

In other words, a psychotic patient becomes the prisoner of the false identities he has constructed because he no longer possesses the apparatus of awareness of reality, which is the only thing that could help him to construct a real identity.

The loss of the delusional identity leaves behind an anxiety-ridden void; emergence from psychotic withdrawal to confront psychic reality is experienced as catastrophic. Unlike dreams, in which it is possible to compare two simultaneous perceptions, conscious and unconscious, delusion obliterates unconscious knowledge. That is why the patient, having emerged from the delusion, is faced with severe depression. Because delusion destroys the roots of thought, he becomes incapable of understanding psychic reality. The painful realization of the self-deception in which he has lived for so long gives rise to a disorientation that pushes him back. For this reason, the analyst at work must be able to maintain within himself, and to convey proportionately and realistically to the psychotic patient, the hope that for him too a potential route to healthy development exists.

Note

1. Translator's note: There is a double meaning here: Sanshiro is an omnipotent Japanese fantasy character, but San Siro is a district of Milan where an important football stadium is located.

Trauma and psychosis

"The aetiology common to the onset of a psychoneurosis and of a psychosis always remains the same. It consists in a frustration, a non-fulfilment, of one of those childhood wishes which are for ever undefeated and which are so deeply rooted in our phylogenetically determined organization"

(Freud, 1924b, p. 151)

This chapter is concerned with the complex relationship between trauma and the psychotic state. After examining infantile emotional trauma as an experience conducive to the onset of illness in adult life, I shall discuss the traumatic effect of psychosis on the psyche, and, last, describe the inability to tolerate frustration in the psychotic state.

Emotional trauma

Maternal violence

Piera Aulagnier (1975) links psychotic illness to *maternal violence*, the violence practised in normal circumstances by a mother on her

child to structure his reality sense. In the case of a psychotic patient, excessive violence has the effect of an intrusive action that creates an object with the same characteristics in the child's mind. To rid himself of the pressure of the intrusive object, the child must construct a self-representation contrary to the mother's will by violent methods. The violence inflicted by one mind on another is repeated in the analytic process: the patient feels compelled to believe in his delusion, and the analyst likewise feels invaded by a distorted and alien kind of thinking.

Aulagnier's considerations are consistent with the many observations of unwitting parental manipulation, where parents use their children as parts of themselves and thereby do violence to the infantile psyche. A possible hypothesis is that the persecutory delusion is rooted in the early experience of a child who finds that his conflictual emotions can emotionally destabilize a parent, who consequently turns on him with hate. The fact that the father or mother reacts with rage to the child's violent protests may give rise to a persecutory resonance of which he is unaware; in such a case, the conflict arouses the expectation of a vengeful response, as is observed in the persecutory delusion of the psychotic state. In this way, the parents' intentionality, whether conscious or unconscious, affects the child's growth, undermining his potential development.

The likely conditioning factor responsible for psychopathology will in this case be *emotional trauma*. In addition, the pathogenic parent-child relationship facilitates the formation of psychopathological structures or objects that continue to function as parts of the self or of the object.

To distinguish this traumatic action from an acute trauma such as, for example, sexual abuse, Anna Freud (1967) uses the term "psychopathological situation". However, *emotional trauma* is, in my view, a more appropriate description, because it defines as traumatic precisely the type of psychological violence that interferes with the early experiences out of which the perception of the self will be constructed. In patients whose mental structures are more developed and who are capable of representing infantile emotional traumas, these situations are often revealed in dreams in which the analyst appears as the traumatic object of the past. Although seemingly transference dreams, in fact they provide an excellent description of the nature of the relationship with the primary object.

Balint (1968), the Hungarian psychoanalyst who was a pupil of Ferenczi, describes in detail the early establishment of a traumatic action in the child and defines it as the *basic fault*—something that happens in the very first months of life and remains unintegrated in mental growth. The distorted mother-child situation is incorporated early on and begins to influence the child's psychological development.

Memory without awareness

Sandler and Sandler (1987) describe a *past unconscious* that contains events of which the subject is unaware and which cannot be recovered in memory. According to these authors, the *present unconscious*, which is structured later on the basis of emotional experiences that have been represented and subsequently repressed or forgotten, is that which is knowable through analytic experience. On the basis of this distinction, the concept of infantile amnesia which Freud invokes to explain the absence of memories of the first two or three years of life must be reconsidered. What is not and cannot be remembered precedes the appearance of repression; remembering is possible only after the development of the capacity to represent and register the meaning of an event. The hypotheses of Sandler and Sandler are substantially borne out by the neuroscientific discoveries concerning *implicit memory*—that is, the entire body of memories that have no access to consciousness. These inaccessible experiences eventually form part of the *unrepressed unconscious*.

