

Alberto Palacios*

I FEEL, THEREFORE I AM

With the return to standard time after daylight savings, the afternoon loses its uniformity and sooner than expected the shadows envelope us. I apologize nonchalantly and get up to light the floor lamp, ensuring that I maintain dim lighting in my consulting room, so as to not distract her from her fabulation. Up until now, I have maintained a kind of floating attention—as we say in boasting—without interrupting her story, which, after several months is beginning to take on life. That is, it is inserting itself into the crossroads of consciousness and a dreamlike perception, where borders are blurred and the body and mind blend with each other.

I observe her for a few moments, lying there on the couch. Alma is a mature, single woman with a daughter born of a failed courtship who is now brushing up against adolescence. Alma herself is still slender, looking younger than her years, although the wrinkles begin to populate her face, and her arms betray a loss of firmness. She dresses carelessly, as though she had picked up the first thing that came to hand, and wears only a minimum of make-up, turning herself out with the least possible effort: a simple silver band, thin hoop earrings that get caught in her hair, which she is wearing straight this afternoon, although it was usually tied in a ponytail with no further pretensions than neatness.

She gestures very little and only occasionally; when she touches a sensitive chord, she breaks into tears rather reticently, wiping them away discretely, ignoring the face tissue sitting beside her. She crosses her legs for short periods, but then she uncrosses them, as though deep down inside her body she was carrying on a parallel conversation.

In February, a colleague of mine referred her to me after a disquieting episode of weight loss and gastrointestinal symptoms that made little sense. He ended by concluding that she was suffering from a nameless inflammatory disease of the digestive tract. This preliminary diagnosis led to a series of biopsies and inconclusive blood tests, but which were enough to prescribe mesalazine, steroids, a low-gluten diet, and rest. I seriously doubted that that particular regime was at all warranted.

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Carmen Giménez Cacho

Carmen Giménez Cacho, *Nets*, 2011, 137x 107cm (oil on canvas). Photo, courtesy of the artist.

My friend referred her because she was profoundly upset by the vague prognosis and asked for emotional support.

At our first appointment, she was reluctant to accept that something emotional had set off her symptoms, even though she came with her mother and asked her to leave us alone when she began going into detail. She also resisted telling me about her childhood, which I usually ask about as a kind of narrative; but she did agree that last year she had taken on responsibilities that had been too much for her and that that had caused her “defenses to weaken,” negatively affecting her physical integrity and health.

Formulated that way, I could not avoid the symbolic resonance: like a boxer who lowers his guard and receives an uppercut that turns into a tragedy.

Those first 45 minutes were enough for her to tell me about a recently broken-off romance that she decided to end after almost three years of false promises, tired of dealing with her fiancé’s passiveness. She explained in greater detail the ups and downs of her different jobs, and particularly her current position, where she is a financial advisor in an important multinational company.

I was sorry to have to postpone our second appointment; but when we did meet, Alma was pale and

upset. She had suffered a relapse of her ulcerous colitis, and, among other things, she had had a blood transfusion and paid a visit to a very sadistic surgeon who had proposed a complete colectomy, that is, removing her entire intestine, which is what I explained to her it meant when she mentioned it.

“I ran out of there, doc,” she said tearfully, appealing to our familiarity. “How can quacks like that just roam around?”

“It’s not just a rhetorical question,” I replied. “That encounter must have awakened something else in you.”

I found her even more fragile, childish in her search for a place where she could externalize her fears. I had tried to find a free hour, and all I could do was to make her appointment earlier, when the noise of the city and the neighbors’ barking dogs can be irritating. However, she expanded upon everything with more self-confidence and gave me a glimpse of a quite unhappy childhood due to her father’s abandonment when she was still too small to make any sense of it.

Those of us who have witnessed the zigzags and impact of these afflictions in the sphere of the emotions and how they parallel the evolution of somatic complaints and their pathological complications, can’t fail to think about the interdependence of the body and a tortured soul. Nevertheless, it has been very difficult to convince physiologists and purists that paracrine or molecular connections are not needed to explain that link, just as it is not necessary to draw a neuronal map to discover the id or aspects of a phobia. The body—which here is cannon fodder—speaks, screams, sobs.

