

Fibromyalgia and Subjectivity: From Elizabeth von R. to Lady Gaga¹

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My interest in fibromyalgia was sparked by the fact that, while working as a family doctor in 2002, I received a memo from the rheumatology department of the referral hospital where I worked, overwhelmed by the numerous cases of fibromyalgia that I saw in the hospital's outpatient clinics, which indicated that these female patients should not be referred if they were not serious cases or if there were any diagnostic doubts in relation to other rheumatic diseases.

Later, this interest was transferred to the psychoanalytic clinic, and finally the book "Pain and the Languages of the Body"³ was published in 2009, a research work of which I will try to transmit today some of its coordinates.

As you know, fibromyalgia is a condition whose cardinal symptom is widespread pain in the body, accompanied by other bodily disorders.

We refer to chronic pain of non-organic, unknown cause.

It is a medical diagnosis, not a diagnosis of psychoanalysis, and it accounts for a clinical fact: the experience of pain in the body that is often accompanied by other symptoms, digestive, respiratory, endocrine, chronic fatigue, insomnia, and a long, etcetera.

From a psychoanalytical point of view, we could speak of an "entangled body,"⁴ taking Jacques-Alain Miller as a reference, of a massive affectation of the body and its functions, the fundamental symptom of which is pain.

In 2005, I asked myself the following question: What can the psychoanalytic clinic contribute to the treatment of fibromyalgia?

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³ In Spanish "[Pain and the Languages of the Body](#)"

⁴[TN] Jacques-Alain Miller, *Conversation sur le embrouilles du corps. Ornicar ?* Revue du Champ freudien, n°50, Paris, Navarin/Seuil, 2002, p 240.

It was a question, not an answer. It would be necessary to verify in concrete terms whether the listening of a psychoanalyst could have any therapeutic influence on the symptom of pain.

Freud and the case of Elizabeth von R.

I had already read the case published by Freud in his *Complete Psychological Works*. In 1895, Freud published the case of Elizabeth von R., in which he gives an account of the cure of a patient who could nowadays be diagnosed as suffering from fibromyalgia.

When she was seen by Freud, Elizabeth von R. was 24 years old and had been suffering from pain in her legs and other parts of her body and had difficulty walking for more than two years.

In recent years, several traumatic events had overtaken her life: her father had died, her mother had to undergo a serious operation, and then her sister died.

Freud says that her pain and suffering kept her away from social engagement and the pleasures typical for her age. She complained of great pain when walking and intense fatigue and was obliged to rest.

Freud's procedure consisted of trying to get the patient to link by association the different painful areas and the scenes linked to that painful sensation. In this way, he was making a pathway.

I point out once again that for Freud, the symptom of pain can be deciphered; it has a meaning. In other words, in order to get off the pain highway, we have to find the signs and symbols that allow us to resolve the crossroads of pain. This is the *trace* of words, of signifiers. One of the lanes we can find on this highway is that of the unconscious, the royal road to resolve the symptom.

The cure of this patient occurs when she realises, after the death of her sister, her attraction for her brother-in-law and the thought that comes to her mind, "Now he is free again and I can be his wife."⁵ The pain produced by this intolerable and unconscious desire for the sister's death had passed into the body, and, as Freud would say, the

⁵ [TN] Sigmund Freud, SE, Complete Psychological Works, Vol. II p. 155. GESAMMELTE WERKE Vol. 1, Page 221. "Jetzt ist er wieder frei, und ich kann seine Frau werden"

defense of the ego had spared psychic suffering.

In other words, the psychological pain, by a mechanism of conversion, had become physical pain. "The reason was the ego's *defence* against this group of representations, which was incompatible with it, and the mechanism of *conversion* by which, instead of the psychic suffering that the subject had spared herself, physical pain appeared."⁶

The experience of "pain"

The International Association for the Study of Pain gives the following definition:

"Pain is an unpleasant sensory and emotional experience, associated with actual or potential tissue injury or even described in terms that evoke such an injury."

