TREATING SUFFERING PEOPLE WITH GRODDECKIAN PRINCIPLES.

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Dear Groddeckian friends,

It is with great pride and pleasure that I return to Germany today for this meeting which celebrates the work of Georg Groddeck. I would like immensely to have persisted in the studies of the German language of my youth.

Unfortunately, I abandoned them, but it was to dedicate myself to psychoanalysis. Working as a psychoanalyst, I discovered Groddeck's seminal ideas. Since then my career has led me in another direction. I started to treat people suffering not only psychologically but also existentially, involving their body and their mind together. I am extremely pleased to bring my clinical experience to share with you.

I will describe a small set of clinical cases seen in the Psychosomatic Clinic of a general hospital, or harvested in other clinical scenarios, which were guided by the principles established by Georg Groddeck. After presenting and commenting on them, I will make a few remarks of the reasons to propose the groddeckian formulations as fundamental to the understanding of the human processes of becoming ill. As an introduction, I will quote a passage from Groddeck's "The meaning of illness" (1925):

> Sickness and health appear to be opposites. They are not, any more than heat or cold are, for instance. Just as the latter are effects of different wave lengths, so illness and health are effects of one and the same life. Illness does not come from the outside; it is not an enemy, but a creation of the organism, of the It. The It -or we may call it the vital force, the self, the organism- this It, about which we know nothing and of which we shall never recognize more than some of its outward forms, tries to express something by illness; so being ill has to mean something." (1988, p. 197)

The first case we baptize "Jehovah's punishment", a title that refers to Groddeck's article called "Wishes of carnal and divine punishment and their satisfaction." (1920). In this important work, we find numerous examples of how repressed sexual desires are the strong expression and the possibility of the substitution of satisfaction in the religious content, in the Christian religion, with its procession of sins "of the flesh."

The patient is 56 years old and was referred by the Internal Medicine Department of the hospital, with prior information that this was a difficult case that had numerous previous consultations in the General Medicine Department and otolaryngology, hematology and neurology specialties The patient believed she had Hansen's disease, as it is known in Brazil (but commonly known as leprosy, which was the term she preferred to used), and despite having made two specific tests (Leprosy smears) which were negative, the patient refused to accept this diagnosis and was convinced she was a carrier of the disease.

Leprosy is a scourge that has plagued mankind for many millennia. It is a serious infectious disease, for which today there is treatment even though some sequelae may appear throughout the rest of the patient's life. It still plagues a large population of countries such as India, Nepal and China. More than twelve million people worldwide are carriers of this disease; however, it is now fully controlled in most developed

1.- Ávila, L.A. (2007) Body and Meaning. International Forum of Psychoanalysis.

countries. Leprosy is mentioned very much in the Bible and in countless books and treatises from both the West and the East. Its main symptoms are red skin patches and impaired nerve function evolving to the loss of sensation; it affects the muscles and can result in the loss of body parts such as nose and fingers, etc. due to untreated infections. So, it is a disease that was always very stigmatized, and, in ancient times, it was highly condemned and marginalized.

Before attending the patient, I talked with the physician that was accompanying her. The doctor reported that, after carefully exploring the patient's physical complaints, examinations and medical history, the patient told her that she believed she had contracted the disease from a neighbour of hers, who had kissed her, and then developed the disease. The patient was married.

The doctor referred the case to me suspecting that the false belief of contamination with the leprosy bacillus was probably related to this episode of emotional content, full of moral connotations. As I had been working for many years performing interconsultations with this doctor, we decided to monitor this case jointly, she as the medical doctor of the case, and I as the psychotherapist.

