

# I have a lump stuck in my throat!

1. After his analysis of "Little Hans," Freud suggested that there are two primary kinds of hysteria: anxiety hysteria and conversion hysteria. In the former, the central symptom is phobia, while in the latter, this phobia takes clear form in actual bodily symptoms. Freud classified these two types to distinguish structural differences and resemblances in neurosis. He concluded that there are cases of simple anxiety hysteria that exhibit feelings of anxiety and phobias, but have no admixture of conversions. See Sigmund Freud, "Analysis of a Phobia in a Five-Year-Old Boy," in *Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. James Strachey (London: Hogarth Press, 1955), 10:5–149.

2. Sándor Ferenczi, "The Phenomena of Hysterical Materialization," in *Theory and Technique of Psychoanalysis*, comp. John Rickman, trans. Jane Isabel Suttie (New York: Basic Books, 1952), 95–96.

3. *Ibid.*, 89–96.

4. *Ibid.*, 96.

In an attempt to decipher a series of enigmatic bodily malfunctions, in 1919 Hungarian psychoanalyst Sándor Ferenczi diagnosed the process of "hysterical materialization": cervical lumps, esophageal rhythmic spasms, vascular swallows, paralyzed muscles, and other mysterious symptom-formations manifested in some of his patients. Such types of "conversion hysteria"<sup>1</sup> were evidenced either as "positive" growth formations – lumps or swells – or "negative" breakdowns of organic functions – hysterical paralysis, localized anesthesia, etc. One fact remained invariant: all symptoms were imagined and actually materialized. Patients consistently complained of curious lumps stuck in their throats, of foreign rectal bodies trapped in their anuses, or of stomach-children molded out of the contents and walls of their stomachs. They were convinced that these new second bodies were forming as they were speaking. After cautious examination of the patients, Ferenczi vowed that such symptoms could not be called hallucinations; they were not imaginary, but real.<sup>2</sup> But what brought them into existence as actual new materials generated by the body?

Sigmund Freud's initial hypothesis, adopted by Ferenczi to support his own theory, was that conversion hysteria represented unconscious fantasies in bodily terms: psychic "wish-formations" that became corporeal.<sup>3</sup> The throat lump typified an unconscious wish for fellatio, the rectal masses homosexual desires, the "stomach-children" imaginary pregnancies, and so forth. Ferenczi advanced Freud's theory of hysterical symptom-formations beyond the binary of cause-and-effect relations for psychosomatic disorders to investigate the nature of the material composed by the body and the processes of its formation. He explained the lump as foreign to the body rather than an organic growth synthesized as an extension of existing tissues. It was a new unidentified organism whose constitution at first looked like a galaxy of dispersed matter. Ferenczi then suggested that such bizarre crystallizations required a special name, since they depicted not only novel psychoanalytic phenomena, but also novel "materialization phenomena."<sup>4</sup>

## SEMI-SUBSTANCE BODIES

5. Sándor Ferenczi, *The Clinical Diary of Sándor Ferenczi*, ed. Judith Dupont, trans. Michael Balint and Nicola Zarday Jackson (Cambridge: Harvard University Press, 1995), 7.

6. Ferenczi, "The Phenomena of Hysterical Materialization," 96.

7. Ibid.

8. Michael Balint, "Sándor Ferenczi's Last Years," *International Journal of Psychoanalysis*, no. 39 (1958): 68.

9. See Sigmund Freud and Sándor Ferenczi, *The Correspondence of Sigmund Freud and Sándor Ferenczi*, vol. 1, eds. Eva Brabant, Ernst Falzeder, and Patrizia Giampieri-Deutsch, trans. Peter T. Hoffer (Cambridge: Harvard University Press, Belknap Press, 1996), 356–57.

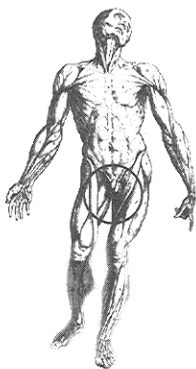
10. See Leo Rangell, "The Nature of Conversion," *Journal of the American Psychoanalytic Quarterly* 7 (1959): 632–62.