It may be postulated that events of which we have no conscious memory, but which nevertheless determine our personality, must have been traumatic in nature. This hypothesis is upheld, among other authors, by Fonagy and co-authors (e.g., 1995, 2003), who assert in their many publications that borderline states have their origins in early traumas incorporated prior to the possibility of representing and understanding them. These traumas then become part of the structure of the personality. For this reason, borderline patients are incapable of mentalizing, so that they cannot understand their own and others' emotional states.

As stated in Chapter Four, my own view is that psychotic disorders affect the functioning of the emotional unconscious, which does not coincide with the dynamic unconscious described by

Freud. In my opinion, "trauma", which acts from the very beginning of life, interferes with the functions, of which the subject is unaware, that allow representation of psychic and emotional life, and results in the absence, from infancy on, of a mental structure suitable for understanding psychic reality. A possible metaphor for psychic life might be that of a complex organization that allows a dramatic production to be presented on stage. If the performance is to provide the audience with a comprehensible plot, there must be intense but invisible activity behind the scenes as a coherent support for the action. The actual events on stage are merely the epiphenomenon of a highly complex organization that remains largely anonymous. It is this behind-the-scenes activity that is impaired in psychosis.

Failure of containment

We owe this insight primarily to Bion (1967, 1992), who points out that, in order to develop, a child must have at his disposal a mind in which to project anxieties and needs. Only a mind capable of intuitive reception can give back to the infant the meaning of the projected experience in such a way that it can be understood, and can permit the introjection of an object able to stimulate psychic growth. Bion writes (1967, p. 106): "Projective identification makes it possible for him [the infant] to investigate his own feelings in a personality powerful enough to contain them". Trauma occurs in mother-child communication:

Denial of the use of this mechanism, either by refusal of the mother to serve as a repository for the infant's feelings, or by hatred and envy of the patient who cannot allow the mother to exercise this function, leads to a destruction of the link between infant and breast and consequently to a severe disorder of the impulse to be curious on which all learning depends. The way is therefore prepared for a severe arrest of development. Furthermore, thanks to a denial of the main method open to the infant for dealing with his too-powerful emotions, the conduct of emotional life, in any case a severe problem, becomes intolerable. Feelings of hatred are thereupon directed against all emotions including hatred itself, and against external reality which stimulates them. It is a short step from hatred of the emotions to hatred of life itself. [*ibid.*, my emphasis]

In his characteristic concise style, Bion condenses into these few lines the description of a process with a complex interlinked structure, which takes place in successive phases during the first years of life: the distortion of the first object relations is followed by later psychopathological processes which progressively alter the subject's perception and awareness of psychic reality. Whereas the ultimate cause lies in the factors that block the development of the functions of which the subject is unaware (the *emotional unconscious*), on which normal emotional functioning depends, one of the later stages in the psychotic development, which is probably always present in the process, is infantile withdrawal. As stated in Chapter Eleven, once mother-child communication breaks down, those destined to become psychotic enter the dissociated world of psychic withdrawal not only as a defence against the anxiety of the void, but also for the pleasure of experiencing an illusory self-sufficiency, an omnipotence that makes anything possible. The destruction of meaning that takes place in withdrawal increasingly distances the child from the possibility of learning from emotional experience, which is facilitated by the maternal presence, and generates a dependence on an omnipotent system based on false constructions.

Psychosis as trauma

Damage

Subsequent waves of devastation occur in the course of the psychotic process after the breakdown: the psychotic crisis has effects similar to those of an unbearable trauma. The massive trauma takes the form of a devastating action that can tear asunder the entity described by Freud as the protective shield against stimuli. The traumatic event exposes the subject to *nameless* terror, and gives rise to a fear of annihilation which, on the biological rather than the psychological level, can destructure the mind. In order for this destabilizing effect to occur, the trauma must be experienced in total solitude and impotence.

