# Medical Illness and Physical Suffering: A MindBody Perspective

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Medical illness and physical suffering are universal phenomena, but it is the intrapsychic, interpersonal, cultural and systemic contexts within which they occur that determine how they are experienced. The course begins with an exploration of the history and evolution of the concept of psychosomatics. The bulk of the course will explore research, clinical observation, and theory regarding: 1) the psychological impact of being medically ill; 2) the effects of emotional stress and trauma on the body; 3) the complex interplay of all components of the biopsychosocial model; 4) the subjective, interpersonal and unconscious aspects of being a medical patient or a medical practitioner. Illnesses regarded as controversial, such as chronic fatigue, fibromyalgia, Medically Unexplained Physical Symptoms, and currently, "Long COVID," will be looked at from varying perspectives. Pandemic trauma, the placebo effect, and the "difficult patient" will be discussed from a psychoanalytic perspective. A heightened awareness of the insidious influences of demographically-based biases can improve outcomes across various healthcare settings.

The topics in this seminar emerge in the consulting room of most analysts over the course of their work. The psychoanalytic perspective in this course equally informs the work of clinicians practicing in community settings like hospitals and clinics.

## Session 1

### The Evolution of Mindbody Medicine

The history of psychosomatic medicine is the convergence of medicine, philosophy, psychoanalysis, spirituality, and recent advances in neuroscience. The history of psychosomatic medicine also reflects humanity's ongoing efforts to understand itself, the mind, the body, the relationship between the mind and the body, health, and illness, all refracted through the lenses of these various disciplines.

The emergence of new nomenclature while other terms fall out of favor parallels interdisciplinary efforts to recognize, validate, and normalize mindbody phenomena. This class will survey how evolving concepts of psychosomatic conditions have led to new treatment approaches rooted in psychoanalytic theory.

REQUIRED READINGS:

Clarke, D., Schubiner, H., Clark-Smith, M., & Abbass, A. (Eds.). (2019). *Psychophysiologic disorders: Trauma-informed, interprofessional diagnosis, and treatment.* Psychophysiologic Disorders Association.

Chapter 3: Clark-Smith, M., & Clarke, D. A history of PPD, pp. 25–43.

Engel, G. (1959). Psychogenic pain and the pain-prone patient. *American Journal of Medicine, 26*(6).

RECOMMENDED READINGS:

Damasio, A. (2005). *Descartes' error*. Penguin Books.

Fenichel, O. (1945). *The psychoanalytic theory of neurosis*. W. W. Norton.

Chapter 13: Organ neuroses, pp. 236–267.

Rudnytsky, P. L. (2002). *Reading psycho-analysis*. Cornell University Press.

Sarno, J. E. (2006). *The divided mind: The epidemic of mindbody disorders.* Regan Books.

Chapter 7: Leonard-Segal, A. A rheumatologist's experience with psychosomatic disorders, pp. 245–270.

Sifneos, P. (1973). The prevalence of "alexithymic" characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics, 22*(2–6).

LEARNING OBJECTIVES:

1. The candidates will understand the need for psychoanalysis to reclaim its place at the table, having been displaced by a medicalization of illness paradigm.

2. The candidates will gain an appreciation of how all medical illness and physical suffering are co-created from both somatic and psychic factors.

**Session 2**

**Mindbody Manifestations of Stress**

The renowned psychosomatic theorist and psychoanalyst Joyce McDougall, famously observed that all emotion is psychosomatic. Although the gross effects of stress and trauma on the body have been well documented, the bidirectional nature of these experiences has been less well recognized and understood. Why the experience and effects of stress vary from one person to another hint at the complexity of the dynamic interactions between the mind and the body and how both illness and health are multiply determined phenomena. Psychoanalysis can reclaim its seat at the table by recognizing how psychodynamic factors pervade all aspects of sickness, well-being, diagnosis, and treatment.

REQUIRED READINGS:

Holmes, T., & Rahe, R. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research, 11*(2), 213–218.

O'Reilly-Landry, M. (2017, April 30). Psychological trauma in the medical setting. *A meeting of minds… and bodies.* Division of Psychoanalysis (39), American Psychological Association, Annual Spring Meeting, New York, NY.

RECOMMENDED READINGS:

Buskila, D., Ablin., J., Ben-Zion, I., Muntanu, D., Shalev, A., Sarzi-Puttini, P., & Cohen, H. (2009). A painful train of events: Increased prevalence of fibromyalgia in survivors of a major train crash. *Clinical and Experimental Rheumatology, 27*(5, Suppl. 56), S79–S85.

