conditions in which symbols undergo a dramatic transformation.” (Manganelli [1992] 2001, 43) However, parting from traditional medical assumptions, this transformation may not be exactly attributable to processes like ‘somatization’ or ‘psychosomatics,’ as we shall see below. Again, Merleau-Ponty provided a much refined take on such struggle over signification and re-signification through the body:

The sense of the gesture is not contained in the gesture as a physical or physiological phenomenon. The sense of the word is not contained in the word as a sound. Rather, it is the definition of the human body to appropriate, in an indefinite series of discontinuous acts, meaningful cores that transcend and transfigure its natural powers. [...] A system of definite powers suddenly decenters here and there, breaks apart, and is reorganized under a law that is unknown to the subject or the external observer, and which is revealed to them in this very moment. (2012, 200)

In the above quoted prose of *On Being Ill*, Virginia Woolf further delivered a precious literary account of the experience of a patient faced with the challenging search for a language able to convey the living experience of sickness through the limited medical lexicon, which does not account for subjectivity. Thus she wrote:

let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him. He is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other (as perhaps the inhabitants of Babel did in the beginning) so to crush them together that a brand new word in the end drops out. (2012, 34)

The search for such brand new words, expressed by means of a corporeality, may well have been an essence of what has once been called hysteria. That outlook towards the body was not totally unknown to French medicine in the XXth century, but scientific validation would not make room for its consideration until the end of the century. In the same years when hysteria had been described and established as a neurological disease, the sharp intuition that the ‘hysterical’ body could rather be considered as a forum of a quest for meaning, and that therefore behaviours could be something else and something more than mere symptoms (more than signs of malady) was already present to the mind of some vanguardist physicians. French poet André Breton, well known for being the founder of the surrealist movement, studied Medicine in Paris from 1913 to 1920. In that period, he worked in several hospitals, received psychiatric training under Joseph Babinski at La Pitié, nearby La Salpêtrière, and was furthermore an enthusiast

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admirer of Freud and Charcot (see Haan et al. 2012; Chevrier 1977). A strong opponent of psychiatric institutions, he “took sides with the socially marginalized mental patients and ascribed their hallucinations and deliriums to an imaginative power [...] considering them a form of creativity that compensated for social stigmatization.” (Gorsen 2000, 61)

Some years later, in a surrealist manifesto entitled *Le Cinquantenaire de l'hystérie (1878-1928)*, André Breton and Louis Aragon openly claimed that “Hysteria is not a pathological phenomenon but may be considered a form of expression,” one “beyond all conventions.” (1928, 20) The reason why such an analytical perspective had until then been underrated, if not unnoticed, may be connected with a specific medical semiology of the body, where bodily signs were considered as mere indicators of (organic) pathologies under the traditional clinical gaze. The dominant epistemic community had set different standards for the consideration of the phenomenon, and that model guided scientific observation, description, interpretation and explanation. The consideration of those behavioural crises as conveyers of wider social meanings, which in fact are inter-subjectively defined and redefined, led some doctors to assume that ‘hysterics’ were rather engaged in a resignification of bodily signs, which were inexplicable for common sense scientific reductionism. Let us quote an interesting analogy to illustrate the logical gap between the observation of a body trait and its connection to a system of reference adopted to understand it:

the colors of the palette or the brute sounds of the instruments, such as natural perception presents them to us, are insufficient to form the musical sense of a piece of music or the pictorial sense of a painting. But in fact, it is less the case that the sense of a literary work is built from the common meanings of the words than that the literary work contributes to modifying that common meaning. (Merleau-Ponty 2012, 220)

A similar dialectic was at work with the medical appraisal of the ‘hysterical’ body, and may still be at play with its nosological substitutes. For this very reason, that of the misinterpretation, misunderstanding or misperception of behaviours, the most confusing situation for physicians of the time was to find themselves unable to distinguish whether the bodily signs were ‘real’ or ‘fake,’ which led to the omnipresent, skeptical suspicion of simulation:

Since hysteria makes evident the limits of precisely that medical discourse whose construction it is and at the same time points out the fundamental contradictions and indefinable phenomena of psychiatric nosology, it represents the ‘X’ that evades any system of classification. In this sense it marks a position that is not part of medical nosology’s claim of universality. (Bronfen 2000, 128)

In his *Graphic Ecstasy*, Georges Didi-Huberman gave an illustration of such deadlock in the attempt of decoding the bodily crisis relying on the wrong dictionary, or to translate it without understanding the source language, a language which was actually under creation, or at least under profound revision:

