



International Review of Couple and Family Psychoanalysis

ISSN 2105-1038

N° 21-2/2019

**The embodiment of
couple and family pain**

Introduction

Rosa Jaitin¹, Christophe Bittolo²

The psychosomatic balance of a subject, a couple or a family is multifactorial, and today nobody can determine the part and scope of the organic, intrapsychic, intersubjective, transgenerational and social factors that trigger a disease.

Nevertheless, our psychoanalytic perspective, supported by the specific epistemology and the causality that it provides, invites us to think about the functions of unconscious relationships that work in the process of somatization in the couple and in the family.

¹ Professor at the University of Buenos Aires associated with Paris Descartes University Doctor in Psychology and Psychopathology Clinic Group, Couple and Family Psychoanalyst Président of IACFP (International Association of Couple and Family Psychoanalysis) Scientific Director of APSYLIEN (International Association of Links' Psychoanalysis) Board Member of FAPAG (Federation of Analytical Psychotherapy Group' Associations). jaitin@icloud.com

² Psychologist, Psychoanalysis, Group Analyst, Lecturer, PCPP Laboratory, EA 4056, University of Paris. christophe.bittolo@parisdescartes.fr



Current instability and temporal acceleration factors weaken the subject's sense of self and reduce the time and space for development and psychic growth of the individual “self”, in the same way as for the family’s and the couple’s “self”.

In this link between the present and the presence, numerous clinical studies show us that the losses and the ruptures of love in couples’ links update the “core of the depressive nature”, giving rise to remissible psychosomatic diseases. In the same way, social and professional relations today are marked by an overload that overflows the psyche. The body reveals this overflow through discomfort, insecurity and disorganization, disease factors or acting out.

De M’Uzan (1944) thus distinguishes psycho-functional disorders from organic diseases. The first are linked to a regression process, while the second result from a specific modality of mental functioning. This is associated with an “essential depression”, in which there is no feeling of guilt or melancholic self-accusation, but which is revealed by its symptomatic negativity and a strong countertransference impression in the analyst. As a self-destructive expression of the death drive, it represents a narcissistic and object libidinal loss, comparable with a “deadly subversion” (Dumet, 2019).

But on the intersubjective level, the body is one of the areas of expression of the link (Pichon Rivi re, 1965) and can be conceived as a preconscious filled with meaningful memory and history (Valabrega, 1996).

The various articles presented in this issue of the Review refer to different types of clinical experience:

- A clinical approach related to somatization processes due to the regression towards primitive functioning models in family ties, which makes it difficult to elaborate the “original bereavement” (Racamier, 1992) inherent in the subjectivation and individualization of family members or the couple. These modes of operation give rise to reversible somatic crises, because “libidinal subversion” leads to a return to somatic links, but which can be transformed by through psychoanalytic work with couples and families.
- A clinical approach that shows somatic processes due to impulse defusion; these are serious diseases that can lead to death and require collaboration between medical follow-ups and couple and family psychoanalysts.

Recent thinking among link psychoanalysis refers to the concept of impulse, which allowed Freud (1915) to close the work requirement that the psyche imposes on the body. Research in linking psychoanalysis has shown that the body depends on family intersubjective and trans-subjective supports, on their collective affiliations and on the restriction imposed by society and culture (Ka s, 2012). This type of process requires a multidisciplinary and institutional approach.

When the sensory pleasure does not stimulate representation, the complementarity between the erogenous zone and the body of others cannot be established. These drive repressions can lead to somatic conditions or disorders that are shared among the participants in the link, establishing “inter-body impulsive relations” (Maldavsky, 1996).

Following Freud, penetrating the mysteries of hysterical conversion, psychoanalytic psychosomatics tries to understand the enigma of its passage via the body, of why it did not or cannot take the psychic route. Psychic logic intervenes and interferes with somatic logic, but in what way, and according to what modalities? In what family contexts and according to what configurations do they preferably take the somatic form?

To answer these questions, many of the authors of this issue base their reflections on the work of the Parisian psychosomatic school. From this perspective, the enigma of somatization results from a break in the self with the unconscious which contains the living and driving forces of the psyche. The lack of mentalization and symbolisation, the fragility of the preconscious, the impossibility of taking long psychic paths, the pre-eminence of the hallucinatory over the representational, have necessitated in terms of therapeutic technique, special involvement by the individual analyst. The difficulties of treatment have increased the interest in group, family, and couple approaches.