11. Ferenczi, "The Phenomena of Hysterical Materialization," 91.

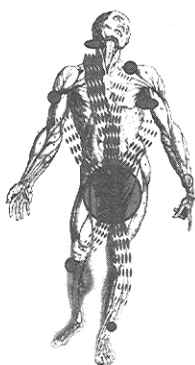
Looking more closely at the lumps stuck in patients' throats, Ferenczi named them "semi-substances,"<sup>5</sup> and described the body that produces such substances as "plastic."<sup>6</sup> Like the work of the artist who molds the material of his conception before he is in command of his thoughts, or the occultists who imagine the "apport" or the "materialization" of objects,<sup>7</sup> the lump represents the formation of a material that is invented and fabricated by the patient. But beyond simply being a type of material, the lump represents more the idea of its own transformation. To produce it, the body must lose its firm structure; organs start to become indistinct as the body enters a "semi-liquid," "plastic" physical state in which psychic and physical subjects merge.

Ferenczi's theory is distinctly different from Freud's model of conversion hysteria. Under the rubric of hysteric symptoms, Freud imagined the body as a mechanical system composed of objects and fluids, dams and flows; the regulation and obstruction of flows triggered hysteric symptoms. Freud commonly described the function of psychosexual energies with the terminology and iconography of 19th-century steam engines and the theory of energetics. Ferenczi, on the other hand, imagined the hysteric body as an unregulated cloud of diverse substances and free-floating particles. The formation of semi-substances was determined, according to Ferenczi, by "inner" forces analogous to the patient's latent fantasies, which regulate and direct the crystallization of symptoms-formations.

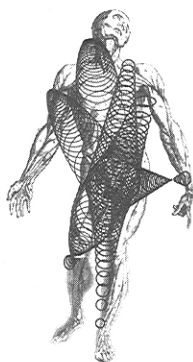
A number of Ferenczi's ideas on hysterical materialization have been quite controversial, deemed as fantastic, revolutionary, exaggerated, without proper foundation, and so on.<sup>8</sup> Notably, while Ferenczi was doing research on this project, advancing Freud's theory of conversion hysteria and remaining in constant weekly communication with his master tutor,<sup>9</sup> Freud decided to quit this field of study, having judged the formation of peculiar somatic symptoms to be an obscure and, overall, unproductive field of study.<sup>10</sup> Although Ferenczi acknowledged that the mysterious leap from mental to bodily phenomena might be a difficult problem,<sup>11</sup> he was not discouraged by the alleged obscurities and the magical character of symptom-formations and persistently pursued his research, driven by a desire to demystify the process. Ferenczi eventually arrived at two conclusions that go far toward solving this malady. First, he introduced into the discourse of conversion symptoms a series of transformations,



FRACTURE IN THE NORMAL SEXUAL  
DEVELOPMENT >> REPRESSION OF  
GENITAL IMPULSES.



IRRUPTION OF THE GENITALS >> DISPERSED  
DISPLACEMENT OF THE GENITAL TO  
POTENTIALLY EROTOGENETIC ZONES.



REPPRESSED IDEA TRANSFORMED >>  
INNERNATIONAL ENERGY.

in which the passage from mental to corporeal is only one stage. Integration of this stage into a greater series of transitions de-emphasized the idea of the one mysterious leap between mind and body. Second, Ferenczi employed modern views of the conversion of energy to matter as an analogue to the mental-bodily leap. While inorganic and organic matter exist in a web of equilibrium under normal conditions, he explained how the stability of such correlations could be disrupted under severe stimuli that in turn caused the explosion of matter.