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The trouble-free practice of medicine would like to be founded on the prior assumption that symptoms never lie, and speak for the patient by uttering the truth concerning him or her, even when he or she is not thought to control, know or speak it. It will be understood why the hysterical symptom (which has at its core the duping of the patient – and of the other) has been able to function, in the words of Freud himself, as the '*bête noir*' of traditional medicine. (2000, 305)

That ambiguity, intrinsic to the meanings of 'hysterical' crisis, was well known to Freud as well, who once wrote that "it quite regularly happens that a single symptom corresponds to several meanings simultaneously. [...] In the course of years a symptom can change its meaning or its chief meaning, or the leading role can pass from one meaning to another." (1981, Vol. 7, 53) Unfortunately, however, despite being able to acknowledge such a versatility, the only symbolic area Freud was seriously willing to take in consideration was the sexual one, as illustrated by the statement that: "a symptom signifies the representation – the realization of a phantasy with a sexual content, that is to say, it signifies a sexual situation." (1981, Vol. 7, 47) Freudian sexual hermeneutical obsession was not limited to neuroses, nor was it either confined to psychology. Let us recall a humorous passage, found in the letters Freud exchanged with Ludwing Binswanger, precisely focused on the issue:

Freud expressed the opinion – not quite in earnest, though, it seemed to me – that philosophy was the most decent form of sublimation of repressed sexuality, nothing more. In response I put the question, "What then is science, particularly psychoanalytic psychology?" Whereupon he, visibly a bit surprised, answered evasively: "At least psychology has a social purpose." (Freud and Binswanger 2003, 237).

The final checkmate in the medical understanding of hysteria, however, was represented by the problem that no doctor could provide an interpretation of the crisis able to overpower the agency of the 'hysterical' subject engaged in an act of expression. This existential account also explains why "hysterics resist a cure by replacing one symptom with another whenever the doctor's interpretation or analysis seems to lead to one," as noted by Bronfen. "For Freud this persistent transformation of his patient's hysterical symptoms meant the failure to find a final solution to hysteria." (2000, 131) Indeed, that shift and movement represents "the turning of the symptom into a metaphor;" (Didi-Huberman 2000, 306) but a metaphor for what?

As seen above, it took a poet's glance to see the truth. Thirty years later, critical psychiatrist Thomas Szasz, probably oblivious of Breton's work, as quite possibly unaware of the researches of Marcel Mauss, attributed those same ideas to another colleague, when he wrote that: "in his later work, Sullivan (1956) has described hysteria as a form of communication and laid the ground for seeing it as a special type of game-playing behavior." (1974, 90) Under that sway, physician Thomas Szasz composed the first semiological theory of personal conduct which was attributing to 'hysterical' behaviours the status of iconic signs of a protolanguage. According to that analogy, communication attempts,

misunderstood by the mainstream medical gaze as symptoms of illness, were framing bodily signs under another class of meanings, different from both brain dysfunctions and Freudian sexual etiology. Szasz wrote that:

In general, whenever people feel unable – by means of ‘normal’ mechanisms, such as ordinary speech – to prevail over the significant objects in their environment, they are likely to shift their pleas to the idiom of protolanguage (e.g., weeping, body signs). In other words, when one’s love object fails to ‘listen’ to verbal complaints or requests, one will be compelled, or at least tempted, to take recourse in communicating by means of iconic body signs. We have come to speak of this general phenomenon, which may take a great variety of forms, as ‘mental illness.’ As a result, instead of seeing that people are engaged in various types of communications set in diverse communicational (or social) situations, we construct – and then ourselves come to believe in – various types of mental illnesses, such as ‘hysteria,’ ‘somatization reaction,’ ‘hypochondriasis,’ ‘schizophrenia,’ and so forth. (1974, 130)

In 1976, also psychoanalyst Lucien Israël suggested to describe “hysteria as a form of communication, in other words to understand it as an attempt to set up a relation with the Other,” (quoted in Bronfen 2000, 129) an attempt which also includes the definition of the self as bonded to that Other, in this case by means of body language. In that sense, hysterical conversion, as Freud originally called it, “translates psychic traumata into somatic symptoms as an encoded message.” (Bronfen 2000, 130) On that very threshold, where lived experience, one’s memory, the subject’s will, the need for communication and a social body get inextricably intertwined, we can consider behaviour as an exemplary illustration of the Lacanian action of *parlêtre*, literally *bespeak*:

It is in order not to lose this leap of meaning that I have now stated that we must maintain that man has a body, that is, that he speaks with his body, in other words that he *bespeaks* by nature. (Lacan 1987, 32)

