

Recovering from Wellness

Andy Halewood

In July of this year I became ill: for three days I had a high temperature – for four weeks a persistent cough. My senses changed: hearing faded, smell vanished, taste altered considerably; food was either too salty, too sweet or, in the case of dairy, too sour. Feeling feeble, I slept for hours, waking only to field calls from those friends and family members who were anxiously anticipating my demise: they encouraged me to get tested, to contact my doctor, to ring the Covid helpline. I explained that I was managing, that my symptoms would pass, that I was not struggling to breathe; that mine was not a severe case, but they would not be appeased: I might become delirious; my oxygen levels could be too low, Covid could affect my liver, I should eat something, I should hydrate myself regularly, I should take supplements....

My symptoms passed.

A three-week convalescence freed me from the demands of being well and allowed me to rest, ruminate, re-evaluate and be properly idle. And as my strength returned, the routine became extraordinary; walking to the shops, buying food, cooking – tasks I would usually do on automatic pilot – felt disproportionately, even absurdly, exciting. I spent days reading, and avoided social media. I sat in the garden and watched the clouds and relinquished my habitual burden of responsibility: I had permission. As such, my experience of illness felt unexpectedly transformative for me; it allowed me to reflect on how unwell I had been before I became ill.

The Meaning of Illness

Georg Groddeck, the pioneer of psychosomatic medicine, reasoned that the experience of any illness can be of use to the sufferer, and claimed that for all illnesses, the meaning is the warning:

‘do not continue living as you intend to do’ (Groddeck, 1977, p. 199). Groddeck theorised that illness is a creation of the ‘It’, by which he meant ‘a force which lives us while we believe we are living’; he argued that as the It can only alert us to a threat by making us ill, then *all illness is purposive* – a warning that an inner conflict needs to be addressed, that something is out of balance.

I headed the caution from my unconscious – it felt timely. But when I explained to my well-wishers that my experience had been helpful I was met with dismissive scepticism: my experience had *not* been positive – I had been terribly, *dangerously* ill, I could have *died* and now I was ‘in denial’. It seemed that my departure from the dominant Covid narrative – my contradictory experience and seemingly inappropriate response – unsettled rather than reassured. I was expected to develop ‘long-Covid’; to show signs of debilitation and depletion, not to find the experience significant. Yet without wanting to minimise the considerable suffering and distress caused by illness, this was not my experience at this time; while my physical symptoms had been unpleasant, psychologically I felt rejuvenated. As Thoreau observed: ‘’Tis healthy to be sick sometimes.’ (Thoreau, 1851)

Defining Health and Illness

How to define subjective terms such as ‘health’ and ‘illness’? Groddeck asserted that ‘there is no definite boundary between sickness and health, because we cannot say illness starts here, health ends there, not even theoretically, as we can with the zero point in measuring temperature’ (Groddeck, 1977, p. 197). Furthermore, he contended that no meaningful distinction could be made between mind and body; between physical and ‘mental illness’ – all are expressions of the It: ‘the distinction

between body and mind is only verbal and not essential.... body and mind are one unit' (Groddeck [& Freud], 1977, pp. 32–3).

This conceptualisation is in keeping with holistic approaches to health and illness, which aim to restore balance through a symbiosis of the body, mind and spirit. However, the Cartesian division between mind and body still underpins the Western construction of health and illness: the primary focus is invariably on bodily function and the absence of disease. Certainly throughout the Covid crisis, physical health and the risk of contracting the disease has been the central focus of the government and its medical advisors (to the exclusion of all other illnesses), rather than the psychological and social risks caused both by the crisis itself and the various preventative measures adopted – i.e. social distancing, mask-wearing and lockdowns. While the government and its advisors may argue that these draconian measures are to preserve life, as philosopher Bernard-Henri Lévy observes in *The Virus in the Age of Madness*: 'A profound break has been made with what all the wisdom in the world... has striven to say: that a life is not a life if it is merely life.' (Lévy, 2020, p. 69)

And yet, the World Health Organisation (WHO) definition of 'health', formulated in 1948, is a broad one: 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This definition considers health within a social context, not solely in terms of infection or ill-health. Critics argue that this definition is too broad, too utopian – that it 'would leave most of us unhealthy most of the time' (Smith, 2008, online). And yet if we narrow the definition in our desire for a more reductive, mechanistic categorisation – what of our experience gets lost? Certainly, at this time of chronic social unrest, insecurity, uncertainty and loss, then following the WHO definition, we are probably all ill. Furthermore, if we comply with all the Covid commandments – if we go to earth, surrender autonomy, avoid human contact, communicate remotely, insist on working from

home, exercise online, cover our faces with masks while indoors / outdoors / driving / swimming / sunbathing, sanitise compulsively, become wary of others, track suspicious contacts via the NHS app and engage regularly in asymptomatic testing, do these behaviours indicate *mens sana in corpore sano*? Or something more troubling?

