

THE PSYCHOTIC CORE

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To my Wife and Parents

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PREFACE

Understanding the psychodynamics of madness is essential to the therapy of most patients, including those who are not diagnosed as mad in the literal sense. Overtly psychotic individuals make up a relatively small proportion of both the general and patient populations, but psychotic attitudes and stages can be components of a broad range of emotional states and mental disorders. The borderline and narcissistic personalities are but two examples of disorders of the self that necessitate the therapist's awareness of the mad dimension of life.

This volume draws on Freud, Jung, recent object relation and self psychologies, and, particularly, the work of Winnicott, Bion, and Elkin. My aim is to describe and critique the basic ideas on the dynamics of psychoses, and contribute a working orientation that does madness justice. The view that a basic madness marks human affairs cannot easily be discarded.

Such a study inevitably becomes an exploration of the self. An area of special concern is the fate of our cogenerative sense of self and other in hallucinations, states of mindlessness, expansion-contraction of boundaries, hate-dominated structures, and epistemological complexities. Similarly, core shapes and patterns that our sense of mental and physical self assumes in psychosis are delineated. I trace our double sense of self-other and mental-physical self through what I call the "kernel of psychosis."

Freud's delineation of narcissism was inspired by his fascination with psychotic states and with the ways that megalomania runs through human life. Religious thinkers had long associated grandiosity with madness and evil, but Freud studied the phenomenon of self-inflation with new, breathtaking specificity. Investigation of the excruciating sensitivity to slights and the fragility, vulnerability, and

tenacity of narcissistic character disorders throws light on psychosis, and vice versa. To an important extent, the quality of therapeutic work with narcissism depends on one's view of psychotic processes. Later investigators, such as Kohut and Winnicott, emphasized that grandiosity and idealization are normal aspects of developmental processes. But what kind of being raises wounds to an infinite power? What sort of person incessantly overestimates and underestimates himself as part of a lifelong drama?

Winnicott summarized the depth of what is at stake in his belief that neurosis often masks psychosis. He noted that therapy may go on for years with apparently good results. The patient may feel better in many ways and have a more successful life. Yet often underneath such gains, a nagging feeling that something is wrong cannot be dispelled. The individual may succeed in securing better defenses and raising self-esteem, but still be haunted by the sense that life is a lie. For Winnicott, madness is associated with the sense of falsity in one's existence. Therapist and patient may sidestep basic agonies that undercut the sense of mastery. Neither may wish to acknowledge how subtle or thoroughgoing inner human deformity may be. In such instances, feeling alive and real may require facing psychotic anxieties.

Bion's work, like Winnicott's, focuses on the sense of catastrophe that underlies psychotic experience. Even the term *annihilation anxiety* does not do justice to the nameless dread that pervades psychosis. The very namelessness of the dreaded catastrophe stamps experience with an unknown and perhaps unknowable factor. How one relates to what continues to be beyond one's reach may mark the difference between madness and sanity.

In the consulting room, one can try to be absolutely honest, come what may. The usual injunctions against the destructive effects of full self-expression are lifted. Here madness can surface and be worked with. The mad individual may be startled to find that communication—and communication of the most subtle kinds—is possible. One can speak the lie one lives. One can glimpse the horrific depths of self-deception and the impossibility of cure. Yet somehow

one can get better; richer, more tolerant, more able. One finds a way of moving toward one's center. One finds a way of moving beyond oneself.

In the chapters that follow, we will see in psychotic individuals holocaustal rages, insidious self-poisoning, ghastly vacuousness, the abuse of cleverness, a poignant inability to keep pace with one's heightened sensitivity, the giving of oneself over to spirits and things, crippling shyness, hellish torment and self-deadening, the loss and rebirth of the self in fantastically rich and impoverished scenarios, and more. My hope is that this book will help us to relax our gaze. The horrific has its own beauty, its own ecstasy, and we ought not walk around it as if it were not there, no more than we should become one with it.

This book is a bearing witness, a probing. Its value lies in whether it helps us become a little less afraid of ourselves in ways that are not destructive, enriching the quality of our experiencing capacity.

ACKNOWLEDGMENTS

The immediate catalyst for this work was the seminar on psychosis I gave over the last several years in the Institute of the National Psychological Association for Psychoanalysis. I am grateful to the NPAP and its students for this stimulus. However, my work with psychosis has a long history.

