Psychoanalysis and Psychiatry

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Abstract
To treat psychosis is necessary to construct a context in which it is possible to observe and defuse psychoses, a context in which it is possible to deal and cope with the tendency to shrink the capacity to use all of the self that everyone has, parents, children and professionals interdependencies involved in the pathological and pathogenic.

Keywords: failure to develop the Self, breaking the interdependencies pathological and pathogenic development of the virtual sound (multiple states of the Self) , dissociation versus repression , reality versus fantasy

The works and, above all, the thought of JGB requires a revision of the fundamental references both in psychiatry and in psychoanalysis.

Substantially, JGB proposes to assume a method for the observation of psychic phenomena in general and of the pathological occurrences, through the use of a group context that involves several families, and at least two generations, parents and children, besides the operators.

Subjects of the observation and of the intervention are the communicative exchanges and the emotions aroused by the mutual exchanges among the participants (and vice versa). These interactions and these emotions flow together and they can only be partially separable, in the sense that - naturally - also the emotions affect the exchanges.

The observation-intervention that an operator can do in that context, may enable him to view and interact with the people involved in the group, since they could be taken into account as a whole, as if he could dispose of a three-dimensional Autocad software.

These possibilities are much more difficult to obtain in an individual therapeutic situation, in a single family or in a homogeneous group of patients chosen in advance, in which it is difficult to move from a two-dimensional to three-dimensional setting, especially in severe conditions.

This means that you can "come back" to deal with the stories of development of individual families and their individual components and frame everything that happens in their lives, in terms of "difficulties that may occur in both the development of the individual components, and in the relationships among the components of each family."

But talking about the difficulties of a person constitutes a context in which problems are no longer just individual but become shared and sharable among the

representatives of all the families attending the group, including operators and their families, although these are not usually present. The psychological difficulties of a subject, until then, were framed up as expressions of an individual psychiatric condition, and considered in terms of a problem, or, as more often happens, of a series of problems and misunderstandings, which affected the development of the individual and its generally failed or insufficient recognition of himself as a person, that occurred at least by another person in particular, maybe a parent (but not always) or by other people of the same family. These processes are narrated and enacted in a group where members of the same family and other families are present, bearers of difficulties characterized by elements that are at least partially overlapping.

Now, what does it mean stating that the difficulties are no longer classifiable only in terms of expressions of an individual pathology, but they are conceived and developed by all the components of the group as something that, on the contrary, "lag" between the members of the family and has many elements in common (usually the most significant) with what occurs in other families?

A first outcome, linked to the type of situation which we have given place to talk and to think, consists of the implicit and pragmatic reformulation of how the concept of competence is redistributed, or rather, of the policy of allocating responsibility to think and to intervene in the group.

On the one hand, it outdoes the gap between pathological agent and healthy agent in the same pathological situation: if the process is no longer about one person but it relates to developing respective parenting and filial skills, as a problem perceived as common to all present, then everyone automatically "becomes", just as reliable as the other, regardless of the role played so far in the group.

On the other hand, the operator must be able to accept to have the same ability and emotionally and affectively capture what "occurs" in the group, reserving the responsibility to accept a greater ability to manage the entire process, thanks to his limited emotional involvement and his technical knowledge acquired through his personal, theoretical and clinical training.

But if we are all equally competent to act and think, then the only rule to remember is that when one speaks, everyone else should have to listen and have to take into account what is said, even if it is different from what one thinks, because no one can, in principle, expect to posses the definite truth.

The consequence of this is that group conductors must make anyone respect this rule and that, if by chance strict dialogues occur between two people, in which everyone tries to impose its views on the other, they must be countered by giving others the opportunity to intervene.

Also because, generally, in so doing, it may just be the contribution of one or more than one member of the group to settle the "controversy" that had been established

earlier between those two people and permit the group to resume his undulating and irregular journey, a little ahead, a little back ....

Now, all this means that we are giving tremendous value to what is happening there and at that precise moment, which is the opposite of what you habitually think in the treatment of psychotic situations.

Most of the time this condition is considered unchangeable and it is thought that an operator can at most be able to contain the patient's symptoms and help family members to tolerate his "idiosyncrasies" or, if he is ahead in the treatment, imagine that he could go and live on his own, with all his life accompanied by drugs and any explicit explanation of the causes of "his disease", apart from the lack or excess of a chemical substance, which, however, no one has bothered to check if it is a cause or an effect of the situation in which he is.

