

The Psychoanalysis of Somatic Sensations. The Prenatal Roots of Schizophrenia

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Abstract

This article gives a short review of the psychoanalysis of a young schizophrenic patient. It presents that the analysis of the body sensations takes one back onto one's prenatal lifetime. This comes into being in the therapeutic relationship as well. It also turned out, that body sensation is the language of prenatal communication. From several cases with similar dynamics the consequence can be drawn that the schizophrenia has got prenatal roots, which can be originated from the disturbance of mother-fetus bonding. But this disturbance is already an outcome. According to the hypothesis the mother splits her body from her self, she cathezes her womb with destructive selfreproductive phantasies: therefore she is not able to get into a libidinal bonding with her fetus.

Zusammenfassung

Dieser Artikel gibt eine kurze Darstellung über die Psychoanalyse eines jungen schizophrenen Patienten. Er zeigt, daß den Patienten die Analyse der Körperempfindungen in die pränatale Lebenszeit zurückführt. Sie bildet sich auch in der therapeutischen Beziehung ab. Es stellt sich auch heraus, daß die Körperempfindungen die Sprache der pränatalen Kommunikation sind. Von mehreren Fällen mit ähnlicher Dynamik sind Schlüsse zu ziehen, daß die Schizophrenie pränatale Wurzeln hat, die aus der Störung der Mutter-Fötus-Bindung stammen können. Diese Störung ist aber schon eine Folgeerscheinung. Der

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Presented at the Second Biennial Conference on Psychotherapy of Psychosis at the University of Essex, Colchester, September 23–25, 1994

Hypothese nach, spaltet die Mutter ihren Körper von ihrem Selbst ab: sie besetzt ihren Uterus mit destruktiven Selbstreproduktionsphantasien, so ist sie nicht fähig, mit ihren Fötus eine libidinale Bindung aufzubauen.

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A seventeen year old male patient suffering from paranoid schizophrenia is having his second acute episode. At home he throws himself onto the floor crying loud that he is dying and that his mother is poisoning his food. In our ward his delusion quickly extends to everyone around him. People are there to kill him with no exception. At the same time a severe loss of energy occurs, he sleeps sixteen to eighteen hours a day. He wakes up with difficulty and always feels as if he was coming back from a great depth almost from death. During the short periods when he is awake he reiterates the complaint that he is being killed and he is dying. He refuses to talk about anything else.

I ask him what it is that makes him talk about death. he says that there is some sort of compression in his whole body. He feels as if somebody is squeezing him inside with a deadly clutch. I ask him to elaborate on these sensations. A few days later new, straining sensations arise. These two dominant somatic sensations brings about the idea of action-reaction unity in me and capture my attention. Day after day I sit by his bed after he has awoken and keep directing his attention towards his somatic sensations. This way a therapeutic relationship evolves.

In a few weeks he feels that he is enclosed in my body. I am the one who squeezes him and he strains to survive my compression. Thus, the mother-fetus relationship is reconstructed in the therapeutic relationship. The young male is in intrauterine regression. His orientation and connection to his environment are created via his somatic sensations. He experiences himself as a fetus, and I am his mother who wants to destroy him and deprive him of his body. He feels as if he was part of me, an element and an organ of a huge organism encompassing him. My body is his, and if I manage to drive him out of it he will perish, since it would be as if his heart is torn out and an organ is incapable of living on its own.

In the course of this process, which takes months, it becomes obvious that the emphasis is not on the dominance of squeezing-straining sensations, but the sensation of organic unity, that is that our bodies are one and the same. If I drive him out of myself I will kill and annihilate him. Then he would become bodiless, a God with a spirit but without a body.

During this period of the therapy he experiences himself as different persons, mainly he takes the forms of his fellow students at high school. In my interpretation, which I now communicate to him, he is searching of another body, a body of which he would not have to be driven out, a body he could not lose.

Only a few years later, after a number of another therapeutic cases, do I understand that when a schizophrenic takes on another identity and feels as if he/she was a completely different person, he/she does not actually identify with it, but only searches for some body, namely the maternal body which he/she lost in the course of being born, since he/she experienced it as his/her own as a consequence of the sensation of organic unity that was present there and then.

