II. Additional Note on Psycho-Somatic Disorder

Dated 16 September 1969

It has been pointed out that the chronic skin diseases are related in an obscure way to psychotic disorder of the mind. Obviously some chronic diseases are physically determined. Roughly the statement is that the chronic skin irritation or discomfort emphasises the limiting membrane of the body and therefore of the personality and behind this is the threat of depersonalisation and a loss of body boundaries and of the unthinkable almost physical anxiety which belongs to the reverse process of that which is called integration.

One example of this unthinkable anxiety is the state in which there is no frame to the picture; nothing to contain the interweaving of forces in the inner psychic reality, and in practical terms no-one to hold the baby.

A patient, a woman of middle age, has come to a very full recognition of this state of affairs in herself, and she was able to add to the clinical picture certain details which had value for me as an observer. Along with various forms of chronic pruritis, some turning up spontaneously and some produced or exaggerated by scratching, the patient recognised other ways that she had of keeping in her body. It could be said that she has not till recently become aware of the threat of depersonalisation. What she has known about is her skin and her interest in a chronic skin disease of a friend, but also she has a technique for resting which means that she never rests. In bed she is never still. She never lies down because of difficult breathing which she maintains by over-smoking. She always lies in some kind of exaggerated position so that she is conscious of herself in physical terms. She always arranges it that all her muscles are strained. She said: "I can't stop it. I can get as far as trying to think why I do these things and even understanding what it is all about, but it has to go on all the time."

This material was given by this patient on a day when she described the way that she felt cut off from her family because she had not been able to bring herself to enjoy a family ceremony. She felt that she had

been unable to take part in the religious rite that had to do with a new baby because it was all connected with the moment of separation of a baby from the mother. She associated this with a sudden thought that she had had (while engaged in a futile obsessional practice) that she would give up her analysis because it can get nowhere. She recognised fairly easily at this stage that she does not want it to get anywhere and that in order to make this gesture she had to forget what she had told me on the previous occasion which is that she has certainly recently made a great step forward and has been able to have a period of time in which she actually lived in the present. In other words her main symptoms had been in abeyance for a period of weeks. Because of the essential dissociation in her nature she knows that she is very ill when she is very ill, and she knows she is well when she feels well, but these two states do not link together, and in order to get a link she has to think of my knowing about her two states. She related this to failure at the stage at which the mother sits happily occupied but available while the child plays. At the extreme of the experience of failure in the infant-mother relationship and the memories of the failure there comes the scream which this patient is always not experiencing. It is always true to say when reviewing one of this patient's sessions that if she could scream she would be well. The great non-event of every session is screaming. It is of course of no use whatever encouraging this patient to scream, and it would not be valuable to introduce something frightening or hurtful to provoke crying. The patient usually knows that not screaming is the subject matter behind all the material that she produces, but how can she alter this state of affairs? She feels trapped, as she said on this occasion, and she remembered her biggest cry when she came back after her mother's funeral and there was a letter from her landlady about some triviality. This letter had been sufficiently persecutory, coming at the exact moment it did, to produce something near a scream, and it is a relief to get towards the scream even with a wrong basis. She is too sane to be able to organise, as some patients do, a paranoid situation and then scream in fear of some threat. With this patient a different approach is necessary.

If we take the situation in which she is a child playing while her mother is occupied with some activity such as sewing, this is the good pattern in which growth is taking place. At any moment the child may make a gesture and the mother will transfer her interest from her sewing to the child. If the mother is preoccupied and does not at first

notice the child's need, the child has only to begin to cry and the mother is available. In the bad pattern which is at the root of this patient's illness, the child cried and the mother did not appear. In other words the scream that she is looking for is *the last scream just before hope was abandoned.* Since then screaming has been of no use because it fails in its purpose. The best that the analyst can do is to give understanding at this point as this begins to alter the bad pattern which stopped emotional growth and points towards the good pattern in which crying was taking place. Profound understanding on the part of the analyst on the basis of the material presented by this patient leads of course towards screaming, that is to say towards screaming again, this time with hope.

The relevance of this to the earlier part of this statement which had to do with psycho-somatic interplay is this, that the non-event or the not screaming is in itself a negation or a blotting out of one of the very important things which link the psyche and the soma; that is to say crying, screaming, yelling, angry protest. It is possible already to predict that this patient on becoming able to scream will have an immense strengthening of the psycho-somatic interrelationship and a lessening of the need to employ the somewhat artificial experience of psycho-somatic interplay as described above.

The question naturally arises, does this patient really need to scream in the analytic session? The answer might be yes, but already this patient has had a *dream* in which screaming took place. Alongside this dream came clinical relief in the waking state; that is to say before reporting the dream she reported that she had been able to sing in a community situation, something that she had not been able to do for years, and also at the same time in her behaviour in the transference situation she had been able to make a noise and shout and protest (in a civilised way as it happened) when I was late for the session and she feared that I was ill or that I had forgotten her. The key to the situation therefore is the dream. But the dream only becomes possible as a result of the analysis, in which hope about screaming returns and is recaptured from the time before she became ill when the good pattern changed into the bad pattern either at a certain moment of her babyhood or spread over a period of time.

Clinically there appears along with these changes towards psycho-somatic interplay an enhanced interest on the part of the patient in the shape of her body and in the texture of her clothes. It will be direct evidence of success in this area of the analysis if the patient becomes

able to relax in bed and in her waking life to exist in the here and now instead of in a gap between the past and the future.

In this hour the patient referred to the previous hour in which I had given as an interpretation: "It is this non-scream that is in the way, that is to say the fear of not being heard or the hopelessness about screaming producing an effect." She said: "When you told me that I felt it was cruel. What is the use to say such a terrible thing to me?" I had joined it up with my failure in the transference, especially at the point of being unavailable when she arrived for the previous session. She now said: "It was really rather clever. It is not just a physical response to the scream that matters, you know, it is understanding. What you said felt awful. The fact was that *you* knew and *I* didn't and this is the only way that it is possible to correct the failure of my last scream to work."

The rest of the work of this session had to do with the need this patient has to deal with the subject of separation in terms simply of the scar both on herself and mother. The part that joined the two of them is missing from both of them. This form of separation has had to be fully explored in this patient, after which there will be (as we can already see) a return to the exploration of separation in terms of anger and biting and other forms of aggression. This is where this patient knows she becomes a whole person and the mother becomes a whole person and the two of them can become separate without scars and without the maiming which this patient all her life has taken for granted, and which has played into her fantasy of being a second-class citizen because a woman.

After this hour she was able to see the possibility of a break from her analyst, each of them remaining whole and each containing something of the other, and each able to identify with the other. But these are sophisticated matters and they seem a long way just at this moment from this patient's treatment and from the present where separation means scars and gaps.