Reading this definition reveals the ambiguity of the term pain, it is a sensation or an emotion that can occur even if there is no physical injury responsible for it. It is a real pain, felt by the patient and complained of, but without there necessarily being an organic injury or physical trauma that justifies it.

The clinical experience of fibromyalgia treatment tells us, that, subjectivity is always involved, but this does not mean that this guarantees that a treatment with words would be a guarantee to treat fibromyalgia as we know it today, nor does it mean that the contemporary clinic is the same as Freud's at the end of the 19th century.

In 2006, I set myself the working hypothesis of whether a psychoanalytically oriented treatment in alliance with medicine was possible. Because it is a fact of any doctor's practice that subjectivity is involved in the experience of pain.

I proposed a work plan in alliance with my colleagues at the health centre. Alliance of Medicine and Psychoanalysis in the treatment of fibromyalgia.

Since then, I have treated many patients, and this experience I will try to transmit to you today.

How do patients talk about this pain? Their testimonies are disturbing.

"I have been labelled as having fibromyalgia, and they treat us like lepers, like we are crazy, we don't sleep, we have so much pain that nothing helps, I take a lot of painkillers,

⁶ *Ibid.*

and they don't do me any good. When I went to the traumatologist, everything hurt as if I had bruises; now it doesn't stop, it's continuous, when I missed my period, I got much worse, I get very tired, I feel like I have no strength. There is no place in my body that says, today this doesn't hurt. When I had my last child, I couldn't pick him up from the cradle."

"Even my flesh hurts."

"I can't go to bed because the weight of the sheets hurts."

These are some of the testimonies, in some cases shocking, that I have heard on numerous occasions, which give an account of intense suffering. The pain is not imaginary; it is real, and it is experienced in the body.

"Pain" is a subjective experience that has been thought of by many authors.

Schopenhauer⁷ would say that it has the positive side of making us feel alive. We could say "alive", but at a high price because it is a real pain in the body that can be lived on the side of ravage and mortification, rather than on the side of life.

Pio Baroja wrote a thesis on pain⁸ in which he pointed out that the body is experienced as alive through the kinaesthesia of pleasure and pain. It is a thesis on the side of medicine that deals with pain in its different aspects, including the organic one. What I am interested in, is reviving the concept of kinaesthesia, of the ways in which the body experiences itself as alive. It talks about pleasure and pain as the two great modalities. Pio Baroja presented his thesis in 1896 at a time in his life when medicine was the means by which he earned enough to eat, but shortly afterward he put down his doctor's bag and devoted himself to writing.

And here I introduce a Lacanian concept, an approximation to the Lacanian concept of *jouissance*, which is a complex concept: that of the body which is experienced as alive, not only on the side of pleasure but also in a *beyond pleasure*, as Freud put it.

So, we can already say that pain is close to the Lacanian concept of *jouissance*: bodily pain versus Lacanian *jouissance*.

⁷ Arthur Schopenhauer, *The World As Will And Idea* (Vol. 2 of 3). Available [online](#).

⁸ Pio Baroja Nessi, *Study about the pain*, 1896. Original thesis in Spanish available [online](#).

About a case

Maria is a 48-year-old woman who married pregnant at nineteen. She has a long history of generalised body pain.

In the first interviews, she talks about her husband's alcohol problems and that her pain began during one of his relapses. Since then, the possibility of separation has been raised on several occasions, and once she realised the link between the history of her pain and her husband's alcoholism, the idea of separation was immediately and firmly raised.

A first intervention was to suggest to her shortly after the start of treatment that it was a matter of continuing to talk before making important decisions.

Shortly afterwards, she talks about her father's alcoholism, a real in her life that has conditioned the vicissitudes of her love life. Her life has been hell, but now that her husband only drinks very occasionally, things are still the same.

She was able to talk for a while about her family romance, her parents' desire, her place in that desire, and her relationship with her siblings.