After this interpretation my patient returns to my body, to the confines of our relationship. His somatic sensations are becoming stronger. A multi-faceted processes of differentiation begins: at times he experiences me as the destructive mother who is to take his body away from him by squeezing him out of it. When his squeezing sensations prevail he experiences himself as the mother, and when the straining ones dominate he is the fetus. Thus he is the one who, as the mother squeezes the fetus inside her, but as the same time he is the fetus too who responds to this with straining. He lives both side of intrauterine life, the side of the mother and that of the fetus.

His death anxiety strengthens, he is afraid of being born which for him is the equivalent of death since he experiences the maternal body as his own one. His destructive drives also become stronger: he wants to destroy me who strives to destroy him.

In the therapeutic process he experiences delivery on the physical level: he starts jerking. His movements resemble those experienced in electric shock treatments. The process takes weeks. He finally feels that he is born as a different person.

Simultaneously his parents report that he is willing to accept food from his mother again, although there still is a certain doubt and fear in his eyes. From this we can infer that in the background of the paranoid idea is an experience of annihilation related to childbirth.

With the disappearance the productive symptoms he reaches a state of temporary equilibrium. He becomes interested in the outside world and he goes to school again. He comes to the therapy sessions as an outpatient.

The next phase in the process brings forth a change in theme: he feels as if his flesh has been gnawed off and that he has become a skeleton. He also has shrunk and has become as small as dwarf.

Ideas derived somehow from these somatic sensations constitute the beginning of the childbirth experience on a psychological level. My reading is the following: it was his mother's flesh that has been gnawed off his body, the lack of her flesh made him smaller and skinnier. It is impossible not to notice how dominant the sensation of the changing body boundaries is in this theme.

With the slow stabilization of his body boundaries a new turn takes place: now he feels that he is carrying his mother inside. While previously he resided in the maternal body, now it is his mother dwelling in his body. In my interpretation this event marks the evolvement of the mother's somatic representation or, as one might call it of the mother's intrauterine representation (Raffai, 1990). I assume that its role in ego development is to diminish the experience of loss of body after childbirth and to reduce the necessary concomitant aggression: and also to keep the illusion of intrauterine life alive an the early postnatal period.

I gave this short and brief account to try to demonstrate that by means of directing attention towards somatic sensations in the therapeutic relationship such as a process can be generated that just has not taken place in the ontogenetic development of schizophrenic patients.

My hypothesis as follows: In our case in the intrauterine period of the mother-fetus relationship, the differentiation between the bodies of the mother and fetus has not been carried out: the sensations of the body boundaries of the fetus have

not involved. Consequently, the fetus experiences itself as a part of an organism in this organic unity, that is it experiences the organism, or the maternal body, as its own. Hence childbirth can turn into an experience of annihilation. To avoid this experience it is necessary to mobilize such defence mechanisms as denial or undoing, among others. In this case undoing means libidinal cathexis of the interior body, that is of visceral/vegetative organisation: and in this way maintaining the illusion of prenatal life – that he was not born. From a neurophysiological point of view the communication between mother and fetus is primarily of visceral/vegetative nature, which is manifested in the form of somatic sensations. Accordingly, the dominant source of stimuli for the infant would be interoceptively its interior body. Denial on the other hand, is manifested primarily in autistic symptom, or in more severe cases, in autism: ignoring the postnatal mother, the real outside world, and the environment.

Raising the question why the differentiation in the mother-fetus relationship on the level of somatic sensations does not take place could constitute the hypothesis of the hypothesis. So far we only know that narcissistic reproductive fantasies of schizoid and narcissistic mothers prevent them from accepting, experiencing even their own bodies and integrating them into their selves. Thus they cannot relate neither to their own bodies nor, consequently, to those of their fetus. Hence the libidinal cathexis of the fetus, the relationship which is the prerequisite for all differentiation processes can be lacking. It is so since the schizoid and narcissistic mothers believe that their uterus is the place for their own rebirth, that is the place of their eternity, therefore they will not let anybody in there. Should their body give shelter to someone there, they will ignore it then.

References

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