

Re-Reading Illness New Paradigms in chronic Diseases. by Julian Ungar-Sargon, M.D. PhD.

How do we "read" illness and our patients... 'reading' them as we would a text or perhaps as ourselves? What models of interpretation can we use? Can interpretive strategies used for elucidation of texts help us in deciphering the biography and inscription of disease?

Disease itself is experienced and inasmuch it is a human experience, it is described and experienced in linguistic terms that can be analyzed as to rhetorical strategies, motives, tropes, and allegory, just as any text. Reading of texts as well as patients can then be analogized and the better the reader the better the listener the deeper the patient of text will reveal its desire. There are those who talk in terms of the tyranny of the text inasmuch as it forces us into its mode of thinking, its rhetoric and strategy and we must pass through its self understanding before making judgments as to meaning. Others in a post modern vein see their own biases and what they bring to the text as critical and see notions of authorial intent as doomed. In the extreme, the literary scholar Derrida claims that texts betray a pathology, a violence, a "death" of the receiver inscribed in the structure of the mark. I would like to suggest that illness too is "inscribed" in the very imagined body of the patient and that a neglected part of healing has been attention to just such inscription of illness as metaphor. There is a notion of mourning inscribed in language itself which reflects a primal catastrophe and there is a need for a similar mourning to occur in illness where we need to face the death of part of ourselves and make space for the loss as part of the healing process. All writing, and I would add, biographing, is then a working out, a "labor of mourning" to use Santner's expression, of the various narcissism's and nostalgia's previously used as a source of empowerment.

Paul de Man argues that writing reveals a rhetoric of bereavement in which we enter an area of dispossession in favor of the arbitrary power play of the signifier and from the point of view of the subject. This is experienced as a dismemberment which results in a paradox. Language is used to heal wounds that language never ceases to open up. In Demanian discourse the speaking subject is constantly in mourning, for the referent, for beauty, for meaning, for home, for stable terms of orientation since these losses were already there as soon as one uses language. I would argue for a similar process in illness. The patient is in a privileged position in that he alone experiences the inscription of pathology in his or her body. The deciphering of the meaning of the illness requires a sense of mourning for the loss of health and vitality and the function that organ once provided.

What is the role of the healer? Surely first and foremost to listen. Medical training teaches us to listen to certain telltale signs that signal well-known diagnostic categories. There is a system of signifiers that reveal a hermetic code of signs. But these merely attempt to place the patient into a pathological category such as heart disease, brain disease, etc. The diagnosis by definition obliterates any notion of uniqueness and to the extent that symptoms are unique, these are ignored in favor of the master narrative of present history, past history, social history, all designed in the economy and hierarchy of medical signs and pathology. Yet for true healing to occur one must listen not only to the history of the disease, but also to the human experience of that disease. For it is in the unique way that this particular person experiences his or her disease and incorporates it into his or her biography, that the possibility for unraveling the true desire of the disease as metaphor takes place. The currency of the soul is the narrative. It is there that its true desire is stated. It is here at the metaphoric level where the fears and hopes reside and the patient lives out his or her imaginative life, that the healing must occur. The healer must then learn how to listen once more, this time not only to the facts of the history of the illness but to the human dimension of the anguish. The patient presents with a story, the current medical history, the past medical history, social history, etc., and the way this is presented suggests an editorial hand as important as the facts of history.

Understanding the historiographical coloring of the narrative then provides the basis for the elucidation of the inner voice of the text, its desire, its tyranny, its own unconscious narrative where the real inscription of the disease in this body occurs. Healing occurs through the unraveling of this process of reading whereby the healer acts as a distorted mirror and the patient can then see or better hear lost voices inscribed in the wound. By entering the wound in imaginative terms, the patient is able to liberate voices inscribed in organs and return repressed trace memories inscribed in the body, through a working through of mourning.

With the arrival of modern science and the enlightenment, a split occurred in the mind/body monism, which influenced the medical model our training is based upon, so that our treatment strategies have since been based on curing the physical body as if it were an autonomous engine. No attention is paid to anything other than the local organ, infectious agent or cancerous growth in the military model used to "fight" disease with all the technology at our fingertips.

