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## Somatic: A Translation

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## Somatic: A Translation

Sometimes Anna O., the Viennese young woman now known as the first hysteric, couldn't speak. Sometimes she spoke only English, or else French or Italian. Sometimes her sentences, as her doctor Josef Breuer reported, combined "four or five languages." She could switch between these languages with "extraordinary fluency," at one point providing "an extempore English translation" when asked to read aloud from a book in French or Italian. These and other symptoms developed when her father was dying. Eventually, they grew so severe that she couldn't attend to him.

In a poem I never finished called "Replica," I described simultaneous translation as a kind of magic trick requiring not only fluency in two languages but an ability to keep moving past infelicities and mistakes. Only the translator, I wrote, could perceive these mistakes, which evoked what I thought of as the untranslatable essence.

In fact, all acts of translation express translation's limitations. A simultaneous translation makes the problem worse or maybe better since in such cases perfection isn't even part of the equation.

But who doesn't yearn to transgress, to violate the rules of verisimilitude and control? To be violent and violated, imposing one's ailing, inadequate body wherever it fits, singing all the parts out of tune and turn. And also to be a savior, even a humdrum one, murmuring the necessary string of syllables into the ear or earpiece of someone who would otherwise understand nothing.

I want to describe but also shield someone I love, whom I here call *X*, *hysterical*. And also to remain invisible, an audience member or passerby, not fluent in—and eager to demonstrate my lack of fluency in—those murky goings-on. I recognize that making an utterance simultaneous with its interpretation is a form of denial.

But I want to let multiple versions coexist, grammar yielding to cacophony, as when God destroyed the Tower of Babel because the people had grown too bold.

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According to the dictionary, *somatic* means "pertaining to the body." *Psychosomatic*, though, describes "recurrent and multiple medical symptoms with no discernible organic cause." The *DSM-5-TR*, the current version of the *Diagnostic and Statistical Manual of Mental Disorders*, which serves as a guide to psychological and psychiatric diagnosis, replaced the term *hypochondriasis* (as well as several other related conditions) with a series of *somatic symptom disorders*, including *functional neurological symptom disorder (conversion disorder)*. The change downplays cause in favor of manifestation. What used to be called *hysteria* is now *conversion disorder*, though it was Freud who first claimed that hysterics convert emotions into bodily symptoms. *Hysteria* must have seemed gendered and excessive; *conversion disorder* emphasizes the body's capacity to convert or translate the unknowable mind into its own language, which isn't really a language at all.

In fact, conversion has been called an especially efficient mode of translation and also an art form that relies on substitution, displacement and redescription, though it never fully obliterates the original psychological pain.

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If this essay were to adopt a somatic or hysterical form, it might be an opera for five stock characters—a doctor, a hysteric, the hysteric's father, *X*, and me. These characters wouldn't evolve or grow during the performance, though they would argue in French, German, Italian, or

plain English, translations unfurling as needed on a screen above the stage. Or the hysteric would be the translator, rendering the others' spoken words into sign language because, like many real-life hysterics, she is mute. X and I could participate or not, according to our whims or the quirks of the day's performance. At the end, all the characters, even the hysteric, might join in an asynchronous, off-rhythm quintet. Or they'd lapse one by one into silence till everyone twitched mutely, the opera converted into ballet, the way a choreographer turned one of my poems about hysteria into series of movements mimicking my unconscious repetition of words beginning with the letter A, my initial and Anna's. The dancer's arm and head scraped upward, then across, then down. With the other arm, she pulled her head hard to the side, then scratched at the arm of a chair.

To create an opera about hysteria would be redundant, *overdetermined* in psychoanalytic lingo, since opera is already a hysterical form. Arias in particular, in which an often mad, often female protagonist emotes, embody hysteria in the vernacular sense. Opera singers' gestures were traditionally exaggerated so they could be seen by those at the back of the theater.



The bodily symptoms of hysterics are conversions in at least two senses: they make psychic suffering manifest and, often, they adapt the ailments of others, an unconscious act of mimicry. The hysterical body is thus both metaphor and stage.

All physical symptoms, some say, are metaphorical: a sore throat signals an unwillingness to speak, a limp an unwillingness to take the next step. These ideas are ingenious, but they blame sick people for what they can't help. Illness is almost always no one's fault, though sometimes it's precipitated by risky behavior, which is probably also a symptom of distress.