#### TOPOGRAPHICAL, TEMPORAL, AND FORMAL REGRESSION

Another distinctly crucial concept with which to examine the phenomena of hysterical materialization is *regression*, or what Ferenczi called a “regression to the protopsyche.”<sup>12</sup> In the course of this process, the subject reverts to a primitive stage of development, which is manifested in both the individual turning back to previous life stages, and in time, as in the return to a primitive era. This regression is of such a dramatic and traumatic nature that the subject is diffused in space and time, and thus distills entirely different organic behaviors and capacities that lead one to realize inconceivable phenomena under normal circumstances. In psychoanalytic terms, conversion symptoms are diagnosed as physiological reflexes in the primitive realm of the protopsyche, where the unconscious wish leaps across to unconscious motility. In spatial terms, regression can be interpreted as the dissemination of matter in space to archipelagos of constellations by means of an energy big-bang. In this sense, hysterical materialization may also be viewed as a vehicle for design, one that defers immediate formal expression. The regressive body can be thought of as a scaffold of distributed properties and behaviors, where objects temporarily crystallize around information that becomes, for unknown reasons, prominent.

#### DE-ERECTION / BLOCKAGE / INNERVATION

To translate the mechanics of hysterical materialization to design terminology, I propose three tentative operations that reflect on requisite spatial adaptations of the body. The first condition – *de-erection* – refers to the body’s loss of its erect posture, regressing into earlier life stages and epochs. The second – *blockage* – refers to the body sealing its boundaries, and the third – *innervation* – adverts the thickening or enhancement of mucous skin zones through the transposition of energy from the organs to the periphery. These operations

12. Ibid., 97.



(or design pathologies) are not suggested as practical application models for design thinking. Rather, they are emergent conditions or effects of procedural design methodologies, shaped by the implementation of rules and constraints throughout the design process.

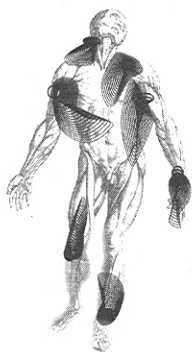
De-erection signals a directional shift from the vertical to the horizontal. In spatial terms, it can be interpreted as a negotiation between axes in a design scheme where it is unclear whether the project expands horizontally or vertically, and thus whether it is to be understood in plan or section. This condition of indeterminacy in axial directionality parallels the regression of the individual to earlier life stages during the process of hysterical materialization.

A process of devolution can be visualized in the change in posture of the fully grown erect man to that of the adolescent, the child, and finally the newborn infant, whose skeletal structure and bodily tissue are so soft and flaccid that it cannot carry its weight upright. Hysterical materialization suggests that the individual undergoes this process of fundamental devolvement; not, perhaps, in actuality, but as if its materials begin behaving as in previous life stages. In the course of regressive inclination, the body returns to an infantile state and loses its point of gravity as it reaches a state of plasticity. It is worth recalling here that the discipline of artistic anatomy in the late 19th century was founded on the presumption that man stands erect.

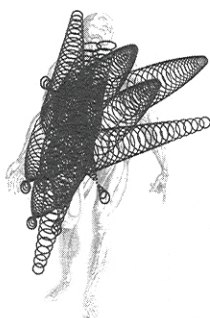
*Cathexis* may describe more fully the condition of de-erection. This psychoanalytic term, which refers to libidinal energy charge, was often described by Freud as the libido's manufacturing of energies that, if blocked, build up at certain locations and require release in alternative outlets; such detours can potentially lead to the formation of disabling symptoms. Translated into spatial terms, this can denote the concentration, accumulation, holding, and retention of mental energy in a particular channel until it can be released in the direction of a specific path. In short, it announces that point where matter accumulates and, beyond a certain threshold, begins to shape and articulate a vertical axis.

Along with the regressive devolution of man's posture, the phenomenon of hysterical materialization also initiates a chronological regression in time. This accounts for Ferenczi's fixation with glaciers, aquatic mammals, intrauterine life, copulation in fluid environments, and the generic longing for moisture. The vast, telluric changes that occurred over long periods constituted "catastrophes" – as





INNERVATIONAL ENERGY FORMATION >>  
LOCALIZED SOMATIC SYMPTOMS (INDIFFER-  
ENT BODY PARTS ARE GENITALIZED).



FREE-FLOATING AND COMPLEX-ESCAPING  
EXCITATION REMAINDERS >> SEEKING  
SATISFACTION FROM EXTERNAL OBJECTS.