Jacques Lacan went even further: in the same text he claimed that the notion of *parlêtre* was meant to replace the Freudian theory of the unconscious. Lacan was not alone in having considered the crucial bond between talking and existing as a core of psychological interest. The fundamental form of the Dasein, Heidegger wrote, was precisely the act of speaking: “Fully considered, speaking is: oneself speaking out in speaking with another about something. It is predominantly in speaking that man’s being-in-the-world takes place. This was already known to Aristotle.” ([1924] 1992, 8) Here, the body takes its place in the world on the verge of the phenomenological liminality, covering semiology, psychology, medicine and philosophy under the seals of communication, agency, health and meaning. Instead of downplaying its explanatory power by reducing behaviour to an indicator of disease, the scientific outlook under its most brilliant interpreters came to consider meanings as the ultimate subject of this analysis, as human body represents precisely the medium of this sense-making, its symbol and its metaphor. Bodily signs come to represent a reference to a wider social organism

and a cultural net of meanings, embodied in the living experience of the inter-subjective self as part of that world. As once stated by anthropologist Michael Taussig:

The signs and symptoms of disease do something more than signify the functioning of our bodies: they also signify critically sensitive and contradictory components of our culture and social relations. [...] In denying the human relations embodied in signs, symptoms, and therapy, we mystify those relations and also reproduce a political ideology in the guise of a science of physical things. (1980, 3)

That materialist science of the physical things, that ideology and narrative, where scientific imaginary engaged with metaphors to produce a specific perception of the feminine, an ontology of mental illness and a set of epistemological criteria to identify medical taxonomical kinds as representing objects of the world, was precisely the target of critical psychiatry. On top of that: “the belief that psychotic patients suffer from mental illnesses which are manifestations of brain pathology – whatever its scientific merit – is useful for psychiatrists who wish to deny their patients’ personal and social problems.” (Szasz 1974, 94) In other words: deny their being-in-the-world and preclude “the scientific exploration of human existence and its specific modes of being.” (Binswanger 1958, 193)

On the intercultural level, there have been psychiatrists inclined to consider the relevance of the social idiom of distress as an object of research. However, recent ‘ethnic turns’ of psychiatry do not represent any real advance in theory. As noted by Aidan Seale-Feldman: “even when Western psychiatric diagnostic categories were critiqued as culturally constituted, they continued to serve as key reference points from which cultural variation was measured, as opposed to being treated as one among many equivalent ethno-psychiatries.” (2022, 4)

Let us now briefly proceed with a comparative cultural approach, hoping to bring forth some continuity on the semiology of behaviours by considering a series of variations of the phenomenon once called hysteria. Some ethnographic accounts may well come to enrich and further display the extension of this area of liminality, highlighting the relevance of *embodiment* and *agency* as defining some crucial paradigm shifters for both medicine and the social sciences. To be clear, by an agent we here mean an entity with deliberate and goal-directed behaviour, which we call agency.

In 1988, anthropologist Aihwa Ong published a much relevant research in cultural anthropology, describing how multinational corporations in Malaysian free-trade zones had been seized by spirit attacks targeting young female factory workers.

Throughout the 1970s, free-trade zones were established to encourage investments by Japanese, American, and European corporations for setting up plants for offshore production. In seeking to cut costs further, these corporations

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sought young, unmarried women as a source of cheap and easily controlled labor. (1988, 29)

As she described, those women were usually coming from rural villages (*kampung*), where personal conduct was subject to a high normative pressure and women were “bound by customs regarding bodily comportment and spatial movements, which operate to keep them within the Malay social order.” (Ong 1988, 31) A large scale incident took place in the 1970s in an American factory, involving 120 operators while they were engaged in assembly work, and causing the loss of 8,000 hours of production. Reports revealed that spirit possession was locally presented as the cause of the outbreak, displaying screams, trance states, fainting and violent behaviours. Singapore medical advisors from the Ministry of Labour quickly diagnosed the workers with ‘epidemic mass hysteria,’ described as follows in their official reports:

Seizure cases were those who went into a violent struggle, swinging the upper limbs and kicking about. They would scream and cry, sweat a lot and breathe heavily. Their eyes were either opened and staring or closed. A rapid pulse of 100 per minute was common. A few went into a trance state. Each seizure may last from half an hour to more than two hours. (Chew et al. 1976, 10)

As an answer to the incident, “injections of chlorpromazine (25 mg.) or Valium (10 mg.) were given and the girls were sent home after they calmed down.” (Chew et al. 1976, 11) On the medical report, we can further read that “It was significant that only the Malay girls were affected and none of the Chinese girls were affected. This may be due to the fact that such attacks could be culturally-related.” (Chew et al. 1976, 13)

