

# The Representation of Illness in Clinical and Cultural Space

**Saturday 23 November 2019**

## **ABSTRACTS**

Richard Carvalho

### **Clinical Experience and the Somapsyche**

I will be presenting a tentative set of ideas about the somapsyche which were borne in on me by the sorts of clinical experience which I shall describe. Psyche is a word signifying (inter alia) "breath", just one of the several functions for which it stands metonymically, and which Aristotle singled out as indicators that an organism is animate (the Latin into which the title of his eponymous book is habitually translated is "De Anima", i.e., On The Soul), and while he specified that only whole organisms could be animate, we know that apart from mental functions such as imagination which require a brain, all of the others – nutrition, reproduction, respiration, locomotion and so on, are manifest at a cellular level, as are adaptive behaviours which in a conscious organism we might call intentional. For all this to become "mind" in human infants, the infant has to learn to translate it into the categories of his or her culture, both as sensation and as emotion. Otherwise it cannot be "associated", and so has a tendency to remain "dissociated". All of this is implicit in Bion's idea of alpha function, or in Fonagy's of mentalisation. Rather than talking about psychosomatic symptomatology, it might be helpful to think in terms of the somapsyche: somas which have not been "associated" with mind have a tendency to express themselves via their viscera, humorally, autonomically and immunologically. This is not of course to neglect conversion phenomena which, however, require a mind to have received and repudiated an unacceptable impulse of which it does not wish to be aware.

Peter Shoenberg

### **Developing a Psychosomatic Imagination in Medical Students and Trainee Psychotherapists.**

How can we help medical students and psychotherapy trainees to develop an awareness of the mind in relation to the body, so that both can develop a psychosomatic imagination? This is an exploration of some of the difficulties that medical students can have in appreciating the role of emotions in illness and of the difficulties psychotherapy trainees have in considering the importance of the body in psychotherapeutic work with patients with physical symptoms.

Student Balint discussion groups give clinical medical students the opportunity to explore their own and their patients' emotional reactions to illness and to learn about the interplay

of emotions with the body in physical illness. The Royal College of Psychiatrists' are now trying to encourage the development of such Balint groups in all UK medical schools. Psychotherapy trainees studying the effects of emotions in psychosomatic illnesses, often have difficulty in learning how to interpret physical symptoms that occur in psychotherapy. They tend to want to see such symptoms as having a symbolic meaning and find it hard to appreciate the medical logic of physical illness. It is important that some medical understanding of these conditions is also included in seminars on psychosomatic conditions.

Michael Molnar

### **Headache, Heartache & Other Illogical Disorders**

I shall be looking at Freud's experiences of illness from 1882 to 1894. The ongoing publication of his complete engagement letters has shed new light on the pre-analytic years: among much else they document at first hand the effects of the ailments from which he suffered, such as migraine, sciatica, digestive disorders, chicken pox etc., and, above all, a disorder that incited intense speculation and self-examination -- lovesickness. At one period cocaine, like reciprocated love, seemed to promise the euphoria of perfect health: under its influence, he wrote, 'one is simply normal'.

During the early years of Freud's practice as a specialist in nervous disorders, concepts of health and normality gave way to questions of the status of mental phenomena. In 1894 the onset of chronic heart problems brought fears of premature death. In a dilemma whether his disorder was 'logical or hypochondriacal', Freud experienced in his own mind and body the crucial necessity of correct diagnosis and a 'clinical picture' (*Krankheitsbild*) that represented reality.

Lisa Appignanesi

### **Everyday Madness**

In conversation with Ann Scott

In 2018 Lisa Appignanesi published *Everyday Madness: On Grief, Anger, Loss and Love*, following the death from lymphoma of her partner of many years, the historian John Forrester. 'Death had come suddenly for John', she wrote. 'When the real came, it was utterly unexpected....part of the shock resided in the sheer corporeality of death'. In this informal discussion with conference chair Ann Scott, she will look at some of the work's broad themes: the trajectory of mourning, its particularities, from haunting to anger; the play of generations and prior deaths; the way it's affected by earlier years, as shared a process as Winnicott's earliest couple.

Neil Vickers

### **Major Illness and the Holding Environment**

Behaviour that might indicate the presence of an illness is often interpreted as a temporary aberration or as the disguised expression of someone's personality. The symptom is then

allowed to fade into the background of everyday life. There is usually nothing amiss about this fading. It is an important part of how we manage ailments. Collective living leads us to respond to aberrant behaviour as a collective problem. But what happens when the symptom heralds major illness? This paper attempts to develop Winnicott's theory of 'holding' to describe this situation. It considers illness as a collective, intersubjective event, affecting not only the sick person but also his or her significant others. The paper advances 5 arguments about the nature of holding in adult life: (1) If the primary task of holding in infancy is to protect the core self and to split off catastrophe, it is no less important with adults. This explains why families are often the last to notice illness. (2) The holding environment relieves us of dependency. (3) The holding environment is there to contain un mourned losses. Illness activates un mourned losses in ways that test the holding environment severely. (4) For Winnicott, the holding environment sponsors transitional experience, play and creativity. Illness makes these consequences much harder to achieve. (5) The holding environment is a superhighway for psychosomatic communication.

Joseph Calabrese

**Culture as Narrative Prosthesis: Pathogenic Entailments of Basic Human Subjectivity and Mental Health as Therapeutic Emplotment"**

How encompassing is the concept of mental illness? What is the broadest vantage point from which we can view psychotherapy? How generic are these phenomena to the human animal? The author argues that the very nature of human subjectivity, including memory and imagination, gives rise to widespread, species-typical depression and anxiety. Human societies respond to this 'existential illness' personally and collectively. Culture, especially in religious narratives, acts as a prosthesis - a substitute for a reassuring certainty about human existence that is actually absent. These narrative prostheses bridge narrative ruptures and aporias that are inherent to being human. This state of affairs suggests that mental health, for the human, is not simply the absence of biological vulnerabilities; sanity often seems to require a creative narrative emplotment – a story that makes sense of human existence. This view is central to the author's clinical understanding of cultures and religions: psychotherapeutic interventions are so generic as to be 'built into' the very narrative structure of cultures. This talk will discuss how these 'culturally-embedded therapeutic emplotments' are transmitted and employed at the author's field sites in Bhutan and amongst Native North Americans, engaging psychoanalytic themes of wishful thinking, defence mechanisms and 'truth as cure'.