



## The words are the illness

Recently, I had reason to suggest to a confused registrar that the words that a patient speaks may sometimes be the illness itself. I am not sure whether she entirely believed me. It's a concept that was first proposed by, among others, the Cambridge philosopher, Ludwig Wittgenstein. He suggested that we often assume that language works one way by literally translating our thoughts. He proposed that language also creates reality, as well as attempting to describe reality. This is especially relevant when a patient presents his or her felt symptoms and sensations, as well as life narratives in the consultation. Usually, in a routine day of continuous consultations and the immediate need for factual information, we take the words at their face value. In our trusting context, "face value" means that the genuineness or exactness of the words are not questioned.

Obviously, in order to conduct a medical consultation, we have to use words. These words are often inadequate to convey the meanings that the patient and the doctor wish to express to each other. The applied linguists will tell us that it is not only the words, but also the grammar and emphasis that shapes our expressions of reality into subjects and predicates, metaphors and euphemisms.

The patient may offer words that he or she may know to be authentic for a patient to use when consulting a doctor. In most consultations, the words are direct translations of feelings or symptoms, but they may also be used to impress or to manipulate, or as messengers of other agendas and worries. Almost always, histories are fashioned on selected portions of the truth.

Pain is one of the most common reasons for seeking medical help and one of the most common complaints. The pain may be real, but not real pain. It relates to that time-honoured question "how real is real?" and the *chiaroscuro* between the body and the mind.

It may be the real pain of backache that is felt chemically and neurologically, but also the real, but not real, backache of a difficult life. At the extremities of experience, it can be almost totally real, or almost totally not real. This is experienced through very complex perceptual filters that are unique to our individual educations, personal characters and socio-cultural beliefs. These experiences can also be theorised under other conceptual rubrics, such as psychosomatic illness, somatoform disorders,

learnt behaviour, sick roles, secondary agendas and existential angst.

The range of vocabulary and language of the doctor and the patient can also affect how they both think and about what they think. Consequently, it can affect how they perceive and order each other's reality. Some patients give very complicated histories. All the small details of the involved personalities, the particular circumstances and the conflicts in relationships flow out like a river. The illness surfaces and is interpreted into language by the patient, and then undergoes reinterpretation by the doctor.

There is also the emotional content or prosody of language which may emphasise a particular suffering. The repeated soliloquies of the patient about those moments when she said: "I hate you", and he said: "I don't love you", that are carried forever, burnt into the memory banks of the hippocampus. These are the hurtful throwaway comments that can never be taken back.

She didn't mean it, and he didn't understand it, but the evidence is constantly repeated in the history. Then over time, as the story is repeated, patients may become their illnesses. To speak is to let the genie out of the bottle. The unspoken is spoken and becomes objectified.

And then at the end of the consultation, there may be the questions: "Can you give me something to help me sleep?" and "Why am I so tired?" which in the non-real world may represent metaphors for: "What are you going to do about the unfairness of life?" and "Would you please make it a perfect world?"

These are some of the ways that we express the experience of the twin sisters, helplessness and hopelessness. These are the human experiences that we find difficult to reframe or reduce into a diagnosis.

And what is this illness that these words represent?

It is called despair.

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