

Water is taught by thirst. Some reflections on the bodily self

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Abstract

Starting from a verse by Emily Dickinson, this work proposes a reflection on the body self understood as a continuous and bidirectional exchange between body and mind, based on the feeling of authenticity and vitality of being. The focus is on the manifestations of conflict and rupture of this dialogue, which lead to a dissociation body-mind, a real fracture inside of the person. The thoughts of Freud, Bion, Ferrari and Ciocca accompany the writing, which also makes use of a brief clinical example.

Keywords: Sensation, emotion, reality, bodily Self, body-mind dissociation.

Emily Dickinson in her poem 135 writes: "Water is taught by thirst". In this verse is condensed the complex learning experience that our sensitive body goes through when it is able to tolerate the sensations and emotions that come from feeling thirst and can therefore try to provide for it, take care of it and, in a dynamic and continuous relationship with its own mind, activate its resources to meet water.

The distress and frustration caused by need have turned into the pleasure of satisfying it. By following this path, made by different sensations and emotions, we can learn water, as Emily Dickinson says. The narrated experience will be different for each of us, contributing to draw that personal and unique map in which resides the intimate and deep feeling of our consistency, of our feeling of being a person.

Let us remember that Freud attributed a central function to corporeity since the *Studies on Hysteria* (1892-95), in which he observed that some of his patients had somatic symptoms associated with psychic disorders.

Returning to poetry, the vertex of observation in the cited verse, Water, is taught by thirst, oriented towards the body, refers to Freud's intuition of 1922, "The ego is above all a corporeal entity" (p. 488) and accompanies us in clinical work with patients who present a disharmony of the bodily Self in the body-mind relationship.

Our bodily Self, therefore, springs from the continuous flow between body and mind that sustains and feeds the subjective experience. Always Freud: "The ego is ultimately under the influence of bodily sensations, especially from the sensations coming from the surface of the body. It can therefore be considered as a psychic projection of the surface of the body" (idem). The vital experience of the body is the source of the energy of the Self, and it is precisely through this unique

experience for each of us that our most intimate and authentic feeling of identity takes shape. Taking up the poetess' verse we can say that while we are having the experience, different for each individual, of feeling thirst and drinking water we know each other.

In this sense we follow Bion's teaching (1962) when he states that the mind develops in a continuous process of learning the emotional experience. Continuing his thinking, we know that the ability to contain emotions is the basis of experience and the possibility to use the function of the mind, experienced by the child through the maternal reverie.

The mind, we were saying, is born from the body and develops with it. Here we recall the thought of A. Ferrari (1992), fed by the knowledge of Bion or more precisely of the last Bion of the Brazilian Clinical Seminars (1989), who shifted the axis of the therapeutic process from "K", knowledge, to "O", the present emotion, that is to say, to the experience of O. A. Ferrari, emphasizes how the mind is activated precisely through the primary function of perceiving, recording and organizing the sensations of the body, which is the object of choice of the mind and its primary reality (1992). Ferrari identifies in the body, the original concrete object, "OOC", the point from which mental functioning is born. He investigates the complex relationship between body and mind using the concepts of physicality, corporeity and psychicity. The body understood in the physical sense, in its materiality, generates sensations collected by the sense organs, the physical organizers, which have the function of coordinating the perceived sensations and promoting corporeity, the experienced body, while psychicity consists of the set of mental functions continuously activated to record, contain, process and represent the set of sensations and perceptions.

With the support of maternal *reverie* the sensorial marasmus is reduced, the body eclipses itself allowing the birth of the first mental phenomena. Bion, of whom A. Ferrari was a learner, gave an important turning point to psychoanalysis, placing in the analytical relationship the ability to activate a mental functioning able to sustain the emotional impact and promote transformative experiences. The real body is in this sense considered by Bion as an evolving potential of thought, as a potential of thinking waiting to be thought.

However, this process may encounter obstacles, suspensions, fractures. The perception of thirst takes on the contours of an unacceptable threat and the search for water an unbridgeable goal. The patient thus begins to manifest an increasingly alienated distance from his sensitive body. The analyst is then called to turn his attention, his reverie, where the patient's suffering is located, to the level, that is, where it is expressed (Ciocca, 2013). Appreciating, in this sense, not only the most evolved phenomena (stories, thoughts, dreams) but also the basic elements (initial perceptions, sensations and emotions), what Bion calls

beta elements, considered in his thought the foundation of the feeling of authenticity and identity, as well as the matrix of thought (Bion,1922). The subjectivity of which Grotstein writes (2011) is inclusive of the whole personality and its components, the child is born with a psyche that has yet to be embodied and only when the mind accepts responsibility of his subjectivity becomes the subject of being.

A clinical example

A patient, with anorexic traits, named Lia, in the first meeting declares with the peremptory tone of the obvious that with food she regulates herself with the clock the scale and so she has no problems: when it is her decided time she eats and thanks to the setting given to the scale she keeps the desired weight. I ask her what her stomach says, if it agrees with the scale, if it is happy with the time set by the clock. Lia makes a mocking gesture, as if I had said something stupid. My intervention is a first attempt to bring the patient's attention to the real sensitive body and promote its possible listening. Lia then consults her diary: "let's see when I can see you next time" and walks out of the room, closing the door behind her by herself. On her return, when she lies down on the couch, I am struck by her body which suddenly appears to me as if it were made of rags: her legs abandoned, her feet slightly apart on the outside. The toughness that she sent out at the first interview seems to have vanished and Lia seems to me to be weightless. An uninhabited body.