Ferenczi called them – for all the creatures that experienced them. For the individual's psychology, these changes signaled an unsurpassable biogenetic rupture between the individual and its environment, recalled by all beings at moments of distress. In hysterical materialization, the subject eventually attempts to reproduce this intrauterine, amniotic space of the belly. A similar condition of regression into "intrauterine environments" as a possible model for future architectures was invoked in the architectural discourses of the surrealists in the 1930s, including the theories of Tristan Tzara.<sup>13</sup> The connection between Ferenczi's anthropogenetic theories and the spatial condition of de-erection may seem tenuous at first, yet the typology of the landscape that Ferenczi recalls is in fact de-erected. Ice shelters, geological land formations, caves, and other environmental primitive forms of habitation all speak of spaces under formation, characterized by indefinite directionality, where all materials are being molded into a plastic state.

Blockage can be interpreted as a firm boundary condition in a design scheme (in either two or three dimensions) that acts as an impassable zone within which elements and materials have to be packed. Spatially, the territorial demarcation of boundaries and obstruction-markers may also perform as a mechanism that enables material and spatial organizations that would not have been probable in the open field. Yet, in psychoanalysis, the condition of blockage, which refers to "autoplastic" adaptation as analyzed in "temporal regression," is more than spatial; it is organic. Blockage presents an operative self-containment of the organism that blocks the reception of any input from the exterior world. Similarly, in the process of hysterical materialization, the "autoplastic" subject shuts down environmentally while experiencing a deep regression. Consequently, the newly defined, closed system of the hysteric body produces new materials by using what is available for disposal on the spot. With this ad hoc function, the body enters a peculiarly productive state, generating its own input. Blockage becomes fundamental to autoplasticity, as it induces an unforeseen development of material constitutions in the body.

Recalling the sealing process of autoplasticity, innervation refers to the exaggerated augmentation of epidermal functions – mucous and cuticular skin zones – due to a hyperbolic stimulation of the neural system. If we conceive of the body as a system of connecting vessels where certain amounts of energy are channeled from one location to the

13. Tristan Tzara introduces the term *intra-uterine architecture* to counter Le Corbusier's "machine for living" and Miesian rationalism. See Tristan Tzara, "D'un certain automatisme du gout," *Minotaure*, no. 3–4 (December 1933): 81–84.

other, the hyperstimulation of the skin may in some cases result in the atrophy of normative organ functions. In this sense, innervation marks a systemic shift from the body's hard, anatomical components to its soft tissues; this shift is expressed in such symptoms as the movement of the smooth muscle fibers of the vascular walls, the functioning of glands, the process of tissue nourishment, and other intra-physical regulations.

This transition from hard parts to soft envelopes can be interpreted spatially as a thick, performative skin that does more than wrap space; the surface becomes space itself. One visual example is László Moholy-Nagy's photograph of a formless pile of automobile tires, where a mass-surface is produced by the heaping of deflated bodies.<sup>14</sup> Entitled *Faktur* (facture), the mountain of flaccid rubber objects indicates the act, process, or manner of making. By aggregating diverse matter, surface inflates to space. The deflation or de-erection of the individual object creates a momentous erection as a group.

It is possible to distinguish de-erection, blockage, and innervation as offspring, side-effects in the design process, rather than premeditated concepts of core significance in the development of a schema. These are retroactive design mechanisms. One can hardly imagine laying claim to innervation as the main initiative for a project, its *raison d'être*, yet it may be an underlying driving force that motivates the unraveling of ideas.