Conversely, why may an operator think that what is happening at that precise time among those twenty, thirty or forty or more people, can influence the evolution of the disorder and the suffering of that patient's family members?

In my opinion, there are four elements of the theory of JGB that count more than others with respect to this:

1) The classification of the observation of the family's story that contains a psychotic member from a psychoanalytic point of view; which presupposes that the problems of separation-individuation between two members of a given family, usually a child and a parent, have started very early. Rather, many times the "disjunction" between a parent and a child never occurred, so as to give rise, in time, to the fact that formerly one has begun to live in the other and that, subsequently, the other has learned to do the same, so that between them "pathological and pathogenic interdependencies" have formed;

2) The introduction of the concept of "Inner Object that produces foolishness", i.e. the idea that what happens in the outside world corresponds to what happens in the inner world and vice versa, and that there is a particular resonance in the mind of the persons that belong to a family with a psychotic patient and (psychotic transition), it is no longer present in the minds of these people, or never was, a form of separation, a filter, a distance between the outside world we all share and that internal representations, that each of us, neurotic, "nurture". On the contrary these people have their "own garden", placed in a separate place, inaccessible to others;

3) In a group it is less difficult than in other contexts to be able to bring out the painful history of the patient and his family. Such hurting elements brought to dissociation, that is to make those events not experienced and, therefore, not recallable; the special atmosphere that is established in the group allows to recover or for the first time to find the strength to bring out what Christhofer Bollas calls the "unthought-known", i.e., those elements of the history of the relations of the

family that had been rendered inaccessible; the opportunity to hear from them again, or reach for them for first time is linked to the feelings of security that emanate from the group and that are less easily obtainable in other contexts;

4) Taking into consideration psychotic illness, from this perspective, is really different: people suffer when, for many years, from a few months after birth until the onset of the first crisis they are apparently good. In this sense, the crisis would become a desperate attempt to experience something of oneself outside that fusional or symbiotic relationship in which one is dragged up to that time, not having been able to experience anything outside of it.

Now, I would like to reason with you, offering reflections, more or less agreeable with the idea of proposing elements on which to elaborate.

JGB's model of observation and treatment of psychosis is part of an overall scientific context, the observation and treatment of the problem of psychosis that has large ingenuousness and large known limitations.

I will here refer mainly to two contexts: the psychoanalytic and psychiatric one that, in my opinion, have been reciprocally influenced, in reductive form, with regard to the processing of basic assumptions that underpin them, and relating to the fact that the ideas and the practices of JGB allow a substantial reformulation of positions and a reorganization of clinical practices for the problem of psychosis.

Psychoanalysis was born with Freud, but it had a fairly complicated birth, in the sense that comes from the idea that hysterical patients had suffered, in fact, an assault of a sexual nature and that, therefore, resulted in a trauma. Later, still in the original formulation, these women would have dissociated both the assault and the trauma form their memories (and consequently) form their mind.

Later, around 1895, Freud abandons this hypothesis and starts stating that everything had taken place in the imagination, that the attack could not have not occurred in reality, and that, therefore, there had been no real trauma and, more generally, the theatre in which all the events occurred was unconscious, the hidden personal reality of each of us, which, we may be able to represent in a reality shared with others, acquiring the ability to read what which takes place in the unconscious, through a psychoanalysis .

Dissociation disappears, though not forever, because the first line of thought in Freud will always survive until the end of his days as a fundamental mechanism of protection of the survival of the processes of the mind, and it is replaced by repression.

Referring to these two different defence mechanisms have enormous repercussions, because the prevalence of the use of either of them involves the construction or the recognition of the existence of two models of how the mind works.

Freud, in fact, tells us that he realized things to be as explained in the second formulation (that everything happens in the imagination) and, therefore, translating the unconscious into conscious would solve problems related to the fact he had undergone a "self-analysis".

Now, the problem that Freud did not considered was that the mind he has tested was a neurotic mind, his own, in which there is a clear distinction between what is real and what is represented, and consequently between the conscious and the unconscious.

A mind in which the fundamental mechanism of defence is repression, which means that the mind has formed its own functioning structure.

And this mind managed to remain faithful to repression, anchored to it, because it was not subjected to traumas that have undermined the physiological function essentially corresponding to the acquisition and maintenance of a world of reality separate from a world of ideas. Separated by an osmotically viable but stable barrier, which does not allow the mixture of the inner world with the outer world, that belongs to others.