When some recent war veterans' PTSD-like symptoms were revealed by fMRI to be the result of traumatic brain injury, the veterans reportedly felt relieved that their hitherto amorphous symptoms could be explained in physiological terms. *The New York Times* called hysteria "real" after fMRIs of the brains of paralyzed hysterics revealed activity consistent

with physical paralysis. The implication was that till then, those who claimed to be paralyzed were making it up, *malingering*.

Or, as the psychoanalyst and writer Adam Phillips puts it, *at the heart of conversion is always the question: how can you tell a true conversion from a false one?*

Many religious mystics are now thought to have been epileptic, including Moses and the sixteenth-century Spanish saint, Teresa of Avila. Teresa is the patron saint of hysteria, maybe because she was posthumously diagnosed by Jean-Martin Charcot, the nineteenth-century neurologist who treated hysterics at Paris's Salpêtrière Hospital. Some now say the hysterics in his care learned how to act hysterical by watching epileptics in a nearby ward; others believe many of those he called hysterical suffered from yet-to-be-identified physiological conditions.

After depression was classified as a chemical imbalance, depression diagnoses spiked, benefiting drug companies, which quickly rolled out new drugs to treat it. Or the drugs came first, requiring new diagnoses to justify their use. Hysterics, some argue, often develop the symptoms their doctors expect or even want to find, though these arguments rely on the kind of old-fashioned psychoanalytic precepts about unconscious desires they seem intended to overturn. One reader claims Anna wasn't sick at all, just embroiled in a *folie à deux* with Breuer, unconsciously satisfying his hypotheses about the form her supposed illness should take, which impelled him to demand ever more elaborate symptoms, doctor and patient increasingly entangled with and dependent on the other.

X's first diagnosis was *apraxia ataxia*, a difficulty in speaking combined with problems with balance and coordination. X often startled like a newborn, pulling arms back as if about to fall, stumbling, eventually unable to walk even when holding someone's arm. *Whoa, whoa*, X said repeatedly when trying to sit or stand still. Within a month of the first symptoms, X was in a wheelchair mandated by the doctors for safety reasons, though X never actually fell.

In the waiting room of an out-of-town psychologist to whom I went with X, I saw a stranger with X's exact symptoms—the limping and lurching, the jerking head movements and sharp inhalations. The similarity suggested

that conversion isn't just a performance, imitation, or wish to please one's doctor. Rather, each symptom apparently gets created from scratch. But X and that stranger had translated their separate unhappinesses into an almost identical bodily form.

For patients, psychologists say, the benefits of conversion outweigh the costs. The diagnosis of conversion can only be made *per exclusionem*, by ruling out all conceivable physiological causes. X was hospitalized and subjected to multiple brain MRIs; at one sitting, seven vials of blood were removed. But conversion patients get to withdraw from the ordinary world. They receive lots of attention, which sometimes rewards and thus intensifies their symptoms. But something else happened in X's case: the conversion made me hysterical. I mean I was overcome by emotion. I could hardly function. I became an almost-invalid.

Later I realized that several textbook precursors of conversion had been present: someone nearby had been ill, providing physical symptoms X unconsciously mimicked; X had had a habit cough, *tussis nervosa*, for months before the more serious symptoms emerged; through all the months of testing, X expressed no strong feelings, positive or negative, a condition known as *la belle indifférence*, which is so common in cases of conversion that it's used to diagnose it.

To recover, X required both psycho- and physical therapy. X's body's illusion of deficiency needed to be accommodated. Or the legs really had to be taught again to walk.

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As a child I got fevers so high I could do nothing but lie in bed watching the room and the trees outside, which sometimes spun. In the terms of Virginia Woolf, a lifelong invalid, my "body intervene[d]" until I "float[ed] with the sticks on the stream; helter-skelter with the dead leaves on the lawn." I was freed from my obligations, my need to be good.

The hysteric Alice James liked to watch tree shadows move across her ceiling, which she noticed only when she was too sick to get out of bed.

Conversion is often associated with intimate relationships and dependency. At first, I blamed myself for X's conversion. Then, perhaps too quickly, I began transforming it, avidly studying hysterics in history. Their stories sometimes felt like a series of bad translations of bad translations, which, when compared to the original, were unrecognizable. I was indulging in the substitutions, translations, and disguises central to conversion, though such transformations also constitute the artistic process.