In Chapter Eight, discussing the difficulty of working through the psychotic episode analytically, I contended that this episode

constitutes a catastrophic event for the mind. The memory of the psychotic breakdown tends to be blotted out as if it had never happened. As a result, the split-off delusional nucleus, like a trauma that cannot be worked through, remains forever active and cannot be "forgotten" or transformed. To avoid being invaded by psychotic anxiety, the patient must sever all direct or indirect psychic links to the psychotic episode; he must limit his capacity to think and to experience emotions, because emotions are likely to give rise to a repetition of the psychotic collapse.

According to Kraepelin's old definition, dementia praecox corresponds to a total incapacity to use thought and to maintain emotional contact owing to the defensive mutilations carried out by the psychotic patient. Benedetti (1980) defines schizophrenia as a *malady of negative existence*, by which he means that existence is reduced to the sensation of non-existence. This author considers that the term "negative existence" is closer to the patient's experience than the concepts of dissociation, fragmentation, or destructuring of the mind, which are commonly used to denote these mental states. After all, the final outcome of the psychotic process coincides with the permanent loss of the perception of personal identity and of the patient's own existence.

Destruction of the self

A surprising analogy exists between the state of non-existence experienced by chronically psychotic patients and that of concentration camp inmates subjected to psychic torture and abuse. It is no coincidence that the term *living dead* has been applied to the victims of the Nazi camps, transformed as they were into dehumanized automata. The psychotherapist Viktor Frankl, himself interned in such a camp, describes the loss of reality resulting from the total lack of hope and of a future in the following terms:

Anything outside the barbed wire became remote—out of reach and, in a way, unreal. The events and people outside, all the normal life there, had a ghostly aspect for the prisoner. The outside life, that is, as much as he could see of it, appeared to him almost as if might have to a dead man who looked at it from another world.
[Frankl, 1964, p. 71]

Sufferers from psychosis are aware that their illness corresponds to psychic death:

[The others] were dead to me, and I dead to them, and yet with that painful apprehension of a dream, I was cut off from them by a charm, by a riddle I was every moment on the point of guessing.
[Podvoll, 1990, p. 43]

These are the words of Perceval, whom I discussed in Chapter Three. Werbart and Linbom-Jakobson (2001), in their study of this analogy, state that both groups, prisoners and psychotic patients, live their lives in a universe of persecution, sadism, and terror. In other words, the analogy between irreparable trauma and the psychotic state is not merely metaphorical: psychosis has the same concrete effect as a prolonged catastrophic trauma. The traumatic anxiety accompanying the psychotic process results in loss of the symbolic universe and destruction of the self, as in extreme traumatic catastrophes.

Trauma and frustration

The bad object

In the eighth chapter of *Second Thoughts*, Bion (1967) states that thought arises out of frustration. A newborn confronted with the momentary unavailability of the breast has two alternatives: he can opt either to avoid the perception of its absence or to modify it. The second solution is possible only if the newborn is endowed with the capacity to endure frustration. In Bion's view, thought is the outcome of the combination of an idea and a negative experience. In the absence of the ability to tolerate frustration, what would have become a thought is transformed into a *bad object* that must be evacuated. The avoidance of reality is mediated by destructive attacks on the consciousness of the data of psychic reality. In the place of a negative realization (the absent breast), omnipotence is affirmed. The result of this operation is a failure to distinguish between true and false.

Bion contends that inability of a psychotic patient to learn from emotional experience has to do with the mother's difficulty in

accepting and understanding the child's projective identifications, which operate realistically: that is to say, they transmit emotional realities that await understanding. Their purpose is to induce in the mother precisely the sensation that the newborn is unable to tolerate. In the absence of maternal receptivity, the newborn's rudimentary consciousness must itself assume the impossible task left unperformed by the incapable mother. The psychotic patient is therefore destined to carry with him the same incapacity as that of the maternal object.

According to Bion, in dealing with emotions a psychotic exhibits the same difficulties as he has in formulating the thoughts that ought to modify frustration. In the psyche, the emotions perform the same function as sense impressions do for the objects of external reality. The counterpart in subjective consciousness of consistency between the various sense impressions of objective knowledge is consensual emotional experience, which can be obtained only by the integration of conflicting feelings towards one and the same object. Psychotic patients are unable to achieve such an integration.

Inability to perceive emotions: Fabio

The following brief fragment of an analytic therapy is presented as an example of how the inability to perceive emotions and to understand psychic reality can cause a patient to relapse into psychosis. The victim of the crisis, occurring after three years of analysis, is a thirty-year-old patient whom I shall call Fabio.