Hsu, M. C., Schubiner, H., Lumley, M. A., Stracks, J. S., Clauw, D. J., & Williams, D. A. (2010). Sustained pain reduction through affective self-awareness in fibromyalgia: A randomized controlled trial. *Journal of General Internal Medicine, 25*(10), 1064–1070.

Koi, J., & Lebwohl, A. (2001). Psychodermatology: The mind and skin connection. *American Family Physician*, *64*, 1873–1878.

Nakazawa, D. J. (2016). *Childhood disrupted: How your biography becomes your biology, and how you can heal*. Atria Books.

LEARNING OBJECTIVES:

1. The candidates will understand how the entrenchment of a Mind or Body framework forecloses our understanding of health and wellness and limits our ability to intervene effectively.

2. The candidates will learn to identify the subjective nature of the experience of stress.

**Session 3**

**The Interpersonal Aspects of Medical Illness**
***(Part I: The Illness Experience)***

Having a serious and or chronic illness or being in a close relationship with someone who has one can impact many areas of psychological and social functioning, depending on the specific symptoms, prognosis, degree of disability, whether it is visible or not, etc. In addition to the conscious experience of the illness, it is essential to understand the meaning of the various symptoms, treatments, etc., and what they may represent. For example, mild impairment in balance and gait will affect a concert violinist and a budding Olympic gymnast very differently. Taking a prescribed medication may

represent a failure for one person, but hope for another. The COVID vaccine situation is an example of this. It is at this level that a psychoanalytic perspective has its greatest utility.

REQUIRED READINGS:

Greenberg, T. M. (2016). *Psychodynamic perspectives on aging and illness* (2nd ed.). Springer.

Chapter 3: The trauma of medical illness, pp. 43–66.

Chapter 4: Narcissistic aspects of aging and illness, pp. 69–90.

RECOMMENDED READINGS:

Greenberg, T. M. (2016). *Psychodynamic perspectives on aging and illness* (2nd ed.). Springer.

Chapter 7: Self-destructive behaviors and illness, pp.137–154.

O'Reilly-Landry, M. (Ed.) (2012). *A psychodynamic understanding of modern medicine: Placing the person at the center of care.* Radcliffe Publishing.

Chapter 3: Malberg, N., & Fonagy, P. Creating security by exploring the personal meaning of chronic illness in adolescent patients, pp. 27–38.

Chapter 4: Livingston, R. Mobility matters: The intrapsychic and interpersonal dimensions of walking, pp. 39–50.

Chapter 5: Vitacco, P. When the body fails us: Living with a chronic illness, pp. 51–59.

Chapter 14: Shapiro, P. The process of acquiring and keeping an organ transplant, pp. 149–161.

Chapter 16: O'Reilly-Landry, M. Man and machine: The relational aspect of organ replacement, pp. 174–180.

Chapter 17: Boss, P. The ambiguous loss of dementia: A relational view of complicated grief in caregivers, pp. 183–193.

LEARNING OBJECTIVES:

1. The candidates will be able to discuss ways psychological trauma can adversely affect the body and how having a serious medical illness can result in psychological stress and trauma.

2. The candidates will be able to identify ways having a medical illness can affect one's sense of self.

**Session 4**

**The Interpersonal Aspects of Medical Illness**
**(*Part II: The Medical Setting and the Medical System)***

A medically ill analysand may spend a great deal of time in medical settings interacting with various aspects of the medical system. Sometimes, the analysand will be a medical clinician who spends their professional life working within a medical system and interacting with those who are medically ill. These interpersonal interactions invariably shape the analysand's experience and what they, consciously or unconsciously, bring into the consulting room. We will discuss the types of interactions that can occur between medical patients and their doctors, nurses, and other staff and within various aspects of the medical system and the hospital or healthcare community.

REQUIRED READINGS:

Greenberg, T. M. (2016). *Psychodynamic perspectives on aging and illness* (2nd ed.). Springer.

> Chapter 2: Technology, idealization and unconscious dynamics in the culture of medicine, pp. 23–42.

O'Reilly-Landry M. (2013). The drive to relate: How modern psychoanalysis can join with modern medicine to improve the doctor-patient relationship. *Journal of Psychology and Psychotherapy, 3*(126). 10.4172/2161-0487.1000126.

RECOMMENDED READINGS:

O'Reilly-Landry, M. (Ed.). (2012). *A psychodynamic understanding of modern medicine: Placing the person at the center of care.* Radcliffe Publishing.