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The young female hysterics at the Salpêtrière were famously trotted out on Tuesday afternoons to perform their symptoms before a crowd of onlookers, often under hypnosis. Sometimes they convulsed and couldn't move. Sometimes they writhed on the floor and emitted apparently sexual cries. If the day's performers weren't symptomatic, Charcot, their doctor, would apply an ovarian clamp of his own design, which, he claimed, brought on and also alleviated hysterical symptoms. The demonstrations were meant to prove his (now discredited) theory that hysteria has four phases and hypnosis three. It's unclear whether his patients were actually hypnotized or just played along. They were reportedly especially excited when Sarah Bernhardt attended their display.

Some hysterics who left the Salpêtrière got jobs in traveling shows, where they swooned, went rigid, barked, or quacked on cue, amazing the gathered spectators. It seems that they were acting, though it's still unclear whether they had always been. Or they were still ill, no matter that these scenes are often marshalled by skeptics.

Late-nineteenth-century writings reveal doctors groping toward a theory, often in ways that now seem ridiculous, like Charcot's ovarian clamp. Pressing on a patient's breast, Charcot determined, induced hysterical symptoms, which now seem an appropriate response to unwanted sexual touching. Breuer impelled Anna to perform each of her symptoms' earlier manifestations in reverse chronological order until she arrived at the (usually trivial) original scene. He arranged to have her dressed each day as she had been exactly a year before and moved the furniture

around so she wouldn't trip. As if she could remember and reenact her past actions one by one. As if this performance could cure her.



Symptom of entrapment or trap door—this conflict persists in discussions of hysteria. Hysterical girls were confined by their culture and its sexual proscriptions; their illness exaggerated the conditions in which they already lived. But somatization also freed them. At the end of his career, Charcot seemed to throw up his hands, recommending that the uncured hysterics in his care visit Lourdes, the cathedral built on the site where the Virgin Mary supposedly appeared to a (possibly hysterical) young girl that was (and is) famous for its spontaneous cures of physical ailments. In France especially, religious visions have often seemed inexplicable to the rational men brought in to assess them, *hysteria* blurring into *miracle*. But hoaxes also abound: bleeding and weeping statues of saints are often doctored in the night, though sometimes there is a natural seepage from the stone.

The comprehensive 1878 account of the Salpêtrière patients is called *Iconography*, as if the descriptions and photos of the patients it includes compose a catalog of saints. Religious poses were popular among those patients, including *Ecstasy* and *Crucifixion*, though the photos of girls in these positions seem more erotic than devotional. Many of the Salpêtrière patients were orphans raised in convents on whose walls were painted images of female saints being touched by God. Many had been sexually abused.



If I subtitled my opera *A Translation*, I could emphasize the scenes of hearing and mishearing that recur in histories of hysteria. In one version, Anna would be the protagonist, but she'd be doubled to correspond to Breuer's two quite different histories of her case. The actual girl, whose multilingual speech and "quite sad" and whose "very charming" stories Breuer describes but mostly doesn't transcribe would be nearly silent. Occasionally, though, she could point out errors in Breuer's account, for example the fact that when Breuer proclaimed her cured, she

was actually in a sanatorium, still symptomatic and addicted to the chloral he had liberally prescribed to help her sleep. Anna's real name was Bertha Pappenheim, who became an eminent social worker. In the opera, Bertha could also appear, speaking out, as the real Pappenheim did, about the rights of unwed mothers and prostitutes. Two Breuers could appear, each whispering into his respective Anna's ear. Freud, at whose urging Breuer revised his rangy first version, could be there too, pressuring Breuer to write something that conformed to Freud's ideas. The Salpêtrière hysterics, Anna's precursors, all dressed in white with loose hair, could line up before an old-fashioned camera, as they did in real life. Their photos could be projected above the stage, obscuring the translated superscript.

Later readers could also appear, each focusing on a different element of Anna's story. Some could confess floridly to being infatuated with Anna; others could claim she was never really sick. A small crowd of feminist defenders could lurk at the edges, then for a while take center stage, asserting the liberatory potential of Anna's condition. A bunch of neuroscientists could sit at their laptops, occasionally blurting out discoveries. These characters would distract the audience from X, as their presence does in this essay. My job would be to shield X from being seen. Or X and I would huddle in the shadows at the edge of the stage, mimicking the others' gestures, figuring out how to use it in our art.



Breuer and Freud famously claimed that "hysterics suffer mainly from reminiscences": hysterics, that is, are stuck in the past and compelled to keep reenacting it. The notion seems quaint in the era of contemporary psychiatric diagnosis, in which clusters of symptoms get combined into the illnesses or syndromes required for insurance reimbursement. Memory these days is less a marker of humanness or poignancy or suffering than an effect of signals sent across synapses following the release of electrically charged chemicals.

