

**THE PSYCHOSOMATIC
THERAPY CASEBOOK**
Stories from the Intersection
of Mind and Body

Jean Benjamin Stora



PHOENIX
PUBLISHING HOUSE
firing the mind

Originally published in French in 2019 as *15 cas de thérapies psychosomatiques: Comment soigner les malades, non simplement leurs maladies* by Les éditions Hermann

First published in English in 2023 by
Phoenix Publishing House Ltd
62 Bucknell Road
Bicester
Oxfordshire OX26 2DS

Copyright © 2023 by Jean Benjamin Stora

The right of Jean Benjamin Stora to be identified as the author of this work has been asserted in accordance with §§ 77 and 78 of the Copyright Design and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN-13: 978-1-800131-44-6

Typeset by Medlar Publishing Solutions Pvt Ltd, India



www.firingthemind.com

*To my dear wife,
Professor Judith Stora-Sándor*

*To my dear son,
Michael Stora, psychoanalyst, psychosomatist,
and clinical psychologist*

Contents

About the author	ix
<i>INTRODUCTION</i>	
A mysterious word: “psychosomatics”	xi
<i>CHAPTER 1</i>	
Doctors, patients, and mind therapists	1
<i>CHAPTER 2</i>	
“A good enough mother”	35
<i>CHAPTER 3</i>	
Serious illness and pain	63
<i>CHAPTER 4</i>	
Psychosomatic enigmas	93
<i>CHAPTER 5</i>	
About the originality of psychosomatic psychotherapies	119

CONCLUSION

From the psychoanalytic clinic to psychosomatic therapy: the role of the analytic cure in the training of the integrative psychosomatic psychotherapist	159
Appendix 1	167
Appendix 2	177
Appendix 3	181
References	185
Index	189

About the author

Jean Benjamin Stora is the Honorary Dean of the Faculty of the School of Higher Commercial Studies of Paris (HEC) and a practicing psychoanalyst and psychosomatist. His professional practice began in 1973 and his teaching in 1960. He chaired the Institute of Psychosomatics “Pierre Marty” from 1989 to 1992 and the French Society of Psychosomatic Medicine from 2000 to 2002. He created and ran the consultation of Psychosomatics from 1993 to 2015 at the Pitié-Salpêtrière Hospital, and the Diploma of Integrative Psychosomatics, Psychoanalysis, Medicine, and Neurosciences at the Faculty of Medicine of the Pitié-Salpêtrière, UPMC Paris 6 from 2006 to 2015. He is the current Director of the Institute of Integrative Psychosomatics of the Society of Integrative Psychosomatics. Jean Benjamin Stora’s work is in the tradition of Melanie Klein, W. R. Bion, and D. W. Winnicott.

INTRODUCTION

A mysterious word: “psychosomatics”

I worked from 1993 to 2015 as a psychosomatist at the Pitié-Salpêtrière Hospital. I created this consultative position, which was first located in the rheumatology department and then in the endocrinology department, thanks to my friendly relationship with Professor Jean-François Allilaire, Head of the Department of Psychiatry. Psychosomatics is neither endocrinology nor rheumatology, being a discipline that deals with the mind in relation to the body; therefore, I was available to the medical services throughout the hospital. Teachers and doctors were aware of the existence of my position, and some of them referred patients to me.

To please the department head and the doctors, I wore the same scrubs as them, with a red badge on which was written: “Psychosomatist”. The doctors who saw this badge for the first time opened their eyes wide to understand what it said and who they were dealing with! During those years, I met and investigated nearly 4,500 patients suffering from all types of pathologies. They trusted me and we maintained a very cordial relationship for many years. I cared for them, and this book owes them much, as it does the doctors, my colleagues, with whom I worked and with whom I shared concerns. You will then ask me, “How did you

treat them? How did you do it?” The answers to your questions are in this book. But first, remember that psychosomatics concerns all pathologies and that it is not an *imaginary* disease. In my opinion, all diseases are psychosomatic since the human being is a psychosomatic unit.

In the West, doctors treat the body and are trained in medical schools to care for the organs of the body and their functions, which they must fully understand in order to become doctors. They have at their disposal magnificent techniques and extraordinary exploration devices. As one of my colleagues at the Faculty of Medicine, who was a friend, said: “Here, technique dominates the relationship of care.” His statement was quite true, as was revealed in my relationship with the physicians in my department to whom I wanted to communicate the results of my observations. They did not listen to me, because they were busy and had too much work, which I always understood.

So, I spent my time developing a patient-observation method so as to communicate it to my university degree students at the Faculty of Medicine. Using this method, I drew up a summary of my observations, which joined the medical reports in the patients’ medical files. The only colleagues I could talk to about my observations were, ultimately, the nurses and a hospital practitioner who became a very great friend and with whom I continue a dialogue. My consulting office was not on the nurses’ hospital ward—it was in another building—so they welcomed me very warmly into their office, where we were able to talk extensively about the results of my investigations and about my patients. Although I left the hospital several years ago, I maintain a very warm relationship with my former colleagues.