The split between mind and body began with the Greeks, and through the Hellenists, influenced the Early Church and Synagogue. The need for these previously highly anthropomorphic theologies (with inscriptions of the divine body and its anthropos mirrored, well attested to) now need to appear palatable to the outside Hellenistic world, and forced the reinterpretation of the Judaic and Normative Christian traditions in light of philosophy with the result that all anthropomorphic tendencies were suppressed. With the loss of anthropomorphism came the loss of the divine body, and honoring the invisible image of God. Its mirror image, the body of man and its reflected soul, suffered a loss of imagination, as much as the loss of spiritualization of the flesh and nature. As we ignored the imagined body of God, we also split the spirit from our own flesh. Following the enlightenment, modernity paid the price for this split in which the soul has been ignored and its diseases, once magical and spiritualized, now return as neuroses and psychosomatic disorders (well documented).

However, I wish to push this a little further and claim that not only those obviously psychically impregnated symptoms point to this loss, but also physically documented somatic disorders and chronic disease is an inscription of a diseased soul and the key to recovery and healing lies at the level of the soul and its cure, and the human experience of the disease, as much as at the level of the body.

I wish to recover those lost anthropomorphic tendencies that expressed the need to worship the divine body as well as soul. Once we can recover these lost anthropomorphic projections onto the divine we can also reclaim them back as divine projections onto the flesh and heal the split that occurred between the soul and the flesh. The way to healing the split is the notion of reconnection. This can only take place at the metaphorical and imaginative level. Firstly, we must realize that the fragmentary nature of the modern soul and renounce the arrogance of attempting any overall meaning. This is a remnant of nineteenth century positivistic optimism reaching back to the Enlightenment notion of faith in transcendent progress, the Western tradition's fantasies of plenitude, purity, centrality, totality, unity and mastery (and ultimately to the monotheistic notion of single meanings).

Relearning to create a space for the experience of reconnection with the body first demands an acceptance of alternative rhetorical modes of discourse and language that includes post modern terms such as shattering, rupture, mutilation, fragmentation, fissure, wounds, rifts, gaps, and abysses. Only then will the critique of the central project of modern medicine, the nostalgia and narcissism

for the Enlightenment faith in progress, and the secularized Judeo-Christian notion of transcendence, open up a space for the work of mourning and healing.

Within the medical model attempts have been made to see the spiritual within the malady. These have been restricted, however, to psycho-somatic disorders where the psyche is seen to play a large if not etiological role. Treatment revolves around the strengthening of the ego to "handle" crisis and illness, loss and disorder. I am more concerned with actual "scientifically proven" physical disease in order to test my hypothesis whether healing will affect the physical dimension in actual documented physical disease. I am not interested in the western notion of cure since we rarely see this in conventional medicine, but more the notion of healing which entails the recovery of the mourning aspect in the illness and the realization of the 'divine' message behind the symptom. The abandoning of labels and disease names is central to the project where the symptom is so central and the meaning behind the presenting symptom is the entry point for this inner work.

Theoretically, we do start out as a unified whole between spirit and flesh which then becomes split as we are thrust into life and the "specular" image of what we see and what we are differ (Lacan, Winnicot). As we are "divorced" from the Garden of Eden, the spirit is "divorced" from the flesh as we embark on our own personal history. Throughout life the experiences traumas and threats (as well as the culture that inscribes us all with all its preconceived notions of life and logocentrism, etc.) all serve to widen the split. However the soul attempts to bridge the gap through messages and hints which we then ignore. Finally, screaming, it inscribes its message in the body as the final expression of its pain and disease. Illness then represents the final pathway of inscription of a soul in the body of distress.

Inscription is thus the representation of the message in the flesh. Healing must therefore retrace these steps back to the fault lines in the soul. This archeological work begins with the wound itself. The wound is the entrance to the soul (Jung and Hillman). The entrance to the soul is via the wound, which points the way to retrace the steps. Divine wounds inscribed in the flesh needs recovery by retracing of the pathway into the soul. The path to healing begins with imaging work in which painful wounds are located in the body. The localization of these 'archetypal complexes' is necessary to allow the voices to emerge from there and not the mind. The mind only distorts the message since the ego interferes with this imaging work imposing its own worldview and needs. Through the painful process of visiting these sites in the body we gain access to the realization that there exists locations inscribed in the body of these archetypal complexes. Once we visit them we honor them and allow their voices to surface. Honoring them is a slow process of visitation where they must feel comfortable and safe to speak without the mind, ego or other punitive voices to criticize. I therefore like a ritual space and time to do this inner work. The relationship between the healer/shaman and the patient is a sacred one, which must be surrounded by ritual to protect the space and time for this work.