I don't know whether *suffer* in the phrase *hysterics suffer mainly from reminiscences* means *experience* or whether remembering makes hysterics suffer whereas other people don't find

it painful. Maybe hysteria makes remembering unnecessary, since it takes so much energy to keep finding new ways to disguise and manifest painful memories of the past.

Hysterics don't just misread but convert their reminiscences into something else. Like artists, they keep substituting and translating, always favoring indirection, overacting, and elaborate costumes. Or they flatten their affect and wait till someone notices.

Breuer didn't identify Anna's troubled relation to her father as the central cause of her symptoms, though he noted that she became sick while nursing him during his final illness, her habit cough mimicking his tubercular one.

In the months following my father's brain aneurysm decades ago, I quit my part-time job so I could visit him daily. Sometimes I just sat beside him while he slept and left no sign that I had come. His fragility during his recuperation reminded me of my childhood, for whose sadnesses I felt an irrational tenderness, even nostalgia. A *suffering from reminiscences*, not unpleasant but sweet, at times excessively.

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By X, I mean a real person but also an undefined, unknown quantity that can be solved for. I'm X, afflicted by *beautiful indifference*, unwilling or unable to let myself feel acute pain. X is my fragile, chronically unwell mother and my emotionally curtailed father. And my sister, from whom I am estranged because that is her wish. And Anna, whom I took as my muse, curating and coopting her words in poems I couldn't have written otherwise. Presumptuously, I keep trying to convert X's symptoms into a set of words that will demonstrate my innocence. Sometimes I can see myself at the periphery, somatic and malingering but also earnest and so hurt.

Without the body, hysterical symptoms wouldn't exist. Translating them into words turns them into objects easy to manipulate and transform. The truth is I am tongue-tied but logorrheic, writing compulsively to compensate for what I can't say directly. My sentences, I mean, are useful to me because they are inaccurate.

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### Works Cited

- American Psychiatric Association. "Somatic Symptom and Related Disorders." *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., text rev., American Psychiatric Association, 2013, pp. 349–371.
- Borch-Jacobsen, Mikkel. *Remembering Anna O: A Century of Mystification*. Routledge, 1996.
- Bourneville, Désiré Magloire, and Paul-Marie-Léon Regnard. *Iconographie Photographique de la Salpêtrière (Service de M. Charcot)*. 1878.
- Breuer, Josef. "The Case History of Bertha Pappenheim (Anna O.)," "Appendix 1. ---. Case History Compiled by Josef Breuer, and the Report of Her Treatment in Bellevue Sanatorium." In Hirschmüller.
- Breuer, Josef, and Sigmund Freud. *Studies on Hysteria*. Basic Books, 1957.
- Brooks, Peter. "Body and Voice in Melodrama and Opera." *Siren Songs: Representations of Gender and Sexuality in Opera*, edited by Mary Ann Smart, Princeton UP, 2000, pp. 11–62.
- Charcot, J. M. "The Faith Cure." *New Review*, vol. 11, 1892, pp. 244–62.
- Didi-Huberman, Georges. *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*. Translated by Alisa Hartz, MIT Press, 2004.
- Ellenberger, H. F. "The Story of 'Anna O': A Critical Review with New Data." *A History of Psychology: Original Sources and Contemporary Research*, edited by Ludy Benjamin Jr. McGraw Hill, 1997, pp. 499–510.
- Guttman, Melinda Given. *The Enigma of Anna O.: A Biography of Bertha Pappenheim*. Moyer Bell, 2001.
- Hirschmüller, Albrecht. *The Life and Work of Josef Breuer: Physiology and Psychoanalysis*. NYU Press, 1992.

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- Jacobus, Mary. *Reading Woman: Essays in Feminist Criticism*. Columbia UP, 1986.
- James, Alice. *The Diary of Alice James*. Ed. Leon Edel. Penguin, 1982.
- Kandel, Eric. *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present*. Random House, 2012.
- and Larry Squire. *Memory: From Mind to Molecules*. Roberts, 2008.
- Kinetz, Erika. "Is Hysteria Real? Brain Images Say Yes." *New York Times*, 26 Sept. 2006.
- Phillips, Adam. *On Wanting to Change*. Penguin, 2021.
- Woolf, Virginia, et al. *On Being Ill: With Notes from Sick Rooms by Julia Stephen*. Paris Press, 2012.
- Worth, Robert F. "What if PTSD Is More Physical Than Psychological?" *The New York Times*, 10 June 2016.