Attention to “psychosomatic disease” has shifted to the patient in the family context, and this evolution has focused on the subject in the intra and intersubjective link(s) and its unconscious alliances. The body occupies, in fact, an important place as the interface between the subjective, the intersubjective, and the trans-subjective. It is also meaningful when considered in the metaphorical form of the *family body*. The somatic attack “translates” therefore as an overflow and/or a psychic failure in the biological body. The current advances in biogenetics and brain imaging show the neurological damage or traces that traumatic experiments produce in genes, but, as well, reveal the benefits of therapeutic work, whose technical aspects during the 20th century have evolved considerably.

The overlapping of the body, thought, and external world then shows that the “*malêtre*” of the body condenses a plurality of space: of the subject, of the intersubjective link, and of the family and social group. The result is a confusion and a confusing area, where the body takes possession of the excess which overflows, and the psyche of the subjects, such as the containing functions of the family group, cannot deal with the failure of a psychic staging, equivalent to an act opposing the elaboration.



It is this perspective that Daniela Lucarelli, Gabriela Tavazza, Almudena Sanahuja and Eduardo Grinspon put forward in their contributions to this issue: the impossibility of an adequate and sufficient differentiation between members of the family, areas of confusion, the fantasy-not fantasy of an amalgamated single body or incest, all these characterize a functioning giving rise to manifestations where the individual body is attacked. The failure of a containing capacity in the family body increases the anguish of disintegration, of which the symptomatic body is the delegated target.

The psychosomatic symptom is found in the extra-territorial area of the link, which condenses the heterogeneity and the politopia of the psychosomatic link and its transgenerational denegative pacts. Couple and family psychoanalysis thus focuses on the expression of unconscious inter and transgenerational alliances that are manifested in a moment of the subject's life. Here the clinic of article Irma Morosini and Almudena Sanahuja make sense of the contributions of Abraham and Torok's "*Topique Réalitaire*" in family psychoanalysis.

Couples and families encounter, in the course of their lives, obstacles and conflicts that can be overcome or are insurmountable, sometimes creating an excess of excitement that, under certain conditions, overflows the containment capacity of the subject and of those around him. It is then the body of one of the members of the couple or of the family who is delegated to try to *resolve* what was encysted. What determines the choice of a somatic delegate?

Finally, institutional work with families whose children suffer from chronic diseases is one of the main crossroads in the family approach to somatic disorders and associated handicaps. The multidisciplinary therapeutic settings of families and groups in institutions (Frédérique Gilbert, Henri-Pierre Bass and Adina Alexandrescu) show at the same time the group's therapeutic potentials in these situations as well as their limits, the ethical, social, and epistemological problems they pose.

In more general terms, if the body expresses a psychic suffering of family and social origin when meta-frames, guarantors of life, no longer function as protective envelopes, how can the family containment be found/recreated? How can a therapeutic process against somatization be supported? Does the somatic resource also testify to the contemporary transformations of the family and the couple? These are all these questions to which this issue of the Review provides a set of contributions that could refer to many more in view of the scope of work, clinical practices and research that are raised in this issue.

References

- Abraham, N., Torok, M. (1987). *L'écorce et le noyau*. Paris: Flammarion, 2014.
- De M'Uzan, M. (1984). Les esclaves de la quantité. *Nouvelle Revue de Psychanalyse*, 30, 129-138.
- Dumet, N. (2019). (Dé)Liaisons affectives: (Dé)liaisons psychosomatiques? In *Psychosomatique et configuration des liens. Douleur psychique contre douleur physique*, 15^{ème} Journée scientifique apsylien-9^{ème} Journée internationale, Lyon, 2019.
- Freud, S. (1915). Deuil et mélancolie. In Freud S., *Métapsychologie*, pp. 189-222. Paris: Gallimard, 1940.
- Maldavsky, A. (1996). *Linajes abúlicos - Procesos tóxicos y traumáticos en estructuras vinculares*. Buenos Aires: Paidós.
- Kaës, R. (2012). *Le malêtre*. Paris: Dunod.
- Pichon Rivière, E. (1965). Grupos operativos y enfermedad única, Congreso de psiquiatría, Madrid. In Pichon Rivière E., *El proceso grupal: del psicoanálisis a la psicología social*, tome 2. Buenos Aires: Galerna.
- Racamier, P.-C. (1992). *Le deuil originaire*. Paris: Payot.
- Valabrega, J.-P. (1996). Problèmes de la théorie psychosomatique. *Encyclopédie médico-chirurgicale, Psychiatrie*, 37400-C10. Paris: Elsevier Masson.