The patient arrived in my clinic accompanied by her husband. She immediately showed me her nose, her mouth, and her skin. Despite knowing that I was a psychologist, she wanted me to physically examine her and to confirm that her skin was thin, sensitive, dry, with visible marks on her nose and the corners of mouth. She said she felt a lot of pain throughout her body, arms, and legs and especially her nose, and the inside of her mouth and throat. She claimed that she had many difficulties to eat and did not tolerate many smells. Moreover, she felt a lot of muscle weakness, with extreme difficulty to perform her household chores. She said she suffered a lot because her medical condition was not confirmed, and she was sure that she was suffering from leprosy. She stated with great conviction that her symptoms were characteristic of this disease.

She reported that she had done the tests, and she had read a lot about the disease and, therefore, the physical signs that she had were related to the disease. She believed then that the doctors either were tricking her or had failed to recognize the disease.

She reported their numerous inquiries, sometimes she was well attended and monitored and other times she was underserved, sometimes not listened to, and never received relief from her symptoms. She said the drugs that the doctors prescribed were never for leprosy and did not work. She continuously moaned and was suspicious and irritated about the "incompetence" of the doctors. She returned endlessly to her own body, describing how her nose was sensitive, her skin dry and brittle, etc...

Slowly and cautiously, I asked her about what she thought had caused the disease and she reported that she thought she had contracted it from her neighbour, who had fallen ill with leprosy. At that moment, she did not mention any kissing, probably because her husband was present. Her husband agreed with everything she said, repeating her complaints as an echo, both her physical ailments and her problems in relation to the doctors who attended her. Then I asked her husband to leave the room, telling him that I needed some privacy with the patient and after I would talk to him. Both agreed and so I again addressed the issue of contagion.

It was quite difficult to get her to talk about it, and I chose to explore it slowly over the next three consultations. Eventually she reported that one day her neighbour had kissed her "against her will". She had never told her husband anything about this. Shortly after she learned that this neighbour had been diagnosed with leprosy and had started treatment. By taking the necessary medications, this man was cured of his disease and was being followed up in the same hospital where she was being treated.

Meanwhile, she had a new appointment with the doctor and, almost inadvertently, reported the following situation: it was not just a single kiss that the neighbour had given her. But she said nothing more, making it clear that she was not romantically involved with this neighbour.

I took the matter up with her in the next consultation at which time her husband was not present. She declined to comment on the circumstances of those kisses, but in the midst of her profuse description of her physical symptoms, she reported that she was sure she had leprosy due to the fact that her neighbour confirmed his diagnosis and had been treated. If he had the disease, he could only have contaminated her. I sought to expand my questioning by asking her about her beliefs and values. She described herself as a very religious person, who regularly attended the service in an evangelical church. She is a Jehovah Witness, a religion widespread not only in Brazil, but in many countries around the world. This church preaches

a very rigid belief system, with strong ties to biblical studies of the Old Testament; it is also known for its aversion to parties, outings, cultural programs and even television. They usually dress in very plain clothes that hide most parts of their bodies, some women do not cut their hair, and their moral standards are extremely conservative. For example, the religion forbids sex outside of marriage, and their pastors usually are aggressive preachers about the "sins of the flesh".

This entire moral-religious context could only act as a strong source of condemnation to a situation that she considered adultery. The patient took a rather ambiguous position to report her religiosity. She said for example that now she could not attend the religious services, due to her physical state of weakness, malaise and pain. But she took care not to establish a direct link between her illness and how this disease had repercussions with her religious values.

In particular, I knew that the Old Testament compared to the teachings of Christ is much more severe and punitive. If Christ came to bring love and forgiveness, Jehovah, in numerous passages of the Bible, appears as a very angry and punishing God. It is enough to remember the castigation of the cities of Sodom and Gomorrah, destroyed by divine fire, or the sentences imposed on Job, the plagues of Egypt and many other examples.

In addition, it is important to stress the importance of Leprosy. Throughout the Old Testament, there are reports that put this disease as essentially an expression of sin. It is a disease of "impure" people, and in several places, it is only through divine intervention that it is possible to get rid of the terrible condemnation of leprosy. Jehovah cured the leprosy of a Syrian general making him bathe in the Jordan River, but did not free countless Israelis from this punishment. Many of the "signs" or miracles of Christ involved healing lepers. Thus, in the Bible, leprosy has a strong connection to sin that often can only be cured through the intercession of God. In addition, as it is in the Old Testament, it is more certain that the sinner will not be able to find redemption and be forgiven.