The Health/Wholeness Archetype

Even prior to the Covid crisis, we appeared to be in the grip of what Jungian analyst Adolf Guggenbuhl-Craig referred to as the Health/Wholeness archetype: 'According to the contemporary fantasy of health we must become whole where wholeness is understood in the sense of perfection.... The slightest defect, the least malfunction must be cured, removed or eradicated.' (Guggenbuhl-Craig, 1980, p. 20)

Guggenbuhl-Craig argues that although we are aware of our vulnerabilities and failings, our invalidism, we repress this awareness and struggle instead 'endlessly, senselessly' with the achievement of perfect health and the illusion of wholeness. We have become blind to the importance of the opposite archetype – that of the invalid, due to our 'moralistic attitude' that health and wholeness are the ultimate good. In *The Emptied Soul* (1980), Guggenbuhl-Craig contends that the archetype of the invalid can be beneficial in that it confronts us with our limitations: our ordinary humanity; our dependence on someone or something else. The invalid archetype, he explains,

cultivates modesty. Because human weakness and failings are given their due, a kind of spiritualization is possible. Invalidism is a continual *memento mori*, an ongoing confrontation with physical and psychic limitations. It allows no escape into fantasies of health or away from an awareness of death. It promotes patience and curbs obsessional doing. In a way it is a very human archetype. (Guggenbuhl-Craig, 1980, p. 18)

As such it counteracts the narcissistic 'illusion of the independent person': the defensive overestimation of personal power, the fear of

vulnerability, and the refusal to accept limitations, such as ageing and death.

Narcissism: The Illness of the Age

Historian Christopher Lasch argued that narcissism is the illness of our age. In his book *The Culture of Narcissism* (1979), Lasch described what he saw to be the decline in American culture since the Second World War, and theorised that the vicissitudes of contemporary life, such as the increase in consumerism, the fear of death and ageing, the worship of celebrity and the decline of organised religion have led to a culture of toxic individualism. Although Lasch was psychoanalytically informed, self-psychologists and object relations theorists would argue that while a culture that focuses on accomplishments, materialism, status and appearance might *reinforce* narcissistic issues, the root cause is deeper, and can be traced back to early childhood experiences and the failures of the true self to develop.

Lasch laments the erosion of a sense of belonging to generations past, as well as a loss of faith in the future, and outlines how this loss leads to a shrinking of the individual's attention to his own lifespan: 'To live for the moment is the prevailing passion – to live for yourself, not for your predecessors or posterity'. (Lasch, 1979, p. 5) He contends that this decline has been exacerbated by the loss of religious faith: '...the fear of death takes on a new intensity in a society that has deprived itself of religion' (Lasch, 1979, p. 209).

This fear increases the compulsion to remain 'healthy' by observing certain rituals, such as keeping fit. Although Lasch was describing American culture in the late 1970s, we are now witnessing what seems to be a 21st-century obsession with health indicated by the mania for workouts / fitbits / body sculpting / personal trainers, and what seems to be a widespread preoccupation with diet and detox. As essayist Mark Greif observes in his critique of this trend: 'The haste to live one's mortal life diminishes. The temptation toward perpetual preservation

grows.... [W]e chase a longer span of happiness deferred, and comforts delayed, by disposing of the better portion of our lives in life preservation.' (Greif, 2016, pp. 7–8)

Living with Death Anxiety

In *The Denial of Death*, anthropologist Ernest Becker explores our refusal to address our own mortality, and the tactics by which we avoid it:

the idea of death, the fear of it, haunts the human animal like nothing else; it is a mainspring of human activity – activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man. (Becker, 1973, p. xvii)

Drawing on the ideas of Otto Rank and Sigmund Freud, Becker outlines the basic human dilemma; that we are both overwhelmed by life and terrified by the prospect of death. While death is terrifying, living fully is also overpowering, so man chooses to live in 'a cave of imprisoning security' to protect himself from the fear of both; to use Rank's term, he 'partialises' to protect himself from overwhelming anxiety. However, too much constriction leads to neurosis and disappointment – a sense of life un-lived and potential unused. 'That is the price modern man pays for the eclipse of the sacred dimension', as Becker puts it: in his anxiety, man has become the centre of his own universe, 'striving for an 'individual religion, a self-achieved immortality'. But this leaves him isolated, out of harmony with nature, hyper-individualistic, unable to bear his own 'creatureliness' and limitations. This characterisation is similar to Lasch's alienated 'psychological man' – a narcissistic, rootless individual plagued by a sense of emptiness, anxiety and depression (Lasch, 1979).