> Chapter 1: O'Reilly-Landry, M. The interpersonal and psychological dimensions of modern medicine, pp. 3–16.
>
> Chapter 7: O'Reilly-Landry, M. The empty chair: A psychodynamic formulation of a dialysis unit death, pp. 70–78.
>
> Chapter 9: Maunder, R., & Hunter, J. Adult attachment and health: The interpersonal dance in medical settings, pp. 93–107.
>
> Chapter 10: Skomorowsky, A. The antisocial patient in the hospital, pp. 108–116.

Chapter 12: Sternlieb, J. L., Scott, C. P., Lichtenstein, A., Nease, D. E., & Freedy, J. R. Balint group process: Optimizing the doctor-patient relationship, pp. 131–140.

Chapter 18: Kraemer, S., & Steinberg, Z. Creating tolerance for reflective space: The challenges to thinking and feeling in a neonatal intensive care unit, pp.194–203.

Chapter 19: Sand, S. When the patient is gay: Psychodynamic reflections on navigating the medical system, pp. 204–213.

LEARNING OBJECTIVES:

1. The candidates will be able to identify factors that influence the doctor/medical professional-patient relationship.

2. The candidates will be able to identify factors that influence the subjective experiences of patient and medical clinician in various types of medical settings.

**Session 5**

**The Interpersonal Aspects of Medical Illness**
***(Part III: Illness in the Analytic Setting)***

This session will address some of the psychological issues that arise in the analytic setting when there is a medical illness in the room. Transference and countertransference phenomena that commonly occur when either patient or analyst has a medical illness will be discussed.
This session will focus primarily on clinical issues and process, and candidates will be encouraged to bring in their own clinical material for discussion.

REQUIRED READINGS:

Pizer, B. (1997). When the analyst is ill: Dimensions of self-disclosure. *Psychoanalytic Quarterly*, *66*(3), 450–469. 10.1080/21674086.1997.11927541.

Viederman, M., & Perry, S. W. (1980). Use of a psychodynamic life narrative in the treatment of depression in the physically ill. *General Hospital Psychiatry*, *2*(3), 177–185.

RECOMMENDED READINGS:

Colosimo, K., Nissim, R., Pos, A. E., Hales, S., Zimmermann, C., & Rodin, G. (2018). “Double awareness” in psychotherapy for patients living with advanced cancer. *Journal of Psychotherapy Integration*, *28*(2), 125–140.

Greenberg, T. M. (2016*). Psychodynamic perspectives on aging and illness* (2nd ed.). Springer.

Chapter 1: When the body intrudes, pp. 1–22.

Chapter 5: Gray areas: When illness may be particularly impacted by psychological variables, pp. 91–106.

Chapter 8: Cognitive changes and implications for the therapeutic encounter, pp. 155–170.

Chapter 9: What we know and what we don't: The influence of psychological factors and relationships on medical illness, pp. 171–188.

Chapter 10: Hope and grief: The introduction of an emotional language, pp. 189–204.

LEARNING OBJECTIVES:

1. The candidates will be able to describe transference and countertransference phenomena that may occur when the patient has a medical illness.

2. The candidates will describe transference and countertransference phenomena that may occur when the analyst has a medical illness.

**Sessions 6 & 7**

**Psychophysiologic Pain Disorders and Other Medically Unexplained Symptoms (MUS)**

All too often, physicians who treat pain, psychotherapists, and even people struggling with musculoskeletal pain and other mindbody disorders attribute physical problems exclusively to anatomical defects, thereby "medicalizing" them. The failure to recognize the crucial role psychodynamic factors play in the development of persistent musculoskeletal pain, and other forms of somatization undermines the effectiveness of clinicians and inadvertently deprives people of beneficial treatment.

Unfortunately, both medical specialists and mental health professionals often only respond to somatic symptoms as medical conditions, which are consequently misunderstood and mismanaged by both disciplines. Whether musculoskeletal pain and other mindbody symptoms are conceptualized as a psychophysiological condition or not determines their fate as a symptom, a complaint, or communication in the treatment situation. Moreover, unrecognized demographically-based biases confound this professional blind spot for mindbody conditions.
John Sarno, MD, advanced the hypothesis that somatic symptoms can serve as a means to protect an individual from unbearable emotional distress. The aim of treatment is to eliminate the pain symptomatology by helping the individual identify and tolerate previously foreclosed or disavowed feelings. Once the feelings are identified, underlying emotional issues and/or unresolved traumatic material which contributed to the development of the pain symptomatology can be mastered. These two classes will

elaborate on the clinical concepts related to the development of psychophysiologic pain syndromes and other mindbody disorders and the psychoanalytically-based techniques used to treat them.