With these ideas in mind, I tried to make her think about a possible link between her guilt of being unable to avoid her neighbour's kiss, and the predestined condemnation that would come from Jehovah for this sinful act. The patient knew what I was insinuating. She complained it was very difficult to attend the consultations, and that what she really needed was for the doctors to finally accept that she was a sufferer of Hansen's disease and treated her accordingly.

We then tried another manoeuvre: placebo intervention. I told the patient that she should return to the physician and I would try to convince her about the necessity to receive the specific medication against leprosy, although the test results had not confirmed the infection. My argument was that it could be a rarer, or more resistant type of disease. She thanked me and we arranged an appointment for the following week. I talked to her doctor and she prepared an innocuous formula as tablets without any active ingredients in a pharmacy. However, in the following session, the patient appeared reporting that she had not taken the medication. She was suspicious that the doctor was trying to deceive her by administering "calming" drugs, i.e. remedies for anxiety. There was no way to convince her and she said she would only take specific antibiotics for leprosy, of which she was well informed.

She stopped the psychotherapeutic consultations. However, her husband attended once more and explained it was very difficult to convince her to come. She alleged weakness, despondency, and her physical symptoms worsened. With caution, and avoiding informing him about the alleged "adultery" I explained to her husband the seriousness of his wife's condition: she was sick of her own conviction of being sick. He pledged to try to bring her.

After that, I had one other session with the patient. On that occasion, respecting her complaints, which focused exclusively on her physical symptoms, I was able to show her factitious behaviour, namely that she herself produced injuries while trying to clean her nose and skin obsessively. Excessive use of cotton swabs and creams was continually inflaming her nasal mucosa. At that point, she said that the skin of her vagina was also thin and bruised and she worried excessively about the hygiene of her genitals. Spontaneously, she reported that her husband was suffering very much with sexual deprivation, as for a long time she had not allowed sexual intercourse between them. After all, she was so sick, he should understand. In addition, there was the terrible risk of him getting the dreaded leprosy from her.

The patient failed to come to my consultations but did not stop to seek clinicians. Claiming numerous

symptoms, she became a chronic patient. Suspecting multiple myeloma, haematologists performed several tests, all of which gave negative results. The patient complained of a black spot in her eye, however an organic reason for this was discarded by the ophthalmologists. Furthermore, otolaryngologists ruled out any serious injury to her palate, which was reddish. Only slight stomatitis was found. In her numerous consultations in the Dermatology Department, doctors ended up calling me to a meeting to discuss her case that concluded that her disease was in no way a case of Leprosy, but an "illness behaviour" caused by the patient's strong belief of being contaminated. They advised her to continue the psychotherapeutic treatment.

I asked her to come again and she presented very significant new data. She reported that the man who supposedly contaminated her with leprosy was an older man, who had been a friend of her father. Unconsciously, she associated both, and this leads us to the hypothesis that her repressed oedipal desires were the basis of her unconscious guilt. Therefore, her illness was due both to the satisfaction of her repressed erotic desires in relation to this older man, her father's substitute, and the punishment of those desires. And what better symbolic place for this punishment than her skin, mouth and nose, that would make her sins publicly visible? The supposed leprosy in this way materialized and punished her denied desires, but this remained hidden to her.

However, the patient did not allow the continuity of treatment. She began missing appointments and the most I got was a conversation with her husband. Letters were sent to her requesting her to attend further consultations, but the patient did not come. The psychologist waited for the possibility to provide additional assistance if she attended any of the scheduled medical consultations in the Dermatology Sector.

It is possible that the punishment represented by a functional disease which is not leprosy, but can cause pain, discomfort and disabilities, might be a way of satisfying her It, which enjoys and suffers at the same time and with the same symptoms.