In *The Future of an Illusion*, Freud theorised that infantile dependency on the parents and the need for their protection were projected into the desire for a protective, omnipotent God. Merging with a higher power re-creates the

early feeling of merger with parental powers, and is a way of managing anxiety:

the terrifying impression of helplessness in childhood aroused the need for protection – for protection through love – which was provided by the father; and the recognition that this helplessness lasts throughout life made it necessary to cling to the existence of a father, but this time a more powerful one. (Freud, 1927, p. 212)

Consequently, as Becker observes, the individual sacrifices autonomy, independent judgement and the fantasy of self-sufficiency for a sense of security; if he can create powerful heroes he can ‘participate in their immortality’, and this also delivers him from a sense of isolation. Freud argued that in the absence of God, man is compelled to project his anxieties on to God-like figures: this can certainly be observed in the current Covid crisis with the beatification of the medical profession.

Cultural Iatrogenesis and Coercive Healthism

In his book *Medical Nemesis*, Ivan Illich argued that modern medicine had become a new religion, with its own rituals and dogma, and that the medical profession had become the new priesthood. He maintained that medicine has taken over the role of religion in the Western world; as belief in God waned, individuals look to medicine and the State to oversee their health. However, Illich contended that society’s increasing dependence on medical authority had deprived it of its native ability to heal and care for others, and that any notion of ‘health’ must include the mature capacity to *cope* with the reality of illness:

Man’s consciously lived fragility, individuality, and relatedness make the experience of pain, of sickness and of death an integral part of his life. The ability to cope with this trio autonomously is fundamental to his health. As he becomes dependent on the management of his intimacy, he renounces his autonomy and his health must decline. (Illich, 1976, p. 275)

Illich argued that organised medicine leads to individual and societal loss of confidence, competence and autonomy, a process he termed ‘cultural iatrogenesis’ – as such screening and preventative medicine turns individuals into infantilised and passive hypochondriacs, divorced from harsh reality and ‘strengthened in their belief that they are machines whose durability depends on visits to the maintenance shop’ (Illich, 1976, p. 104). Furthermore, illness is rendered meaningless by the modern expectation that all suffering should be immediately relieved. Illich argued that this attitude doesn’t end suffering but, rather, reduces it to a technical glitch. Consequently we *unlearn* the acceptance of suffering as an inevitable part of life, renounce autonomy, ‘and learn to interpret every ache as an indicator of their need for padding or pampering’ (Illich, 1976, p. 140).

In *The Death of Humane Medicine* (subtitled *The Rise of Coercive Healthism*), Petr Skrabanek argued that dependency on medicine is caused by what he saw as an unhealthy collusion between ‘the masses stricken by fear of death and the health promotionists seeking enrichment and power’ (Skrabanek, 1994, p. 38); and he cautioned that ‘The pursuit of health is a symptom of unhealth’, indicating as it does an underlying neurosis (Skrabanek, 1994, p. 15).

Skrabanek contended, like Illich before him, that the proper concern of doctors should be compassionate care of the individual; the relief of suffering and an acceptance of the reality of death. He argued that the focus on treating the individual had shifted to (largely ineffective) prevention and screening programmes, which attempt to coerce whole populations into ‘healthy’ lifestyles. He contended that this focus could lead to doctors becoming coercive agents of the State, noting that ‘healthism’ was part of the totalitarian ideology of both Nazi Germany and Communist Russia. As he wryly observed: ‘The roads to unfreedom are many. Signposts on one of them bear the inscription HEALTH FOR ALL.’ (ibid., p. 11)

Skrabanek argued that ‘healthism’ was embraced as a path to salvation; as a way of postponing death indefinitely. ‘Since disease may lead to death, disease itself must be prevented by propitiatory rituals. The righteous will be saved and the wicked shall die.’ (Skrabanek, 1994, p. 17) And he noted that prior to the 16th century, death was accepted as a part of the natural order of things, yet in our narcissistic age fear of death has become all-pervasive:

The tabooisation of death by healthists, their belief that the death sentence can be remitted by a ‘prudent’ lifestyle, is an ostrich-like denial of reality. Religion may be an immature response to the tragic fate of man, but at least it accepts the harsh reality of human suffering.... The healthist manuals have nothing to say about human relationships, loneliness, degradation, betrayal, injustice, shattered hopes, despair. Furthermore, to live in fear of death is to fear living. (Skrabanek, 1994, p. 56)

And he also warned about what he termed ‘the rise of Big Brotherism’ in the surveillance of ‘lifestyles’, and other manifestations of coercive medicine:

There is a point beyond which a liberal profession turns into a disabling profession, beyond which the balance between personal autonomy and medical paternalism is lost and society starts sliding towards a nanny state, and then further into techno-fascism, with compulsory survival in a planned and engineered hell. (ibid. p. 20)

Skrabanek argued that when our liberties are removed by the State in the name of health, we don’t protest, as this strategy seems both positive and protective: ‘in common parlance “health” is not associated with enslavement’ (p. 166). But as this power grab in the guise of health promotion is highly effective, he cautions that constant vigilance is required.

The Charlatan-Shadow

In *Power in the Helping Professions* (1971), Guggenbuhl-Craig considered the archetypal problems inherent in healing professions such as social work, psychotherapy and medicine – essentially the destructive ‘charlatan-shadow’. While arguing that medicine has made great progress in the last century, he cautions that throughout history, doctors have been perceived as powerful figures, and questions whether their power is more psychological than scientific, given the childlike regression that can occur once someone falls ill: ‘in such a situation the doctor becomes the great helper. He is the source of all hope. Feared, respected, hated and admired he seems at times an almost godlike redeemer’ (Guggenbuhl-Craig, 1971, p. 83). He further suggests that the ‘modern cult’ surrounding the doctor could indicate the presence of the God complex which, he asserts, is commonly activated in healers.

The constellation of the healer–patient archetype can lead to a polarity, with the regressed child patient at one end and the superior invulnerable doctor at the other, leading to a loss of autonomy in the patient; a child-like dependence on the doctor. In this relationship, the doctor can repress his own vulnerability and identify exclusively with the healer role by projecting his potential for illness on to the patient. While potentially degrading, this dynamic relieves the patient of responsibility, yet as Illich argued, this destructive undermining of the individual’s inner healer is a form of iatrogenesis.

The Covid Crisis and the Politicisation of Medicine

The dynamics outlined above have been illustrated by the Covid crisis. We have witnessed how the medical profession has been used as an instrument of government, and how medicine appears to have become the new religion: vaccines have been administered in churches and cathedrals, and there is a constant evocation to ‘follow the science’ and to be

obedient to the high priests and priestesses of the new Covid orthodoxy.

We can also observe how, during the Covid crisis, we have vested additional power in what we believe to be the certainties of ‘the science’ (singular). And although, as Feyerabend (e.g. 1975) pointed out, science is not a singular voice or a single coherent worldview, when we are overwhelmed with anxiety we cannot handle complexity; defensively, we regress and gravitate instead towards the simple, unequivocal explanation, the illusion of certainty, the unanimity of the group and the powerful, unconflicted messages of the ‘leaders’, and doctors in whom we have invested so much. This is unsurprising, given that our latent death anxiety has been ruthlessly exploited by televised images of death and suffering and by daily reports of ‘cases’. As Lévy notes, things had never gone this far before: ‘Never had a physician been invited into our households every evening to toll, like a sad Pythius, the number of the day’s dead.’ (Lévy, 2020, p. 3)

And yet even prior to this crisis, the preoccupation with perfect health and the defensive fantasy of immortality were both becoming apparent; obsessions which, paradoxically, leave those in their grip more vulnerable psychologically, but also physically: for although they may remain ‘well’ in the narrow sense of the word, i.e. free of disease and infirmity, there is extensive research into the inhibiting effect of stress on the immune system, and how this predisposes the individual to chronic health conditions.

As Illich and Skrabanek have observed, we are losing our faith in our ability to heal, and appear to be losing the mature capacity to cope with the reality of illness and death; this has been apparent throughout the Covid crisis where the focus has been on quantity of life years, rather than *quality*. And yet if we constrict our existence unduly due to our fear of illness, we are not really living; we could certainly not be described as healthy.

As Becker warns:

One must pay with life and consent to die daily, to give oneself up to the risks and dangers of the world, allow oneself to be engulfed and used up. Otherwise one ends up *as though dead* in trying to avoid life and death. (Becker, 1973, p. 210, his italics)

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About the contributor

Andy Halewood is a chartered psychologist and relational psychotherapist living and working in Bradford on Avon, Wiltshire.