A digestive intolerance that appears during breast feeding is evidence of a fragmented or interrupted dyad (pair), in which the mother does not echo the child’s already ambivalent affective release; and that recurring, silent complaint seeks escape where it can attract constant attention or where it will serve to alleviate ceaseless anxiety. In greater detail, it speaks

of the continuum, of the non-differentiation that connects the skin with someone on the outside that cannot be shaken off in the earliest stages of life. Thus, a phenomenology of the amorphous may be considered, given the violence spread through a body that cannot account for the nascent subject, for an impending individuation.

It is quite obvious that the construction of what may be called “self” begins with that first driven exchange (for example, an instinct charged with affection) that distinguishes us from other species. Let us think about all the mechanisms and stimuli that come about at that early stage of life. The mother’s skin on the suckling infant’s hyper-sensitive lips, her smooth fingers holding the body, which give it weight and shape the muscles. A recurring, modulating message: the warm spilling of nutritious milk that floods the mouth, descends along the esophagus, and reaches the stomach, which, when distended, shoots out its messengers to secrete the biliary and pancreatic juices. All of this brings on a resounding autonomous response of pleasure and sufficiency. And all this happens before any articulation or language allows us to express it.

This is a foundational period. The body manifests all subjectivity, from the cry of hunger to the anal pleasure of periodic evacuation. Smell, an archaic sense *par excellence*, allows us to trace the mother’s natural perfume and the elixir of her breasts, as well as the decomposition (strange and hideous then and forever) of our own excretions.

Little by little the visual horizon broadens out in an explosion of lights and reflections: our mommy’s eyes, paired with her voice (that precise, soothing murmur) emerge from the shadows and gradually give form to desire.

That first image is complementary and conveys all perspective, every volition, and all discernment. The baby learns how to wait, to subject itself to differ-

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ent times, to yearn, to see its desire fulfilled, and, at the same time, to reduce the anxiety that repeatedly emerges from its avid, empty bodily organs.

As we know, the insertion of fantasy and desire is the natural product of this process, just as are anxiety and the feeling of abandonment, analogous to the god Janus who opens all gates. Nutrients evolve simultaneously in the infant's somatic and psychic spheres. One is just as amorphous and malleable as the other, and both susceptible to tearing and changing.

But I have been sidetracked by my own fantasies—I admit it, as I return to my patient's monologue. She remains immersed in her dream, trying to tie up the loose ends of her story. The product of her failed love interest, she seems to have gotten to the core of her abdominal pain and bleeding.

"I think it's profound dissatisfaction," she says, appealing to me for an answer, which today isn't enough. "My father's abandoning us, my mother's non-responsiveness, when she sank into her sadness and left us alone, failing to understand that she was magnifying that sense of abandonment and mourning."

I listen and, keeping up with her, meditate on disappointments in love, such fertile ground for all frustration and—why not?—for every spasm. Alma continually surprises me with her lucidity, her avid interest in finding the source of her pain and internal rending.

I say goodbye to her without having resolved the dilemma. It's pretty obvious: we have boarded a galleon that has promised to return her to Ithaca. When? Neither Alma nor I know. We will have to face down Cyclopes and Laestrygonian man-eating giants, the song of the sirens (which, in this order of things, is one's own resistance to delving more deeply), but what awaits us, even though we sometimes doubt it, is the reward of lost love, the loom where our hopes were left to be woven and were originally interrupted by an emotional abyss that has not yet revealed its depths.

When I go over to my garden's half-open window, I am struck by a strange pain in the middle of my abdomen.

"Is that hunger or fullness?" I ask myself, bent over by a cramp that brings me to my knees, overwhelmed.

That was a few days ago. I've lost count. Naturally I called my wife and cut short my daily activities. I went to see a friend who did tests on me at the emergency room and decided that a colonoscopy was in order. There was something unspeakable in all this, which caught me off-guard. I took my wife's hand as though my life depended on it. I was panicked in the face of the uncertainty and suddenness of my symptoms; something very primal was crawling inside me, tormenting my inner self.

I will not write the result of that delirium here because it is ongoing and I will have to sort it out in due time. In addition, Alma has arrived on time for her session, and I have to receive her. I get ahold of myself and, as well as I can, supporting my inert leg with my cane, I greet her with a genuine smile.

"Welcome. It's a pleasure to see you again." **NM**

Further Reading

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- NASIO, JUAN DAVID, *Los gritos del cuerpo* (Madrid: Paidós Ibérica, 1997).
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