Before his treatment began, Fabio had been admitted to hospital on account of a psychotic episode in which he had felt threatened by groups of criminals. The persecution had begun when, after regular visits to a local bar, Fabio had observed that certain individuals, who he said were gangsters, had started openly provoking him. Over the next few days, he had returned to the bar with the aim of challenging them. After this, Fabio's terror had increased exponentially, and he had become so anxious that he could no longer leave his home. Even while at home, he was unable to control the persecutors, who he claimed continued to attack him by chemical means (they had managed to poison the drinking water).

During his therapy, which had commenced six months after his discharge from hospital, the patient had said he had been a fearful

child who found it difficult to attend nursery school; he was afraid of meeting other children and was particularly sensitive in relation to the lower-class little boys who lived in his district.

As an infant, Fabio had been cared for by his father, who had given him every privilege and regarded him as special. Fabio had grown up in his father's shadow and identified with him, whereas the personality of the mother, a conventional, dreary woman, had made no impression on him. Together with his father, he had dreamed of "shining" on the stage of life, and, as an adolescent, had enthusiastically engaged in individual sports such as judo and cycling, albeit without much success. What stimulated him most was identifying with his father, and dreaming of outdoing him and beating him in sporting activities. He had always been frightened by "bad" people or criminals, but thought that one day he would be able to take them on and intimidate them.

At the age of about twenty, he had attempted erotic advances to girls, but his encounters had proved disappointing and confused. These girls, who had often declared themselves willing to be with him, had tended to drop him very quickly, preferring the attractions of other men.

It became clear that no one had helped Fabio to overcome the persecutory anxieties that dated back to early infancy, and to acquire an identity of his own. The first two years of therapy had served to free him from the delusional persecutory anxiety that had led to his hospitalization. A substantial improvement had occurred during the treatment, enabling Fabio to relate better to his coevals and to resume the studies he had abandoned long before; in addition, he evidently wanted to overcome the emotional difficulties that had prevented him from having a girlfriend. About a month before the summer holidays at the end of his third year of analysis, Fabio reported that he had met a Greek girl who was studying in Italy. He was very pleased at the fond relationship that had arisen between them. This relationship clearly helped him to believe that he had finally become the equal of his fellows, all of whom had girlfriends.

Of course, even this new relationship was not immune from persecutory suspicion and anxiety. Sometimes, for example, he had thought that his girlfriend was late telephoning him because some envious enemy had persuaded her to leave him. Despite all the uncertainties, however, the relationship had flowered, and Fabio

planned a trip to France with her during the holiday break in the analysis. Knowing the patient, I was not at all sure that he would be able to cope with the analytic hiatus without problems, and had therefore parted from him with considerable doubts as to how he would manage. Returning to analysis at the agreed time after the break, he told me that he had broken off the trip with his girlfriend and come home because he had felt ill. He had again felt persecuted: he was certain that there was a conspiracy against him in France and that the Greek girl was an agent of the group of persecutors. He had sensed that she was deceiving him sexually with persons unknown and that she had arranged with a restaurant waiter to poison him. This waiter, a Romanian, had said things that were obviously intended to harm him.

This time, realizing that his psychosis had returned, the patient had phoned home to his father, who had advised him to come back to Italy immediately. We had some difficulty in understanding Fabio's shift from the fond relationship with the girl to the delusional construction concerning her. He was even inclined to believe that she had seduced him before the holiday with the aim of marrying him and seizing his inheritance for herself, but all this was at variance with the girl's dismay on hearing his delusional confessions during the trip.

So what had happened, and why had the patient become delusional again? Fabio said that, before they left for their trip, he had noticed that, one evening when they were together with a friend of his, the friend had approached the girl in a state of obvious erotic excitement. It was clear to the patient that his friend had an erection. Afterwards, Fabio had dissociated this perception; he had not thought about it again, and they had left for their trip. While they were travelling, the vision of the girl turned on by the sight of the erect penis had begun to disturb him. Obsessed by this vision, he had begun to believe that, when she got up at night to go to the lavatory, it was for the purpose of a sexual assignation. When she slept, the position of her hands showed that she wanted to masturbate. Her cheating on him had then assumed a persecutory form: this was proved by the arrangement between his girlfriend and the waiter, who had displayed homicidal intentions towards him. Overcome by psychotic anxiety, Fabio had run away from the restaurant and telephoned his father.