REQUIRED READINGS:

Clarke, D., Schubiner, H., Clark-Smith, M., Abbass, A. (Eds.). (2019). *Psychophysiologic disorders: Trauma-informed, interprofessional diagnosis and treatment*. Psychophysiologic Disorders Association.

Chapter 15: Sherman, E. A psychoanalytic perspective on PPD, pp. 231–246.

Schubiner, H. (2018, September/October). Chronic pain reconsidered: A new role for therapists. *Psychotherapy Networker*.

Sherman, E. (2015). *Into, and out of, the rabbit hole: Cascading errors in the diagnosis and treatment of PPD (psychophysiologic disorders)* [Presentation]. William Alanson White Institute for Psychoanalytic Training, New York, NY; New Center for Psychoanalysis, Los Angeles, CA.

RECOMMENDED READINGS:

Anderson, F. S., & Sherman, E. (2013). *Pathways to pain relief*. CreateSpace.

Engel, G. (1959). Psychogenic pain and the pain-prone patient. *American Journal of Medicine*, *26*(6).

Goodnough, A. (2016, August 9). Finding good pain treatment is hard. If you're not white, it's even harder. *New York Times*. https://www.nytimes.com/2016/08/10/us/how-race-plays-a-role-in-patients-pain-treatment.amp.html?referringSource=articleShare.

McDougall, J. (1989). *Theaters of the body: A psychoanalytic approach to psychosomatic illness*. W. W. Norton.

Sarno, J. E. (2006). *The divided mind: The epidemic of mindbody disorders*. Regan Books.

Chapter 7: Leonard-Segal, A. A rheumatologist's experience with psychosomatic disorders, pp. 245–270.

Sifneos, P. (1973). The prevalence of "alexithymic" characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics, 22*(2–6).

LEARNING OBJECTIVES:

1. The candidates will learn to identify and understand the multiple and overlapping etiologies in the development of MindBody disorders.

2. The candidates will learn to recognize and understand how conversion reactions, hypochondriasis, malingering, and MindBody conditions differ from one another.

3. The candidates will gain a better understanding of the psychoanalyst's role in collaborating with other healthcare professionals.

4. The candidates will learn to recognize the limitations of a psychoanalytic approach to treating MindBody conditions.

**Session 8**

**Death, Dying, and Existential Issues**

When working with medically ill people, an analyst must be prepared to address issues of death, dying, and the meaning of life. While some issues are common to most who know they are dying, one's phase of life, as well as the social and medical circumstances, provide the context. The younger person must come to terms with a foreshortened life, or perhaps the knowledge that one is leaving young children without a parent. With the older adult, however, dying often occurs in the context of a gradually declining body or mind and the illness and death of one's peers. It is essential to tend to one's countertransference, which can involve very powerful feelings, especially when the dying patient is young. The topic of the dying analyst will also be addressed.

REQUIRED READINGS:

Schaffer, A. (2021). *Blooming in December: Psychodynamic psychotherapy with older adults.* Routledge.

Chapter 6: Existential anxieties, pp. 84–98.

Straker, N. (2020). The treatment of cancer patients who die. *Psychodynamic Psychiatry*, *48*(1), 1–25.

RECOMMENDED READINGS:

Frommer, M. (2016). Death is nothing at all: On contemplating non-existence. A relational psychoanalytic engagement of the fear of death. *Psychoanalytic Dialogues, 26*(4), 373–390.

Gingold, H. (2018). On telling your patients you are going to die: An analytic odyssey. *New York State Psychologist*, *31*(1), 59–65.

Masur, C. (2018). Mortality and psychoanalysis: The analyst's defense against acknowledging mortality and the effect on clinical practice. In C. Masur (Ed.), *Flirting with death: Psychoanalysts consider mortality* (pp. 7–24). Routledge.

O'Reilly-Landry, M. (Ed.). (2012). *A psychodynamic understanding of modern medicine: Placing the person at the center of care.* Radcliffe Publishing.

Chapter 11: Garfinkle, S., & Muskin, P. R. Assisted suicide, pp. 117–130.

Chapter 13: Plotkin-Bornstein, J. Until death do us part: Secrets at the end of life, pp. 141–146.

Yalom, I. D. (2008). Staring at the sun: Overcoming the terror of death. *Humanistic Psychologist*, *36*(3), 283–297.

LEARNING OBJECTIVES:

1. The candidates will gain an awareness of the transferential and countertransferential issues that may arise when a patient is dying.

2. The candidates will be able to recognize various defenses against the awareness of death when they occur during treatment.