At a third point in the treatment, she was able to recognise that for many years she has not been able to bear him coming near her: "We sleep in separate beds and separate rooms, my body does not respond when he comes near me, and this is a point of great conflict."

Here a new dimension of the symptom comes into play, which I have been able to observe systematically in many case histories. Something is elided or problematised by defect or excess, pain being directly articulated to desire.

It is to the extent that she can ask herself about her place in the couple after a year of treatment, that she can find a suitable way out of the pain highway.

She has moved from the symptom of pain, a mute symptom attached to the body, to the opening of a neurosis in which the question of femininity and sexuality is at the forefront.

The body does not respond when her *partner approaches* her. Her body is mortified, outside the dialectic of desire; it is a desert of jouissance, and pain appears in the place

where she finds no possible processing with the jouissance of life.

The treatment lasted until she was able to find a way to find a place of desire in her relationship with her partner, even to find a way out of the economic dependency she was in and to find, for example, a job.

The ravaging relationship with the partner was sustained not only by the husband's history of alcoholism but also by her own neurosis. She was able to resolve some of this, and the therapeutic effects were very important because, from then on, she was able to live the neurosis with a different dignity and with a different difficulty than that of the manifestation of pain.

Not all cases are the same. Each case has its singularity, and for this reason, a strong thesis is that protocols are of no use but rather the case-by-case clinic of psychoanalysis.

The body of "pain"

What does this case and, by extension, the clinic of fibromyalgia teach us?

First: That it is necessary to distinguish the concept of the organism from that of the body.

Here we find a difference in the perspective of medicine and psychoanalysis and probably one of the keys that make the treatment of fibromyalgia difficult for medicine.

For psychoanalysis, the human body is the result of the living organism's encounter with language.

Language belongs to the field of the symbolic and the organism to the field of the real. It is a sum of apparatuses, systems, organs, etc. that medicine knows and studies with great technological resources nowadays. I am not going to expand on this approach, but I do want to underline a very important nuance. The consideration of a woman's body cannot be taken without excluding the subjectivity that sustains it.

Today, medical practice is still based on this operational dissociation between the psychical and the somatic. This exclusion of subjectivity is what often causes great discontent and difficulty in dealing with this condition.

Dr Lacan, a French psychiatrist and psychoanalyst, states in his 1966 text "Psychoanalysis and Medicine"⁹ that there is a radical break in the history of humanity that is defined by the appearance of the discourse of science in the 16th century.

Lacan situates the cut in the separation made by René Descartes between the body and thought. Lacan translated this by saying that the advent of science is accompanied by the foreclosure of the subject.

Today, medical practice is still based on this operational dissociation between the psychical and the somatic. The growing hegemony of the more *biologistic* currents has removed from clinical practice the consideration of the speaking subject and has returned to theories according to which symptoms can be explained by the different levels of serotonin or dopamine, the deficits and excitations that occur in the organ of organs: the brain.

This biologistic reductionism prevents an understanding of the relationship that may exist between bodily and mental disturbances and leads treatments to a dead end.

Let me give you an example. If a patient has a trauma and, for example, suffers a blow that causes traumatic arthritis, we can prescribe an anti-inflammatory analgesic - aspirin - and it will certainly relieve the pain, but the fact that the patient responds to treatment with aspirin does not mean that the pain is caused by a deficit of acetylsalicylic acid in the body. Medicine has conducted a great deal of research into this absurd logic, but all of it has failed.

I think it is appropriate to recall Jacques Lacan's intervention during a round table discussion on *The Place of Psychoanalysis in Medicine* under the auspices of the College of Physicians at the Parisian hospital La Salpêtrière on the 16th of February 1966. Lacan says:

"Let me rather delimit as an epistemosomatic failure the effect that the progress of science will have on the relationship of medicine to the body..."

When he speaks of the concept of epistemosomatic failure, at this point in his teaching, he is referring to the failure established by the fact that medicine does not incorporate the incidence of language on the body.