Plainly, this new psychotic episode, which was more contained than its predecessor, had occurred when the patient had become involved in a new emotional experience. What did the conquest of the girl mean for Fabio? Reflecting on what had happened, Fabio said he was pleased with the experience of being in a relationship for the first time, but perhaps the whole thing had caused him to "expand". He remembered that, from a particular point on, the relationship with the girl had no longer felt like a personal experience, but instead like an enterprise that had caused him to "swell up". He mentioned a film in which the hero had arranged with his daughter to commit some fraudulent act, but who then discovered that she was in turn deceiving him, and was in cahoots with his psychiatrist. It now became obvious that Fabio himself was the fraudster, because he had altered his perception of himself along grandiose, narcissistic lines. We realized that the delusion of jealousy and persecution had been facilitated by a misunderstanding: his partner's aloofness had made him suspect that he was being deceived. Fabio recalled that, as his desire for her company became increasingly pressing before their trip, he had sensed that she was not especially happy to be alone with him all the time, but had preferred to see him together with other friends.

Fabio had certainly felt that his demand for intimacy had not been understood; but, equally obviously, this disappointment had wounded his megalomaniac self. For this reason, he had thought that the girl was out to humiliate and deceive him. However, although endowed with new insight from his sessions, the patient was by no means prepared to agree with me that his experience had been delusional. Alongside the analytic reconstruction, the former delusional version persisted unaltered; the two versions did not exclude each other, and the delusion continued to be seen as real. And indeed, persisting in his delusional conviction, Fabio avoided seeing the girl again for fear of relapsing into psychosis.

To help him understand why he continued to believe in two incompatible realities, the delusional and the actual reality, I told him that, if he had been able to dream, the delusion of sexual jealousy might have appeared in the dream plot, and we could then have worked on it and thereby made his pre-holiday experience of exclusion meaningful. Instead, unable as he was to "dream" of

frustration, Fabio had resorted to the delusion (a vision), which had then colonized him.

From another point of view, his success with the girl might perhaps have gone to his head, causing him to "expand" in such a way as to make him experience the conflicts and jealousy in a dimension of megalomania. All this had caused him to square up once again to the aggressive male figures of whom he had always been afraid. The fresh psychotic episode showed that Fabio had pushed himself too far in relation to the psychic capacity he had acquired. In particular, he had been unable to understand and endure the emotional frustration resulting from his relationship.

It was only after a long period of work that the patient became aware of his lack of insight into his own and his partner's feelings: he had not understood that, although sincerely fond of him, before the holiday she was still hesitating to entrust herself to him completely.

Surprisingly, much later when this situation was already long past, the patient produced a dream that seemed to enlighten him about the circumstances that had triggered the delusion several months earlier. In the dream, Fabio was at the wheel of a car and the Greek girl was sitting beside him. While busy with complex parking manoeuvres, he noticed that the girl was not only not helping him, but that her mind was actually elsewhere. In this dream, Fabio had been able to represent his perception of the girl's emotional distance, so that he was no longer compelled to resort to delusion.

On the basis of the analytic reconstruction of the delusional episode, the fresh crisis was manifestly triggered by the patient's wish to emerge from his emotional isolation, that is, by an attempt at progress. However, Fabio did not succeed in moving on, owing to his inability to tolerate and confer meaning on emotional frustrations. At the time when the delusion was developing, Fabio's mind, in effect, lacked linked-up, differentiated spaces for thought, so that he was unable to keep together the complex emotions involved in the emotional relationship. In other words, he was unable to perform "dream work": that is, to deposit unpleasurable emotions into his unconscious awareness, to recognize conflictual and contradictory feelings, and to contain them. Identification with a megalomaniac figure then paved the way for the development of

destructive rage and for the transformation of the frustrating object into one that was bad and persecutory.

The traumatic character of an event is inversely proportional to the subject's capacity to tolerate frustration. This capacity varies with the subject's age, personality structure, history, and psychopathological state, that is, with the defences that have developed and are active at the relevant time. A patient in the psychotic state can be said to lack an apparatus for thinking thoughts that is capable of working through emotional frustration; in such a patient, *frustration and trauma coincide*. Whereas frustration is normally something unpleasant that can nevertheless be coped with (indeed, it stimulates learning and mental growth), in the psychotic state it becomes equivalent to trauma, and, as such, gives rise to regression and damage to psychic structures.