In fact, ethnographic research in the local community and its social environment revealed that “spirit beliefs reflect everyday anxieties about the management of social relations in village society” and that “it is free spirits that are responsible for attacking people who unknowingly step out of the Malay social order.” (Ong 1988, 31) Moreover, field research showed that “in Malay society, women are hedged in by conventions that keep them out of social roles and spaces dominated by men. [...] women’s spiritual, bodily, and social selves are especially offensive to sacred spaces, which they trespass at the risk of inviting spirit attacks.” (Ong 1988, 31) Malay village women were exposed to such narrative on a daily base. Having been culturally accustomed to identify intolerable behaviours with the punishing actions of the spirits, the language of possession was the first, most obvious tool to embody and communicate the deep distress generated by a series of actions (production line, night shifts, male supervisors, Western toilets, etc.) that local women were not supposed to perform at all, according to local normative social prescriptions. The spirit body language, or protolanguage, would there define the culturally acquired manner to enlive and express both discomfort and the impossibility to cope with distress, as well as to simultaneously perform an act of resistance and rebellion by assuming the role of victims, “who were viewed as not responsible for their affliction” (Ong 1988, 39) and therefore could

not be punished or fired as a consequence. Moreover, the very perception of such environments and transgressive tasks was culturally codified by women in terms of spirit presence and danger. Western-based medicine, ignoring those cultural modes of being-in-the-world, simply did not take in consideration the existential ground of embodied local meanings. Beyond conversion and somatization, which still indicate the presence of an undetectable mental illness, or a *petitio principii* around a mental malfunction, the analytical tools of embodiment, agency and crisis of subjectivity provide as many accurate scientific tools to account for the relations between human beings, their health and their environment.

Shifting now the focus back to Europe, a relevant pattern can be revealed by the comparison of such ethnographical materials with Western 'hysterical' crisis. Following Bronfen, among others, we deduce that the meaning of such crisis was directly related with the power structures typical of Victorian society, the social environment in which women were living and operating: 'the message' she writes, "also touches on the symbolic fictions of authority and consistency. [...] Through her exaggerated display of fragility, the hysterical subject forces those persons [...] to ask themselves what it means to be in an apparent position of authority and power." (Bronfen 2000, 131) Under the existential analysis, those crises may well represent the search for an agency which has not yet found its way through, a specific being-in-the-world caught in the moment of its deep disquiet:

Dasein as being-in-the-world means: being in the world in such a way that this Being means: dealing with the world; tarrying alongside it in the manner of performing, effecting and completing, but also contemplating, interrogating, and determining by way of contemplation and comparison. Being-in-the-world is characterized as concern. (Heidegger 1992, 7)

Reconsidering then the very origins of psychoanalysis, which are inextricably related to the invention of hysteria, let us briefly recall Freud's first major case history: the case of Dora, nickname for Ida Bauer. Drawing on such a parallel may help us establish connections around the semiology of behaviours. Under the influence of feminist theory (see Rose 2020, Cixous and Clément 1986, Moi 1981) we can see that the social relations defining the existential being-in-the-world of the patient have been clearly set within a hypocrite, perverse, male dominated milieu where the female protagonist was suffocating under heavy personal freedom restrictions, very demanding norms and omnipresent judgment:

Freud's case history reveals much about the situation of a young woman from the Viennese bourgeoisie at the turn of the century. Dora's psychological problems can easily be linked to her social background. She has very little, if any, scope for independent activity, is strictly guarded by her family, and feels under considerable pressure from her father. (Moi 1981, 60)

In Toril Moi's philosophical account about the Freudian *Fragment of an Analysis of a Case of Hysteria (1905)* we are reminded that Dora entered therapy in 1900, at the age of eighteen, when "her parents found a suicide note from her," and as a consequence "Dora's father sent her to Freud for treatment." (Moi 1981,

60) According to Freud, her “most troublesome symptom,” coincidentally, “at all events in the last few years, used to be a complete loss of voice.” (1981, Vol. 7, 22) Dora lived with her parents, said to be married without love, and who had a very intimate friendship with another couple: Herr and Frau K. During the eleven weeks of therapy, the family situation displays a very dysfunctional set of relations: when Dora was fourteen, her father’s friend made her a sexual advance. When she told her father, he just would not believe her, openly standing on the side of his friend, and even considering together with him alternative theories to explain the girl’s unrealistic claims. Later, Dora also discovered that her father was sleeping with the friend’s wife, under the silent complicity of her mother, who was too terrified at the idea of losing her husband to react. Freud in fact agreed with the idea that Dora’s father “did not wish to look too closely into Herr K.’s behaviour to his daughter, for fear of being disturbed in his own love-affair with Frau K.” (1981, Vol. 7, 36) As observed by Moi:

The father wants to exchange Dora for Frau K. (‘if I get your wife, you get my daughter,’) so as to be able to carry on his affair with Frau K. undisturbed. Dora claims that her father only sent her to psychiatric treatment because he hoped that she would be ‘cured’ into giving up her opposition to her father’s affair with Frau K., accept her role as a victim of the male power game and take Herr K. as her lover. (1981, 60)

At the same time, Dora got to know that the father’s friend had made violent sex with the children’s governess, who later resigned and went away. During the analysis, little of those elements were considered as really crucial by Freud, whose conception of the feminine and its representations, it has been observed, may constitute a structural dialectical limit to psychoanalysis as a whole (on this, see Rose 2020).

The analysis in fact coincided with the protracted, exhausting attempts on the part of Freud to manipulate and convince his patient to accept his own explanation for her distress: namely deducing that, according to the indispensable cliché, Dora would suffer from a repressed sexual attraction for her father. Next to that, the doctor’s diagnosis was enriched by observing an additional repressed sexual attraction towards the father’s friend, Herr K., who once tried to abuse her. As Dora did not accept to conform to the representation of her feelings according to such theory, Freud got more and more frustrated. Receiving Dora’s refusals, he wrote that “my expectations were by no means disappointed when this explanation of mine was met by Dora with a most emphatic negative.” (1981, Vol. 7, 58) However, regardless of the open denial from the patient, Freud kept on proving his own opinion and decided to simply ignore her words to preserve his theoretical model. Conveniently, Freud wrote that: “If this ‘No,’ instead of being regarded as the expression of an impartial judgement [...] is ignored, and if work is continued, the first evidence soon begins to appear that in such a case ‘No’ signifies the desired ‘Yes.’” (1981, Vol. 7, 60-61)

In the therapist's model for the patient's mind, Dora also identified herself with her mother, being thus jealous of her father, as well as with the friend's wife, secretly desiring to have a sexual encounter with her husband – whom she had already had to push away with a slap. Cherry on top: according to the analyst, her concerns with her father's mistress were feelings "which could only be based upon an affection on Dora's part for one of her own sex," suggesting an underlying homosexuality in light of the poor evidence that Freud had "never yet come through a single psycho-analysis of a man or a woman without having to take into account a very considerable current of homosexuality." (1981, Vol. 7, 60) Interestingly, though, that same kind of attraction, just projected on the male side, he regarded as "the perversion which is the most repellent to us, the sensual love of a man for a man." (Freud 1981, Vol. 7, 50) Arguably, chances are it is not only Freud's ideas about the feminine that might come to invalidate psychoanalysis as a whole. Blinded by "what Flaubert calls *la rage de vouloir conclure*," (Binswanger 1958, 192) Freud just could not see that:

when the hysteric shows her own infirmity [...] her ingenious symptoms spring from the fantasy that happiness is possible, e.g. reliable and intact family bonds, a protective home in the world, omniscient figures of authority, universally valid cultural laws. But precisely the inadequacy of reality causes her to incessantly question paternal law and its cultural attributes and to stare [...] the present state is not one of happiness. Thus [...] she formulates her criticism precisely with reference to the laws she is also questioning. (Bronfen 2000, 132)

As seen, the silencing of Dora within her family was restaged in therapy. The currency of her words had no exchange value in the economy of that speech: her voice was wastepaper, not recognized by the financial authorities in charge. Proving the feminists right, instead of guessing that the loss of voice of Dora (the meaning of such dysfunction) could be a sign of her lack of agency within her social milieu, Freud quickly gets to conclude that:

it is not to be wondered at that this hysterical girl of nearly nineteen, who had heard of the occurrence of such a method of sexual intercourse (sucking at the male organ), should have developed an unconscious phantasy of this sort and should have given it expression by an irritation in her throat and by coughing. (1981, Vol. 7, 51)

The misunderstanding was so profound that Dora soon decided to interrupt the therapy, just at the end of the year, leaving Freud to deal with what he considered a therapeutic fiasco. As argued by Janet Malcolm, Freud treated Dora "as a deadly adversary. He sparred with her, laid traps for her, pushed her into corners, bombarded her with interpretations, gave no quarter, was as unspeakable, in his way, as any of the people in her sinister family circle, went too far, and finally drove her away." (1981, 97) Unwilling to acknowledge that Dora could not identify with those alleged repressed sexual impulses (Freud's theoretical constructs), he rather entrenched himself in some solipsistic distortion of the clinical reality.