The voices later begin to talk to each other as the various sub-personalities gain lives of their own. I am not a strict adherent to archetypal psychology and see this work as less 'psychosomatic' and more getting into the body itself and allowing the voices to surface, rather than the psychic explanations and substitutions of psychological myth for medical myth. These archetypes have included in Jungian literature the killer, the trickster, the mother and father, the king and the jester, the slut/whore, and the goddess. Each must be related to the life of the individual and his or her mythology. Yet I rather see each person create their own personalized voices and incarnate them in their own way. Once they have been located and given due honor, their voices emerge and their messages heard. The cacophony is intense as for the first time voices suppressed for years emerge. Painful

memories long forgotten yet alive in the flesh surface as the body begins to teach us the secrets of its spirit and yields the soul's true desire.

Each spirit is different and inscribed in the flesh, each mythology determined by the life this soul has experienced in the flesh. The flesh becomes a palimpsest whereby the previous messages can only be deciphered by the slow archeological work of visitation and honoring. The multiple personalities submerged, once allowed to speak allow for a greater peace of mind as each is honored and not suppressed one over the other. This is less psychological approach where resolution occurs rather an honoring of the various inscriptions; the addictions and the perversions, the devil and the angel, the good and the bad and for me the very organicity of the physical disease. Rather than a cure and a resolution, I see a healing whereby space is made for the suffering voices and appropriate mourning can take place.

The human experience of disease is as painful as the disease itself. The symptom has to somehow be seen as a "gift" whereby we are allowed a special insight, a private showing of what is to come. A premonition of death, the Sheol, the darkness and terror...The pain and terror of the illness and the tyranny of its absoluteness, its physicality, the lack of any escape route terrorizes us into paralysis. This paralysis is the gift for its message is to remain still and silent to allow the voices inscribed in the flesh, these soul voices to teach us what is to come, and experience it without fear. The disease then comes to teach us about death without fear, if we can only listen to the voices within.

The unique feature of the sacred text and its universal appeal is that all that read it read their own biography in it. What makes it different from great literature is the claim it makes in relation with the divine and the invisible.

Textual healing is the ability of the sacred text to do its work at levels below the intellectual. They work within the body IF we allow them to be absorbed and penetrate. The soul within the text relates to the spirit within us, it speaks to those places within us that have been hitherto inaccessible. These sacred texts do their inner work by freeing resistant locations within the body, allowing hitherto imprisoned voices and mythic images to emerge. Once emerged we allow them to identify with the divine feelings and images created in the text and the narrative, which do their work by association. The text is thus the space whereby these processes takes place, a meta linguistic site where the ontology of the person and the interaction with his own biography as mirrored in narrative occurs.

Sacred texts have the ability to reach deepest mythical layers on the human condition where universal strivings and terrors reside. It is here that the business of the soul is conducted. The resonance takes place in reading the object, the sacred text, which finds its mirror within and lights up those lost locations of the soul, inherited from prior trauma and yearnings. The broken spirit sees itself in the sacred words of healing and finds solace in the mirroring of its deepest yearnings and fears. The text provides the space for the mourning process to occur and allows for projection and identification with the deepest fears and hopes.

The struggle to find meaning is the inner work that takes place both at the level of textual interpretation as well as at the level of inner space. The soul finds its reflection in the sacred text and struggles to find expression in the outer manifestation of its inscription. In pathology we need to free ourselves from the addition to the body and its inscriptions to be able to then apprehend the vision from within which is dampened by the symptom. Only by struggling at this textual level will the power of the sacred text be able to free one from the inscription of the symptom, only by the

meditation on the meaning of the symptom and its location in the body and in the text will the expression be sufficient to liberate.

I am asking for a new way of listening to the patient, one that refuses to liberalize symptoms the way we have been trained (chest pain means either cardiac disease or neurosis) not to philosophize the symptom away (psychosomatic) the way the medievalists such as Maimonides rationalized poetics opting always for the middle ground and taking the story as such, a patient's crafting of a narrative, to be taken always on its own terms, as narrative and subject to the literary scrutiny one would always give a text and even reading one's own biography in it, for that is surely the true purpose of the sacred text... one that all can read something of themselves in.