"Lock the mouth" to prevent freedom.

Groddeck, in the "Book of the It" argues that the mouth has a strong unconscious connection with the uterus, and we can observe that many oral diseases correspond to fantasies of pregnancy or abortion. Toothache of pregnant women and the well-known nausea and vomiting as an expression of unconscious desire to expel the foetus are some of the manifestations of this unconscious connection.

This next case was attended in my office, after referral by a psychiatrist who was attending this patient.

This is a woman of around 50 years old, who presented with the following complaints: she used to bite her own tongue and the inside of her cheeks to such an extent that she suffered several injuries. In addition, she constricted the jaw so often and so strongly that it loosened her teeth and caused her a lot of pain in the temporomandibular joint. She also had a speech impediment, and besides consultations with a neurologist and a psychiatrist, she was being accompanied by a speech therapist.

She was anxious about her condition and reported that her personal life was quite impoverished socially as she had rarely left her house in the previous three years, with few leisure activities or trips out. She came for a consultation looking depressed and started focusing only on the description of her symptoms of the mouth, teeth and jaw. I started asking her to tell me how her life was at the onset of her symptoms. She explained that her only son wanted a divorced girl to live with them in their house, and she had warned her son that this would not work out well. As they lived in a very small house, she feared this arrangement, and advised her son to find another place, or to end the relationship. The son insisted and brought the girl home. One day she was surprised when she woke up to find many members of the girl's family who had come to sleep in their house. She had a big argument with her son and his girl, who physically attacked her. After that, her son stopped talking to her and refused to discuss the matter further, answering his mother's questions with notes.

Several months passed by and the young woman decided to leave. The patient asked her directly if it were her fault, and the girl replied that it was none of her business. Then she asked her son, who aggressively turned his back. After that they stopped speaking to each other. She commented with emotion that she could not imagine her life without her son and she was very afraid that he would leave home, and never come back. Her symptoms began around this time.

I started the interpretive work. I told her that probably the situation of the argument was so intense and so hard that she may have said things that she wished she hadn't said. And maybe the son, in response, had

told her to “bite her tongue”. The patient confirmed that the argument was very difficult, but she did not remember whether the bite itself could be related to what she said at the time.

I told her that there was another factor. I said that “to shut her mouth” clenching her teeth, was a way to close the door of her home, that is, a way to try to prevent her son from leaving and having an independent life. I told her that in her imagination she was “holding” her child, but this not only causes her guilt and pain, but prevents a ‘greater evil’, which would be the loss of her son.

She agreed and went on to expand on her very intense fear that since she divorced, her son represented everything to her. She said her marriage ended because after the birth of the boy, she focused all her attention on him, and then, due to the extra-marital affairs of her ex-husband, they ended up divorcing. Since then, “she lived for her child.”

I suggested to her that this is not resolving the situation, and that she and her son are trapped in this impasse. She did not give him freedom and he was avenging her by being physically present without his soul missing. Like a trapped dog, he was feeding on his anger against her. She fully recognized this and started to try to see whether she could “free him”.

I told her that this could set them both free because only when he felt free, would he be able to return to her, and even to talk to her. She realized that in the absence of his speech, she also could not talk to him and she bit her tongue instead of communicating. She decided to try to talk to him and asked me to advise her on how she could do it. I recommended that she should explicitly state what she desired, letting him freely choose what he wanted to do. She also suggested that maybe he would not leave home, but that everything could change if they could communicate.

The patient attended another session. She still complained of much pain of the jaw and the loosening of her teeth. But she reported that she had been very ill, shortly after our session, and had to be hospitalized. After some time, her son went to visit her and she took the opportunity to talk to him. Since then they had spoken with each other, but had not worked out all their conflicts yet. In the most recent session, the patient understood that she locks her mouth in order to try to curb her aggression, which is strong, but very repressed, as to deceptively keep within herself this son who wants to leave home.