In his writings, thus he describes his personal, dramatic take on that interruption: “because of the unknown quantity in me which reminded Dora of Herr K., she took her revenge on me as she wanted to take her revenge on him, and deserted me as she believed herself to have been deceived and deserted by him.” (Freud 1981, Vol. 7, 119)

By no means could the misunderstanding be more irremediable than that.

Finally, it is mentioned in his postscript that, after the interruption of the therapy, Dora visited those family friends again and eventually managed to openly, verbally speak the unspoken truth to them:

she brought her own business to a satisfactory conclusion. To the wife she said: “I know you have an affair with my father;” and the other did not deny it. From the husband she drew an admission of the scene by the lake which he had disputed, and brought the news of her vindication home to her father. Since then she had not resumed her relations with the family. After this she had gone on quite well till the middle of October, when she had had another attack of aphonia which had lasted for six weeks. (Freud 1981, Vol. 7, 121)

This last crisis found definitive resolution after six weeks, when Dora finally found a man she fell in love with, got married and left her father’s house for good.

Leaving aside Freudian metapsychological assumptions, together with his numerous biases, we can observe that where he saw a silly revenge on the part of Dora, we may recognise instead a young woman progressively conquering a space of existence (a space of expression), a public voice, a ‘being there’ independent from the dominating figures surrounding her, including that of Freud – the therapist chosen by her father to fix her. Just like the Malay factory workers mentioned above, dysfunctional behaviours once collected under the word ‘hysteria,’ and now relabeled as somatic symptom, conversion and dissociation disorders, may be more fruitfully considered as acts of resistance (Ong 1988), as ‘crisis of the presence’ (De Martino 1961), or ‘crisis of subjectivity’ (Northoff et al. 2023), a mode of *parlêtre* on the verge, a quest for agency. This threshold may be located on the side of Heidegger’s genuine alternative to both the body-soul conception and the straightforward identification of human beings with their physical bodies, hormones, and brain cells, an approach undertaken by contemporary materialists.

Going back to the writings of psychiatrists Jacques Lacan, one may observe that the psychological dynamic towards liberation involves both the release from a current environment of oppression, and the inner representations still seeking for the approval of the Master (see Seminar XVII: *The Other Side of Psychoanalysis*). That journey, that quest has been amiably described by Slovenian philosopher Slavoj Žižek as follows:

the final moment of the psychoanalytic process is, for the analysand, precisely when [...] he accepts his being ‘as non-justified by the big other.’ This is why psychoanalysis began with the interpretation of hysterical symptoms, why its ‘native soil’ was the experience of female hysteria: in the last resort, [...] what is the hysterical question if not an articulation of the incapacity of the subject to

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fulfill the symbolic identification to assume fully and without restraint the symbolic mandate? Lacan formulates the hysterical question as a certain 'why am I what you're telling me that I am?.' [...] The hysterical question opens the gap of what is 'in the subject more than the subject,' of the 'object in subject' which resists interpellation – subordination of the subject, its inclusion in the symbolic network. (2000, 147)

So contrary to Quine's materialism, according to which "the explanatory value of special and irreducible intermediary entities called meanings is surely illusory," (1953, 12) we argue that such entities may be rather crucial for the understanding of dysfunctional behaviours in psychology and psychiatry. Malay spirit possession cases can be considered as an embodied protolanguage of resistance insofar as the meaning of such behaviours corresponded to, or resonated with, culturally codified modes of being-in-the-world, together with the feeling that crucial norms, structuring the meaning and the value of human beings in such world, were being transgressed. Furthermore, they reflected the lack of agency within a system of powers upon which the workers had no active, defining role, nor right of expression. On the same page, the meaning of the semiparalysis presented by Pierre Janet's Marie (1889) was directly connected with the embodied memory of the contact on her left cheek, but were also situated in a context of weakness where she had been forced to sleep next to the sick child, without having a voice in the matter. As seen above, Dora recovered from her crisis when she managed to take her voice back (her life back), bringing it into the social arena and then leaving from an abusive environment. The concept of agency, together with the ones of embodiment and crisis of subjectivity, then represent an accurate, coherent and relevant resource in existential analysis, or daseinanalysis. Their characteristic liminality provides psychological and psychiatric evaluation with a socially grounded theoretical construct and suggests fruitful therapeutic orientations, additionally bridging the body-mind gap instead of taking sides within it.