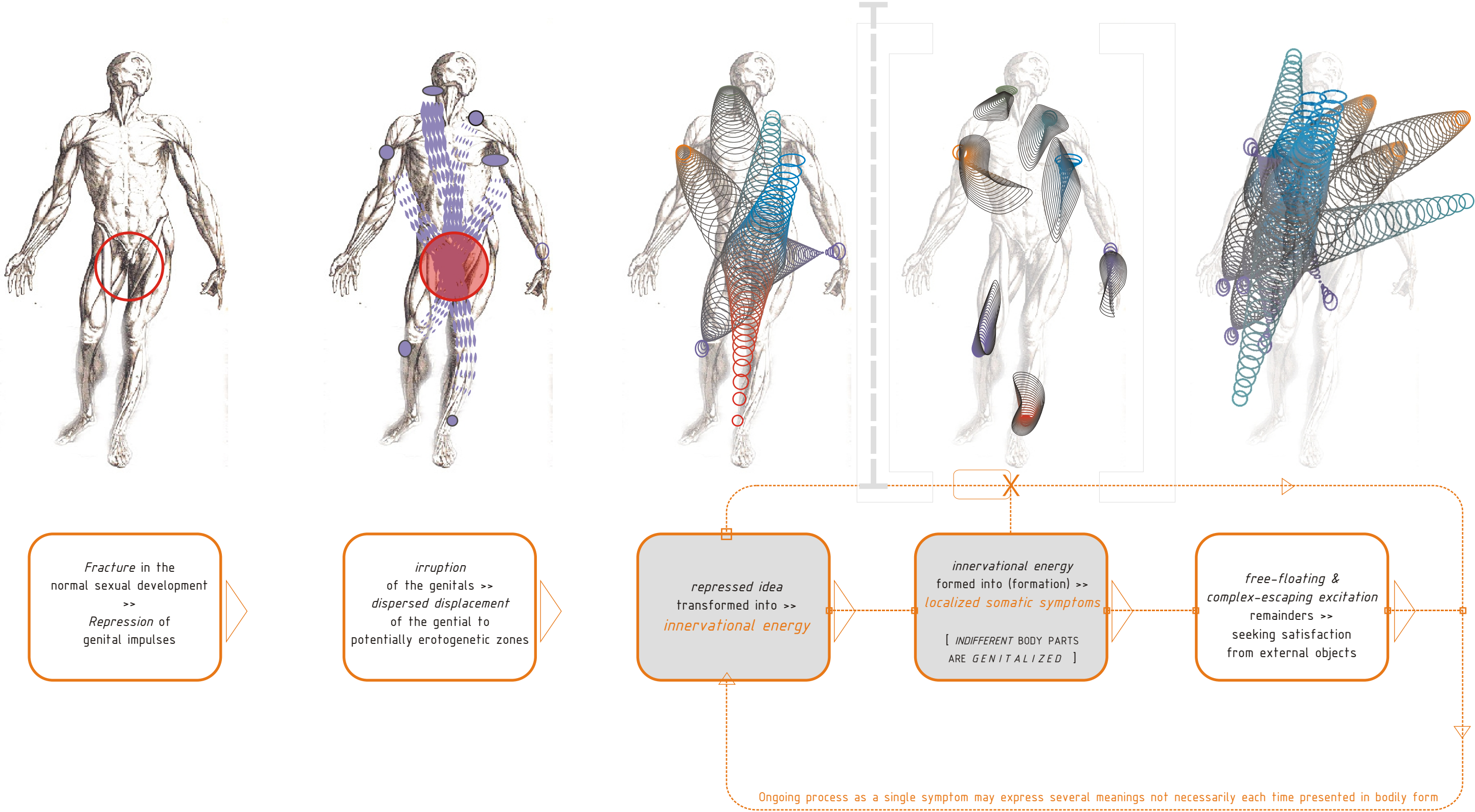
Such unexpected effects, which germinate as derailed paths from the central line of inquiry, truly speak of today's ideological diffusion. This ideological digression corresponds to the displaced and unexpected bodily growths of hysterical materialization processes, where desires are displaced from one bodily region to another. Discourses that appeared as side effects in the history of ideas, stories not allied with the normative course of what we acknowledge to be of core historical significance, may account for the array of current anxieties in architecture. They constitute a marginal practice that subconsciously informs the core, feeding history through its dross.

14. See László Moholy-Nagy, *Von Material Zu Architektur* [From Material to Architecture] (Munich: A. Langen Verlag, 1929).



DIAGRAM 01: HYSTERICAL MATERIALIZATION

This stage represents the leap from mental to bodily. Although it is the decisive stage that reifies conversion hysteria to actual material formations in the body, it is bracketed and marked with an [x, ]because it does not necessarily occur in the course of displacement of repressed genital excitations. It might be passed over, leaving an ongoing innervation in the body.







# DIAGRAM 02: FROM SHIT TO MONEY

The ontogenetic path of development of the interest in money