The consultation brought some relief, but she herself doubted that she could solve the situation of her symbiotic relationship with the son, allowing him a new life, or keep “clashing” with him by insisting that he remained forever with her, exactly as, symbolically, her teeth remained inside her mouth.

The blisters on the foot, the walk and the unconscious guilt

The third case that I shall report was not attended by me in person, but advised at a distance, because it was a live interview on a local television network. I was being interviewed by a journalist on a program that allowed audience participation by phone or by email. I had already answered some questions, when the following email arrived:

> “I am like many others out there, but I would like to report an issue that physically reflects on me and I have no idea about how to treat it. It is as follows: a few blisters appear on my foot, only on one foot, once in a while; inside they have a substance a little more dense than water with a colour similar to blood and If these blisters burst, they proliferate and many others appear in the surrounding area. I visited a pharmacist and he told me that I could be treated with a medication, but that my problem had an “emotional” basis. However, medicine did not have any effect. People that I know from other places received the same information and have a similar problem as me”.
>
> Analyzing the situation, I can attribute this incidence of dermatitis to my disgust of walking barefoot in places that are considered dirty, like walking in mud in a river (where I cannot see where I step) and the floor of a brothel room (I consider this dirtier than the latter)
>
> I would ask you to kindly provide me with a clue about to what kind of somatization this dermatitis refers.
>
> I am certain of your attention and goodwill and I am awaiting your response.”

This extraordinary short letter is a spontaneous manifestation of a person who vaguely realizes the psychosomatic connection between his physical symptoms and his mental life, but without getting the insight into the origin of these symptoms. From a psychoanalytical point of view, the link of morally conflicting issues with their somatic externalization is transparent. The turbid rivers refer to the "mud" that is a common metaphor for anything that is low level, filthy, damnable. By immediately, but unconsciously associating this with the brothel ("even filthier") the individual denotes and performs actions (physical, motor) that are acts (significant, with emotional content and moral consequences). These situations did not achieve a clear expression in his psyche; they are not expressed as conflicts between reprehensible impulses and actions that were taken, and that concealed circumstances manifested somatically.

Here the symptomatic construction is very clear: the foot (physical, part of the body) manifests a symptom: (blisters with water and blood), which spread (one dermatologist would possibly diagnose it as a factitious dermatitis, caused by scratching, infecting the surrounding areas, from an initial focus of infection (perhaps by HPV).

Nevertheless, this same foot is the psychical representative of "where this guy is walking", "what he's doing." And then the brothel, where illegal acts occur, "filthy", in his opinion, is fixed as the location for the individual, as the "physical" origin of his ailment.

The probable psychic conflict associated with these acts is confined to a somatic expression that is at the same time chronic (cannot be healed by medicine, because it is psychically determined) and expressed/hidden because when it became a "physical thing" (blisters, dermatitis) it could no longer be seen as a psychic, thinkable, transformable issue.

Note that the pharmacist and possibly doctors fall into the trap of somatization. These blisters were treated, but the pharmacist did not guess the underlying conflict, even when he considered its "emotional" origin. The individual himself, though being the subject of his actions, is subjected by his symptoms: he suffers, but he does not know from what he suffers as Groddeck so well describes.

The eclipse of thought and feeling

In the fourth case, that was also previously published, the psychoanalytic work clarified the physical symptoms, solving the complaints of the patient and greatly improving the quality of his mental life, and in return, the subject provided a valuable overview of how to "build" a psychosomatic symptom.

The patient, a 32-year-old male sales clerk was attended in the psychosomatic unit complaining of dizziness, chest pain of non-cardiac origin and episodes of tachycardia, that were greatly disturbing to his personal and professional life. He started his consultations and soon he was very much involved in the treatment. Previously he had had many medical consultations for his alleged 'cardiac' symptoms, but the doctors were convinced after the clinical examinations and laboratorial results, that he suffered from a cardiac neurosis or 'somatoform disorder', that is, his symptoms had no organic causation and were probably due to 'stress' or 'nervousness'.