Freud has made an extraordinary operation with the interpretation of dreams because it allowed us to realize how a neurotic mind works and, consequently, he has built a psychoanalysis for neurotic minds, taking as a reference point the operations of a neurotic mind.

I mean to say that there have been a series of attempts to use that wealth of psychoanalytic ideas, but these attempts were born with the above characteristics for the treatment of the functioning of a psychotic mind, which, conversely, is based on the formulation of completely different organization; it is in fact based on the recognition of the importance of trauma or, rather, it is built on the repeated trauma occurred in reality. The systematic use of dissociation causes a disintegration of neurotic functioning of the mind and, consequently, it gives rise to a organization of the mind where a clear differentiation between the inner world and the outer world does not exist, and in which, however, potential alternative functioning of the mind still survives, the "virtual sound", in the words of JGB or the “theory of multiple self”, to which Philip Bromberg refers.

This fact, indeed, presupposes an idea of the functioning of the mind and, therefore, of the patient-analyst’s interaction, that is completely different from that based on the traditional formulation of psychotherapy (Freudian first and, subsequently, Kleinian - see Bromberg’s: "Standing in the spaces").

However, in psychotic situations it is not the case to allow the mind to access and re-use a representation that had been removed, since the same mind, apart from that precise representation, had continued to represent. Conversely, it is it useful to re-introduce in the minds of all the members of a GPMF, the capacity of representing in itself. Which, after the occurrence or recrudescence of a psychotic episode, they had apparently lost: to see what happens in the homes of others, is to see what happens at one's own home; but seeing again what happens, may bring back the capacity to represent it, that the function of each brain had stopped exercising, or at least had come to exert much less.

Transference is based on the ability to represent: there can be no transference if you do not have the ability to think, in a precise moment, that what is happening between the patient and the analyst represents and recalls something that has already happened between the patient and the emotionally significant agent in a real or imaginary situation (the mother or the father or someone else) and that the patient has experienced.

Multiple transferences are occasions in which each actor of a psychotic situation, child or parent, can experience alternative Selves that everyone can discover to have only in that situation, and that until that moment he could not know: the healthy virtuality of JGB.

Are multiple transferences, real transferences?

When a parent turns to an another family's child, or vice versa, and he does so while experimenting a way of being (his Self) that he could not know to own and gets a response from his mate carrying the same specific features, he is then able to use a Self which he had never used until that moment, and the other does the same.

Perhaps a healthy virtuality is to discover one's own Selves that were not known and being able to start using them.

What happened in psychiatry shortly after the beginning of the last century, is very worth noting, too. At that time also, some ideas did not get the same success as those that prevailed afterwards.

I here refer to Bleuler, and to the importance he attached to the concept of autism, intended as the decision to close the relationship with the other in relation to the loss of the ability to believe in the value of the relationship with the consequence of all the so-called negative symptoms.

Krapelin's ideas prevailed, with his ability to summarize syndromes with related contents under the same diagnosis, which gave rise to a differentiation between schizophrenia and manic-depressive psychosis that would last to nowadays, and most importantly, with his construction of an impenetrable wall between neurosis and psychoses, paraphrasing psychoanalysis.

The problem is not psychopathology itself, although considering the need to control psychosis and its defence mechanisms by re-evaluating Bleuler and resizing Kraepelin; the problem is the object of psychopathology.

JGB's revolution is to introduce the use of concepts related to psychoanalytic theory and, in particular, the idea that both protagonists of the pathological relationship should be under observation, or rather, all three members, both those "present" that the "absence" of a dyadic situation that has never become triadic, not making it possible for people even to reach the oedipal conflict.

But psychoanalysis had never been able to deal with these phenomena on a large-scale, although it brilliantly theorized their existence. That was due to the issues I tried to mention above (repression versus dissociation, fantasy versus reality etc.) and because it had not been able to formulate a method, as afterwards did the JGB's Multifamily Psychoanalysis Group, through which was finally possible to take into account these phenomena, which otherwise could not be accessed, in order to achieve a large scale treatment.

Returning to psychiatry, it took almost the whole last century to finally put in the foreground autism and other negative symptoms and to connote schizophrenia much more relevantly.

Until then, the so-called productive symptoms had counted much more than the others, and indeed for a long time, especially thanks to Schneider, in the 50s ', we had struggled to recognize only the presence of deliria and hallucinations as pathognomonic.