⁹ Jacques Lacan, "Psychoanalysis and Medicine", *Lettres de L'Ecole Freudienne* 1, 34–61.

A short time ago, a patient spoke to me about the pain of living after the death of her son in an accident. She is a 75-year-old woman, and for several months after this tragic accident, her body has been crumbling; she has many symptoms, and she cannot imagine life after the death of her only son. She could not find words to talk about it. Nor are there any words in the language to name her as a suffering subject. There is no word to name someone who has lost a child; it does not exist. She could not find words to talk about it, but her body did speak in its own way, in its own language, with bodily symptoms and bodily phenomena that hardly have a logic from the point of view of medicine.

The operational dissociation between the mental and the bodily, the consideration of the body as a machine to be dealt with without taking into account the subjectivity of patients in the treatment of pain, leads treatments to failure and a dead end.

Second: In the clinic of fibromyalgia, I have always encountered events in the lives of patients that have destabilised the structure and functionality of the body, disabling limits and producing great suffering and delocalised, limitless pain.

It is essential to be able to listen to and accept the words of the subject who suffers and try to explore what is destabilised in this knot between language and the body, between the sense of life that is adrift and the speaking being who has a body that speaks in its own way, as in the case of fibromyalgia under different bodily symptoms.

The pain of existing

A few days ago, I was able to watch a documentary on *Netflix* about Lady Gaga, who, as you know, has been diagnosed with fibromyalgia for some years. It is a documentary that gives us a very interesting testimony about the coordinates of the onset of fibromyalgia.

The documentary illustrates the creative and artistic life of one of the world's best-known women suffering from the disease, as well as the heart-breaking testimony of her body's suffering.

In reality, she has a body that recomposes itself on stage and with the music, and which decomposes in her daily life. It decomposes with the symptom of pain that leads her almost to invalidity at times.

The documentary begins with some of her statements in which she says that she is "fed up with putting up with men's bullshit," affirming that if she gets depressed, her body pays for it. She goes so far as to say that life is madness.

Her life passes between the success of being a music star and all the tolls that must be paid for this, and at the same time the losses and love separations that this entails. Each new record and each new success in sales and in her professional career became a loss and the experience of the pain that accompanied it.

She says: "Lord, show me the way through this worn leather."

This "worn leather" is her body. The body that she has adorned in her musical career over the years and which, with its masks, has taken on the most varied forms when she went on stage, is no longer of use to her. She is in a process of transformation that appears from a tour in 2012, the fracture of a hip, and the separation of a love relationship.

She is a woman with a lot of vitality and drive; she tries to reinvent herself. Her total escape is music.

She bears witness to an event in her family romance that is crucial: the death of a paternal aunt - Joanne - and the pain that is passed down through generations, from the paternal grandmother, who is very dear to her, and from the father himself, who accompanies her everywhere.

That pain is re-enacted in every loss of her life. She finally releases an album named after her: "Joanne" and tries to reinvent herself.

She has changed her aesthetics, her appearance, her style, and her lyrics, everything is still to be done. She feels fear and anguish; she goes through difficult moments... it's a very interesting documentary.

She says to her grandmother and father, "I made it for you and for daddy."

The documentary clearly visualises the different resources she has to face her difficult situation: doctors, physiotherapists, different therapies, and we don't know if there is also some kind of speech therapy. In any case, her story and the sincerity of her words do give a very eloquent testimony about the knotting of the symptom of pain in the

body and her own history of losses that can be verified in her own family romance.

The importance of singularity

In the clinic of fibromyalgia, each case is different, and the perspective of singularity is fundamental to the treatment of this condition.

On one occasion, I noticed that a patient was always waiting in the waiting room reading books about fibromyalgia. In them, she found guidance and even an explanation for the bizarre and clearly hallucinatory bodily pains that made her unable to function in life. After the death of her father, something broke in her in relation to her link with life, and she was often tormented by the idea of suicide.