At a later meeting the patient tells me that she was late and therefore had not eaten anything. I ask her how she feels after working all day, remaining fasting. "I don't feel anything in particular", she answers quickly as if we were wasting time but at the same time I heard noises coming from her belly. The patient ignores them but the noises continue, in a variation of rhythm and sounds. I say to her: "can you hear them too?". "Sure", she replies, "but I never gave it any importance". I comment to her: "it's her belly talking and maybe she wants to tell us something". My intervention is situated in the perspective of opening a space to physical, sensorial and emotional states even when they are absent, or rather present in their negative form of disavowal and rejection, in order to promote a contact with the real body as a vehicle of psychic functioning and recognition of reality as a whole, as Freud speaks about it in 1911 in *Formulations on the two principles of mental functioning*.

In another session, Lia, again fasting, warns that her head is spinning and adds, amazed, that she feels a strange pain in the mouth of her stomach: "it had never done this before". I comment that today her belly has to speak in a higher tone in order to be heard and that perhaps for this reason it hurts a little now. I am

referring here to the concept of “hyperbole” as described by Bion (1965). Lia remains silent, then slowly lays a hand on her belly. This is how it happens that during the sessions the body becomes more and more present, helping us to place ourselves in listening and welcoming the sensorial and emotional level experienced by the patient. I remember, apropos, the Luciana Bon de Matte’s teaching in indicating that we analysts must go towards the patient to meet him where she/he is, in the actuality of the session. So, once Lia feels her mouth dry and says she wants to drink, I reply that today she had the opportunity to listen to her need and then to be able to provide for it. While the patient drinks in small sips, I am impressed that she tells me about her child’s breastfeeding introducing a new dimension that oscillates between her personal and relational experience, and includes both in the analytical moment.

Some time later, Lia tells this dream, “I look out and see a dress hanging in the window. I realize with great fear that it is me”. The rag doll has found a way that, through the recording of the sensations coming from her person, has begun to establish a body-mind dialogue capable of providing, within the analytic relationship, the oneiric elaboration, the story of an experience of representation and emotional contact with herself. It is important to point out here that with respect to the dream, as for the other elements that appear in the session, it becomes fundamental for the therapeutic process to give attention to the way the patient behaves with them: does she forget them? does she get rid of them? does she take them with him? does she lose them and find them again? does she attribute them to the analyst’s ability? In other words, it will be the therapist’s task to keep within himself and with the patient always open the question of how he manages what he has felt, felt emotionally, dreamt, thought during the analytic work and how he uses it for the purposes of reality. In order to promote a constant dialogue of the patient with himself, an assumption of responsibility for the contents of his own person of which he has had experience in sitting.

An inner relationship with himself, with the experience he is gradually making of himself, such that it possible then to accompany him when the session is not there or when the analysis is over but his life continues.

Observation and systematic listening by the analyst allow us to grasp the moments and manifestations of the breaking of the dynamic and bidirectional body-mind relationship. When this happens, the body is no longer felt real, with its continuous flow of sensations and emotions, and is no longer in contact with the outside world, but instead becomes a mental object, a product of the mind’s control over the body, (Ciocca, 2013) as for Lia the use of the scale and the clock. In this way, since the body is the link with reality, its mental control can give the

illusion to the patient to control reality itself, the reality that always changes, and to be able to magically stop the flow of linear time.

In fact, and again I borrow E. Dickinson's verse, feeling a need of the body and finding an object capable of satisfying it, makes us move along a span of time where the experience unfolds. It makes us live many small births, lives and deaths. For the patient who suffers from a pathology inherent to the bodily Self this process is fraught with threats, intolerable; an unbearable condemnation represented by the implicit limit of the need itself. It takes hold a theory that transforms the body into a burden to be disposed of in order to feel free, free from the inherent condition of living in a reality where time and body are finished.

In this way, however, the person becomes himself a prisoner of that theory in an attempt to reach the unattainable goal of silencing the body which, as long as it can, raises its voice more and more (the head spinning from hunger, the pain in the mouth of the stomach). This narcissistic and idealised aspiration thus gives way to a feeling of inauthenticity where one loses one's sense of identity, and one loses anchorage to real life, as dramatically narrates the dreamlike image of the empty dress hanging in the wind.

Then the primary task of the analyst's work becomes that of grasping and valuing the sensorial contents, the body that speaks, when these emerge in the session (stomach noises, the head spinning, the mouth dry) proposing them to the patient and supporting her/him in his initial inability to tolerate them. In fact, the relationship with the body, its recognition, puts in contact with reality and reveals the experience of the Ego in front of its needs. But this process can be marked by intolerance and anguish towards feelings and emotions, felt as persecutory, to the point of leading the person to a deep refusal to be a body. Faced with these clinical manifestations, the analytical work goes in the direction of a constant recognition in the patient, of his means and possibilities to weave moment by moment the plot of the body-mind relationship so as to arouse, and sustain within the person, experiences of an authentic and vital contact with himself and therefore the gradual development of the confrontation with reality and therefore of the relationship with others.

From birth our psyche-soma being marks and crosses us for the whole of our lives. We are immersed in linear time, struggling with a needy and desiring body. *This is a fact*, Bion would say. To us the experience of oscillating between presence and absence, between facing and avoiding, between feeling and dissociating, between having a body or being a body.

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