In customary medical practice, the medical examination is not followed by questions about the patient’s life or the relationship of this narrative to somatic disorders from infancy onwards. Physicians treat the bodies of patients in the present—in the here and now, as psychoanalysts say. But who are these patients? How did they get sick? Answering these questions would take up too much time and doctors have no training in talking to patients. When investigations lead to dead ends, a diagnosis is impossible: doctors are at the limits of their knowledge and thus often declare that it is a question of a “psychosomatic disorder”, by which they mean an *imaginary* disorder of the patient’s mind.

It is at this point that I intervene with patients to continue exploring the relationship between the mind—that is to say, psychic functioning—and somatic disorders, real or imaginary. First, I want to tell you that, for me, there is no psychic *causality* of any somatic illness. In the discipline I have developed, the mind, or psychic system, *participates* in all diseases, without being the cause. Thus, when I hear such statements as: “You are the person responsible for your illness,” I dismiss any psychic causality. There is nothing more terrible than such a statement because no individual is directly responsible for their illness. It is obvious that many dietary, addictive, and other behaviours can eventually cause an imbalance of homeostasis, leading to somatic disorders. The body has defence systems that allow it to cope for many years, but after ten or fifteen years the imbalances start to become evident. I totally agree with medicine in this regard.

That being so, when I knock on the door of one of the rooms of our service to visit my patients—and not just those presenting with psychiatric disorders—I introduce myself to the patient; as you must know, a “shrink” worries many patients because of false beliefs in mental illnesses. I dispel any misunderstanding by stating that as a psychosomatist, and with their help, I am going to explore their current and past life history in relation to all the somatic disorders they have had in their lifetime. Once the relationship of trust is established at the patient’s bedside, it is possible to have very long interviews: forty-five minutes, one hour, or more. Patients disclose, talk about their often-difficult lives, and, for the first time, find “someone to talk to about themselves”. You are going to ask me what I do with their story? As you will read in this book, I use a method that allows me to better understand and evaluate the relationship between the mind, or psychic functioning, and the somatic disorders for which the patient has come to consult me. I can then offer them therapeutic support, a psychosomatic therapy, or immediate help to get them through the difficulties they are experiencing. These proposals are complementary to the medical treatment they are receiving and do not, in any way, contradict the prescriptions of my colleagues.

In order to better understand the new approach that I call “integrative psychosomatics”, this book presents the therapeutic progress

in the cases of fifteen patients, and of other patients I have treated in the last twenty years: of Georges suffering from hyperlipidaemia, and Gilles, Ariane, Elvire, Emma, etc. You will, thus, better understand the therapeutic method that is complementary to the medical approach. In integrative psychosomatics, it is necessary to perform two roles in order to treat patients: that of a psychosomatist therapist and that of a doctor.

This is always a bit more complicated than it appears, and it is important to understand that the central nervous system is fundamental in the relationship between mind and body. Therefore, to complete this holistic approach, I appeal to neuroscience. You will see with Emma, who is a brain-damaged patient, how we can modify the therapeutic method to address the brain of the patient thanks to the knowledge of neuroscience; a new discipline has emerged, namely neuropsychanalysis.

In integrative psychosomatics, the basic hypothesis is that we are confronted every day with excitations of varying degrees. Alongside the immune system, the mind—or psychic system—is a second line of defence against these excitations, gradually enabling them to disperse so that they do not disrupt our lives. This can create intense stress on a daily basis. The working of the mind, like that of the immune system, can thus be significantly disrupted, making it unable to handle excitations. These are transmitted to the central nervous system, which then has the task of managing them. The excitations follow different neural circuits, activating, for example, the autonomic nervous system, but also the immune system as well as other somatic systems. It is understandable, then, that excitations should be treated at the level of functions and of somatic organs with their own systems of defence. When excitations persist (e.g. traumatic events, grief, etc.), the homeostasis of organs and functions is disrupted and somatic disorders appear. This book will describe numerous dysfunctions of the mind or psychic system and the appearance of somatic disorders.

Treating the body without healing the mind may, eventually, cause the movement of disorders from one disease to another. To the great surprise of doctors, one disease can replace another—that is, the one they healed.

The first four chapters of this book present fifteen clinical cases—so fifteen stories—and these can be read by the majority of patients

(and general readers); the fifth and final chapter is specifically intended for therapists and doctors wishing to understand the practice of psychosomatic therapies, the technical points of which are reviewed in this chapter. However, patients can also benefit from reading this last chapter, as well as the conclusion, which will enable them to understand the difference between psychoanalytic technique and the technique of psychosomatic therapy.

As part of this introduction, I would like to warmly thank my colleagues—professors from the Faculty of Medicine who participated in the university degree courses I created, as well as the doctors from my endocrinology department; and finally, and especially, all the patients and patients who trusted me. I have walked with them all these years.