The patient adopted this pseudo-aetiology and attributed many of his problems to his nervous state. By the way, in my practice I frequently treat patients for whom the 'nervousness' is really considered a very important source or cause of their suffering. It is as if the concept of 'stress', as proposed by Hans Selye, has been widely adopted by the general public to explain many different manifestations. So, it seems the actual scientifically-acknowledged connections between autonomous nervous system reactions and environmental stimuli have been popularised as a relationship between the emotional state of an individual disturbed by some life event and the arousal of autonomic responses like increased heart rate. For this connection, the public has coined the term 'nervousness'.

This patient was a simple man, with concerns about his work and emotional life who did not express any particular trait of neurosis. He had no obsessive symptoms or interpersonal conflicts. He was very well adapted and for his intellectual level, he had achieved much. In his family life, he was fond of his wife, had two little children, and was not aware of any conflictive situations. In a sense, he was the kind of person described as 'normopathic', a person whose external life seems to be conventional and the internal life has no apparent struggles. Therefore, all his symptoms took the form of a disease, an involuntary and 'non-

personal' issue, a health concern and not a subjective question. So, when he suffered a dizzy spell followed by an acute chest pain, he thought he was having a heart attack and continuous medical reassurance was ineffective. He was deeply convinced that something was wrong with him, and if it was not his 'heart' as an organ, then it could only be caused by his 'nerves' as another 'organ'. His psychic life was not linked to his 'nervous' condition, in his opinion. What he indeed suffered was a kind of mild neurological disease, and the doctors had no way of changing this. When he came to the psychosomatic consultation, he felt that a new perspective was offered to cope with his symptoms. He started talking and revising his everyday life, and soon he was able to analytically assess his problem. Even with his simple and concrete thinking, he started to recognize the links between his feelings and his expressions.

Popular knowledge is an important source for reflection and this patient one day, gave me an incredibly precise definition of what the expression 'nervousness' really could mean. We were discussing his symptoms, their occurrences and his representations about what could cause them. Then, he said: "It occurs like this: when we get nervous, the meaning is skipped."

I was intrigued and I asked him to explain. He completed his idea: "Usually, we can see, think, feel and act. But, when we become nervous, we can only see and act."

Thus, the patient perceived that in his condition of disturbance, a very special situation took form: a kind of 'short-circuit' of the psychism since the domain of the thought and the feeling were excluded from his experiences. Taken from the Freudian viewpoint (Freud, 1900), the psychic apparatus has a sensorial input and a motor one, and in the interior of the apparatus the mental processes occur. In the patient's description, what nervousness determines is that only the sensorial inputs (as in his "we see") and the motor outputs (what he calls "we act") can occur, and the mind is obscured, eclipsed by the 'nervous state'.

Throughout his psychotherapeutic process, this man was working out the connections between the different manifestations of his mental life and his psychosomatic expressions. His "heart" became more than a simple organ, his physical sensations became the starting point for inquiries about his affective life, and so, gradually, his "normopathic armour" was broken. His psychosomatic symptoms declined to the same extent that he had access to his thoughts and feelings and could elaborate them. For his doctors, this was only the confirmation of their suspicion that it was only "stress." But in that case, to know the name does not solve the problem. The worst stress is the unconscious stress, that is, the It striving to manifest itself.

In conclusion, we should emphasize what these clinical cases, and many others that I have treated illustrate that Groddeck gives us courage to face a dangerous crossing, this true Argonauts' journey, leading to the mysterious realm of the It. There, we grasp the Golden Fleece, which is the enigmatic and almost lost connection of the body with the mind.

It is only with a unified and radical model, which does not separate these two domains, but considers them as the front and back of the same Being, the psychosoma, that we can comprehend the wholeness of the human being.

Then, with humility, we can recognize our essential connection and participation with the rest of Nature.

Thank you very much for your attention.

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