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The body: the bearer of couple and family suffering

Rationale

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The term psychosomatic (from the ancient Greek: psyche [mind], and soma [body]) commonly refers to all physical or physiological disorders caused or aggravated by psychological factors. What we now call 'somatisation' is manifested clinically across the life-span in a wide spectrum of presentations. If every human phenomenon is inherently psychosomatic, the psychic life of somatising patients reflects specific features.

Since Freud's unravelling of the mysteries of hysterical conversion, psychosomatically informed psychoanalysis has been trying to understand the enigma of how the body comes to express what cannot be represented psychically Psychic logic intervenes and interferes in somatic logic, but how, and in what ways?

For the Paris psychosomatic school, this enigma results from a splitting of the ego from the unconscious that which embodies the psyche's living and driving forces. The lack of mentalization and symbolisation, the fragility of the preconscious mind, the impossibility of taking long psychological routes, and the pre-eminence of the hallucinatory over the symbolic, have necessitated the adoption by the analyst of techniques in the treatment plan that are particular to each individual situation. The difficulties of grappling with this have led to an increased interest in the group, family, and/or couple approaches.

Attention to "psychosomatic illness" has thus shifted to the psychosomatic patient, and this evolution has focused on the subject in its intra- and intersubjective link(s) and its unconscious alliances. The body occupies an important place as an interface between the subjective, the intersubjective, and the transubjective. It also expresses meaning when considered metaphorically in the form of the family body.
Somatic damage "translates" into overflow and/or psychological failure in the biological body. Current advances in biogenetics and brain imaging clearly show the neurological damage or traces that traumatic experiences produce in genes, as well as the beneficial effect of therapeutic work, the technical aspects of which have evolved considerably during the 20th century.

The superimposition of the body over the mind and the external world thus shows that the "sickness" of the body condenses a multiplicity of spaces: comprising the subject, the intersubjective link, and the family and social group. What breaks away is a confused and confusing place where the body takes

charge of the excesses, whatever is overwhelming and that the psyche cannot manage, signalling the bankruptcy of a psychic presentation, equivalent to the effect of shutting down exploration.

The psychosomatic symptom is located in an extra-territorial linking zone, which condenses the heterogeneity and polytopia of the psychosomatic bond and its trans-generational defensive pacts. Couple and family psychoanalysis thus focuses on the expression of unconscious inter- and trans-generational alliances that present at a moment in the patient's life.

During their lives, couples and families encounter obstacles and conflicts, whether soluble or insoluble, sometimes creating excessive arousal, which under certain conditions overwhelms the capacity for containment of the patient and the group around him. It is then that the body of one of the members of the couple or family takes over to try to solve what has been encysted.

What determines the choice of a somatic megaphone ?

More generally, if the body expresses psychological suffering that is of a family and social origin, when meta-settings, the guarantors of life, no longer function as protective envelopes, how can a family containing capacity be rediscovered /created? How can it support a therapeutic process that counteracts somatisation?

And might not a somatic resort /recourse also testify to contemporaneous change in the family?

We hope that the clinical contributions of couple and family psychoanalysts will allow us to explore these questions in this next issue of the journal.