It was their presence to tell us that person was psychotic, thus forgetting the centrality of dissociative processes that preceded the use of extreme reparative mechanisms, as hallucinations and delusions, as Freud taught us.

And most importantly, forgetting the history of the failures and frustrations experienced by psychotic patients. They suffer such severe failures and frustrations that they are forced to a systematic use of splitting and dissociation of non-recallable memories. And they reach the non-ability to remember, and get used to do without the "apparatus for thinking memories" (Bion).

But if we now fully re-evaluate dissociation, we even assume that we all make use of this mechanism, and hypothesize that we are all made up of many Selves, then even people with schizophrenia, bearers of mood and borderline disorders may continue to have access to a range of selves much broader than they could believe to have and that others might think they have. We use either of these different Selves depending on our needs and "pressure" to which we are subjected. These patients, are namely all those that can "break down and reassemble", and that, generally do so gradually losing the ability to use a large number of self. And they bring themselves up to be forced to use only one way of being, sick and dependent

on the will of another, to whom, however, they never really subdued, but even schizophrenics and other seriously ill patients typically have a "healthy virtuality".

Parents and other members of the families who function through psychotic processes can experience the same phenomenon, characterized by a gradual but inexorable loss of the ability to represent and the impairment of their ability to use the many different selves that compose their personality, which would be so much more complex they always believed, and it is commonly thought.

The trauma (or cumulative trauma), of which Masud Khan writes, took place in a reality to which the child has been continuously exposed, such as, for example, the fact that the mother or the father, having never been able to separate from him, have continued to consider him as a part of themselves. Thus, they did not allow the child to experience the separation from them and to really feel a person for himself; the child has used dissociation as a sort of basic defence mechanism, through which he has deprived himself of ever more representative portions of his personality, and made it increasingly difficult to realize that the Ego is constituted by a series of selves, each one different and each one representing a way to be into the reality, significant and equally important for the person that contains them all.

We can assume that we are dealing with a universe of reference into which the old but omitted elements and in which, simultaneously, it is possible to give an explanation, and automatically assign the right to full citizenship to all those observations on the alternative functioning of the psychotic mind, that (inevitably not completely consistent) expressed absolutely essential standpoints (see the contributions of many authors, most notably Ferenczi, Balint, Winnicott, Klein, Bion, Fairbairn and Searles).

Clinical psychoanalysis multifamily group of 12 October 2011

A father says he does not feel adequately considered by his daughter Giulia.

Giulia replies that this does not always happen and that she snorts and end up not doing as his father tells him to do until when he "orders" her so: in that case she does not feel respected and refuses to adhere to the calls of his father.

Francesco’s mother intervene and says that his son, who today is not present in the group, said he feels "spied" by her and that she has now realized that it is a bit true.

She tells that she has brought her son to the fore in his life, and that she has taken this attitude, perhaps, to do the opposite of what she had suffered from her parents: she felt that whether she was there or not, her parents would not care. So she came to look after him in an almost suffocating fashion, which in eventually produced his feeling of being watched.

Another mother speaks saying she lost her mother when she was ten years old and that she, perhaps, had behaved with her daughter, Lucia, in the same way. She had “proposed" her daughter too early to do without her, had "thrown" her into life too

early and her daughter ended up coming back and hitting her on the head like a boomerang. On the other hand, she had thought that the best thing for Lucia, was soon to learn how to cope by herself, as occurred to her that, first because of a physical illness of the mother and then because of her death, had learn to cope for herself and succeeded very well.

Giovanni intervenes wondering whether these two people have not ended up living the life another rather than their own.

I think that this is the crucial point: the work of the group can enable its members, parents and children, getting to wonder if the life they are living belongs to themselves or if they are living the life of another instead of their own. Because, perhaps, a parent begins to live the life of his son, but then the child begins to live the life of the parent, who can no longer separate.

A doctor, before turning to the mother, makes the assumption that giving to Francesco what she had not had, perhaps she had been able to recover, through the experience of donating her son, the affection that she had not received. Francesco's mother confirmed that it was probably exactly what happened.

I think the point is: is it possible, in this case for a parent, with the help of the group and within it, to get to the hardest questions, tolerating the inevitable feelings of guilt because they know they have acted for the best, with the sole idea of promoting the welfare of the child, who perhaps a is little too much 'owned'?

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