Existential analysis further places itself on the level of "ontic statements – that is, statements of factual findings about actually appearing forms and configurations of existence," (Binswanger 1958, 192) independent from unobservable, inferred metapsychological construct ascribing stable properties or functions to the subjects:

The subject is always attached, pinned, to a signifier which represents him for the other, and through this pinning he is loaded with a symbolic mandate, he is given a place in the intersubjective network of symbolic relations. The point is that this mandate is ultimately always arbitrary: since its nature is performative, it cannot be accounted for by reference to the 'real' properties of the subject. (Žižek 2000, 146-7)

By way of conclusion, let us just highlight that such rich existential dynamic is not enough represented by the 'psychosomatic turn.' In fact, if current nosological categories of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) do represent the improvement of eliminating an unbearable gender bias,

and a more subtle philological one (see King, quoted in Gilman et al. 1993), they still present most of the ontological and epistemological shortcomings of their predecessor hysteria. Additionally, they increased diagnostical uncertainty. The current category of conversion is nothing else but Freud's direct descendent of 'hysterical conversion,' only deprived of the adjective, and is largely overlapping with somatization. Dissociation, a concept created and soon dropped by Janet, was initially defined as a mere mental state, then it has been taken as a symptom of a disease, finally it came to designate a disease by itself, revealing much epistemological confusion on the part of the editorial board.

The 'psychosomatic approach' has led neither to better therapies for patients nor to clearer theoretical insights for investigators. The challenge of the Cartesian dichotomy was not met. It was sidestepped. And so it is still with us, but now it is even more difficult to recognize and root out than it was three decades ago, when modern psychosomatic medicine began. (Szasz 1974, 104)

Beyond psychiatric nosological kinds, the consideration of behaviour as a system of social symbols, a performative communication act and the arena of negotiation of meanings, opens a wider framework, one where it is possible to ask questions about the existential condition of human beings faced with a subjectivity crisis. Where materialist accounts fail to provide a model able to describe the mechanism governing the translation from the psychical experience to the somatic outcome, so do psychoanalytical models, where no evidence can possibly inform us about what theoretical construct (Freud, Janet, Jung, Adler, Lacan, Ferenczi, Klein, etc.) could actually correspond to our inner life. Instead of following Popper, who described such hermeneutics as pseudosciences by the falsificationist argument (1962, 34-35), we believe that precisely by standing on such thresholds between disciplines, constructs and theories it is possible to describe the meaning of human behaviours in those areas of coexistence, overlapping and coherence. This meaning-oriented approach may emphasize possibility, intersection and process evaluation over side-taking and definitive pathologizing typologies.

References

- American Psychiatric Association. 2022. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., Text Revision DSM-5-TR. Washington: APA Publishing.
- Aragon, Louis, and André Breton. 1928. "Le cinquantenaire de l'hystérie." *La Revolution Surrealiste* 11: 20-22.
- Binswanger, Ludwig. 1958. "The Existential Analysis School of Thought." In *Existence. A New Dimension in Psychiatry and Psychology*, edited by May Rollo et al., 191-213. New York: Basic Books.
- Binswanger, Ludwig. 1963. *Being-in-the-World. Selected Papers of Ludwig Binswanger*. New York and Evanstone: Harper & Row.