She found her relationship with her partner unbearable, given the fact that they shared the same job. It was through the diagnosis of fibromyalgia that she was able to find a nomination for the bodily phenomena that she found so uncanny. Through this diagnosis, she was able to stop working and avoid meeting her husband, from whom she was also unable to separate during the working day.

In this case, there was a passage through hypochondria that produced moments of despair, anguish, and suicidal ideation and a nomination that allowed the patient to initiate a process of applying for permanent disability in order to obtain a Social Security benefit.

The treatment of this patient began by respecting the symptom because it had a knotting function that could not be questioned directly. A conversation was initiated about what suited her structure and what did not, without questioning and even supporting the legal procedures she was going through. It was necessary to prescribe medication to contain the bodily phenomena and thus alleviate some of the suffering she was experiencing.

This case illustrates very well how the nomination that the discourse of science makes of the bodily phenomena can have the function of knotting, in such a way that by means of an identification - "I have fibromyalgia" - it provides a liveable way of inhabiting existence.

Conclusions

1. Something speaks from the body, which can be heard.

If this is the case, it is possible to operate from language, breaking the operational dissociation of the mental and the organic that is characteristic of the discourse of medicine.

It is a fact of life that speech is a source of emotion and sometimes even anxiety, which, as you know, is an affect that is experienced in the body.

We could say words hurt, and they can also free us from pain. Psychoanalytic treatment is made of words.

What is characteristic of the symptom is the radical separation between subjectivity and pain. The common element we find is the rejection of knowledge, of the unconscious, of the symbolic aspect of the symptom as a message.

Pain is a symptom that asks for nothing; it is the pure manifestation of a delocalised jouissance, something very different from the symptoms of Freud's time. The symptom is addressed to the doctor for an answer as to its cause and its treatment, the patient is always situated outside of his implication in it.

2. In the clinic of fibromyalgia, it is essential to work in articulation and collaboration between psychoanalysis and medicine.

The function of the doctor in this scenario is fundamental because it is a matter of leading the patient from the somatic shore to the shore of subjectivity. This operation can take place as long as the doctor does not retreat in the face of the impotence in which the knowledge of science places him, and wants to go a little further, giving way to listening to the patient's suffering.

The physician must take time to locate the coordinates of life events in which the onset of pain occurred. This is only possible if he or she does not rush to plug the hole of the demand.

3. We can treat pain as an event of the "entangled" body, in which jouissance is delocalised and experienced as generalised pain.

Lacan, in his text on psychoanalysis and medicine, says:

"... For what I call *jouissance* is the sense in which the body is experienced; it is always of the order of tension, of forcing, of expenditure, even of feat. Incontestably, there is *jouissance* at the level where pain begins to appear, and we know that it is only at this level of pain that a whole dimension of the organism can be experienced that otherwise remains veiled..."¹⁰

The treatment consists of using the tools of psychoanalysis so that a localisation and reduction of *jouissance* can take place. In other words, it is a matter of moving from a drifting and dislocated *jouissance* in the body that is experienced as pain to a localisation of *jouissance* that allows the subject a different relationship with life.

Taking pain as an event of the body implies a series of difficulties and problems for analytical practice that need to be taken into account.

4. In the clinic of fibromyalgia we encounter the problem of the stigmatisation of the diagnosis, with patients who, after a long journey through the health system, end up identifying with it, relieving themselves of subjective responsibility for the *jouissance* they bear.

In these cases, the clinical differential diagnosis of the structure is fundamental, discriminating in preliminary interviews whether the bodily symptoms occur in the framework of neurosis or psychosis.

5. Cognitive-behavioural therapies take adaptation to pain as their fundamental orientation, placing patients in a dead end. If medicine does not have an adequate treatment, then the psychologist must treat the patient so that he/she can live with the pain without wondering about its function or the relationship it may have with the vicissitudes of his/her life.

A way out other than adaptation to pain is possible. This is the clinical wager of psychoanalysis of the Lacanian Orientation.

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¹⁰ *Ibid.*