- Bourdieu, Pierre. [1972] 1977. *Outline of a Theory of Practice [Esquisse d'une théorie de la pratique]*. Cambridge University Press.
- . 1990. *The Logic of Practice*. Stanford University Press.
- Bronfen, Elisabeth. 2000. "The Language of Infermity." In *Die verletzte Diva*, edited by Silvia Eiblmayr, Dirk Snauwaert, Ulrich Wilmes, and Matthias Winzen, 128-135. München: Oktagon.
- Butler, Judith. 2004. *Undoing Gender*. New York, London: Routledge.
- Chevrier, Alain. 1977. "Charcot et l'hystérie dans l'oeuvre d'André Breton." In *Le vrai Charcot. Les chemins imprévus de l'inconscient*, Marcel Gauchet and Gladys Swain, 250-282. Paris: Calmann-Lévy.
- Chew, P. K., W. H. Phoon, and H. A. Mae-Lim. 1976. "Epidemic Hysteria Among Some Factory Workers in Singapore." *Singapore Medical Journal* 17 (2): 10-5. PMID: 951594.
- Cixous, Hélène, and Catherine Clément. [1975] 1986. *The Newly Born Woman [La jeune née]*, in *Theory and History of Literature*. Vol. 24. London: I.B. Tauris.
- Danziger, Kurt. 1997. *Naming the Mind: How Psychology Found Its Language*. London: SAGE.
- De Martino, Ernesto. 1961. *La terra del rimorso*. Milano: Il Saggiatore.
- Didi-Huberman, Georges. 2000. "Graphic Ecstasy." In *Die verletzte Diva*, edited by Silvia Eiblmayr, Dirk Snauwaert, Ulrich Wilmes, and Matthias Winzen, 302-311. München: Oktagon.
- Douglas, Mary. [1970] 2002. *Natural Symbols*. NY: Routledge.
- Freud, Sigmund S., and Ludwig Binswanger. 2003. *The Sigmund Freud-Ludwig Binswanger Correspondence 1908-1938*. Edited by Gerhard Fichtner, translated by Arnold J. Pomerans. New York: Other Press.
- Freud, Sigmund S. 1981. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. London: Hogarth Press and the Institute of Psychoanalysis.
- Gilman, Sander L., Helen King, Roy Porter, G. S. Rousseau, and Elaine Showalter, eds. 1993. *Hysteria Beyond Freud*. Berkeley: University of California Press.
- Gorsen, Peter. 2000. "The Stigmatized Beauty from the Salpêtrière." In *Die verletzte Diva*, edited by Silvia Eiblmayr, Dirk Snauwaert, Ulrich Wilmes, and Matthias Winzen, 61-71. München: Oktagon.
- Haan, Joost, Peter J. Koehler, and Julien Bogousslavsky. 2012. "Neurology and Surrealism: André Breton and Joseph Babinski." *Brain* 135 (12): 3830-3838. <https://doi.org/10.1093/brain/aws118>.
- Heidegger, Martin. [1924] 1992. *The Concept of Time*. Hoboken: Blackwell Publishing.
- Janet, Pierre. 1889. *L'automatisme psychologique*. Paris: Félic Arcan Éditeur.
- Lacan, Jacques et al. 1987. *Joyce avec Lacan*, edited by Jacques Aubert. Paris: Navarin.
- Malcolm, Janet. 1981. *Psychoanalysis, the Impossible Profession*. New York: Knopf.
- Manganelli, Giorgio. [1992] 2001. *Esperimento con l'India*. Milano: Adelphi.

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- Mauss, Marcel. 1935. "Les techniques du corps." *Journal de psychologie normale et pathologique* 32 (3-4): 271-93.
- Merleau-Ponty, Maurice. [1945] 2012. *Phenomenology of Perception*. NY: Routledge.
- Moi, Toril. 1981. "Representation of Patriarchy: Sexuality and Epistemology in Freud's Dora." *Feminist Review* 9: 60-74.
- Northoff, Georg, Jonas Daub, and Dusan Hirjak. 2023. "Overcoming the Translational Crisis of Contemporary Psychiatry – Converging Phenomenological and Spatiotemporal Psychopathology." *Molecular Psychiatry* 28: 4492-4499. doi: 10.1038/s41380-023-02245-2.
- Ong, Aihwa. 1988. "The Production of Possession: Spirits and the Multinational Corporation in Malaysia." *American Ethnologist* 15 (1): 28-42.
- Popper, Karl. 1962. *Conjectures and Refutations*. NY and London: Basic Books.
- Quine, Willard V. O. 1953. *From a Logical Point of View*. Cambridge, Mass: Harvard University Press.
- Rose, Jacqueline. 2020. *Sexuality in the Field of Vision*. London: Verso.
- Seale-Feldman, Aidan. 2022. "The Possibility of Translation: Turning Ghosts into Psychosomatic Disorders in Nepal." *South Asia: Journal of South Asian Studies* 45 (1): 1-16. doi: 10.1080/00856401.2022.2014156.
- Szasz, Thomas. [1961] 1974. *The Myth of Mental Illness. Foundations of a Theory of Personal Conduct*. Rev. ed. New York: Harper Paperback.
- Taussig, Michael. 1980. "Reification and the Consciousness of the Patient." *Social Science and Medicine, Part B. Medical Anthropology*. 14B (1): 3-13. doi: 10.1016/0160-7987(80)90035-6.
- Woolf, Virginia. [1926] 2012. *On Being Ill*. Ashfield, Massachusetts: Paris Press.
- Žižek, Slavoj. 2000. "Beyond Identification". In *Die verletzte Diva*, edited by Silvia Eiblmayr, Dirk Snauwaert, Ulrich Wilmes, and Matthias Winzen, 145-153. München: Oktagon.