I was privileged to work with autistic and schizophrenic children at the Reece School in Manhattan and Blueberry in Brooklyn during the 1960s. I immediately felt at home with them, as if a mask had been torn away. I was given a chance to meet myself in a way that has remained decisive. I am especially grateful to Mira Rothenberg for not only tolerating but also finding therapeutic meaning in my sometimes bizarre groping to make useful contact with my charges. In the 1960s I also began my long tenure as a therapist at New Hope Guild, a private psychiatric clinic in Brooklyn and Manhattan. I am grateful for the clinical atmosphere, dedication, and openness I found there. I am not the type who does well in authoritarian settings, and Dr. Sherman Shachter, New Hope Guild's director, provided a tone and mood that allowed me steeping time, seasoning, and real apprenticeship. Dr. Richard Mulliken, who directed New Hope Guild's training program when I started, could be counted on for support and discernment.

My work in personality theory and phenomenology at the New School for Social Research, particularly with Drs. Aaron Gurwitsch, Mary Henle, and Bernard Weitzman, was salutary and enriching. I had long been interested in the relationships between gestalt psychology, phenomenology, and the depth psychologies and was lucky to find teachers who were masters in these areas.

My thanks go to Dr. Thomas Smith, Mrs. Marie Coleman Nelson, Dr. Robert Stolorow, and Mr. David Hoffman for encouragement and advice during the early phases of writing this book, and to

Dr. James S. Grotstein for his critique and support as the book neared publication. Dr. Nathan Schwartz-Salant has been a friend, support, and stimulus throughout. Dr. Henry Elkin played a special role in stimulating certain lines of thought in these pages: I have been reading his work and speaking with him since 1957.

We all stand on the shoulders of the giants Freud and Jung. Other special giants for me include Winnicott and Bion and many of the workers connected with them. I doubt that these pages could have been possible without the early writings of H. Searles and R. D. Laing, although they are scarcely mentioned. Current schools of "body work" (A. Lowen, S. Keleman) run silently through these pages. The list of other influences is too great to enumerate here. I have made my own use of what I have learned and assume the responsibility connected with putting words on paper.

Above all I am grateful to my patients, who have endured our work together and who, with me, have undergone an education in what is possible, an education very much in progress. My wife, Betty, contributes an inner vision which complements my own. Our learning comes from, in Freud's phrase, "a common source."

I have drawn material from some of my earlier papers and wish to acknowledge and thank my publishers:

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CHAPTER ONE

The Core of Psychosis

IF IT IS DEBATABLE whether or not there is a psychotic kernel in every person, it can at least be said that psychosis is one of the phenomena of human life that take us to the edge of what it is possible to experience. It both challenges and freezes the presuppositions that make personality possible. In psychosis, what we ordinarily take as material may be treated as if it were immaterial, and vice versa. Space and time become bizarre and poisonous playthings, or vacuous. An ecstatic spasm of color may shoot across a dangerous wasteland and for the moment save and uplift the subject's sense of self and other. In another moment, self and other fragment, collapse, spill into, menace, and deplete each other, and possibly vanish altogether.

It is in the psychoses that one encounters the most extreme rigidities and fluctuations of symptoms. In a short period of sometimes moments, an individual may seem to run through the whole gamut of clinical possibilities. It is as if his psyche has become a speeded-up movie, racing madly through a sequence of mental deformities, unable to choose and settle on the one that best suits it. Perhaps if he tries them all, he will finally find some combination he can live in, or, more likely, be able to breathe forever the freedom of limitlessness.

Yet the psychotic individual also experiences himself as desperately trapped. His fixity and fluidity mimic the continuity and change that characterize personal identity. The dualities that make up human experience are separated and exaggerated in psychosis. At times, it seems that the psychotic person dissolves his mind in order

to rebuild himself from its elements. Or he may seem to need to search grimly through its debris, leaving nothing out, as if he were looking for something essential, but still unknown. He cannot rest until he sees everything. Yet everything dissolves and starts over without any sense of experience building on itself. The individual stares at himself through a kaleidoscope, but does not evolve. The flux itself becomes fixed and imprisons him.

It is often a relief when the individual drifts into a stable state, even if it turns out to be one from which he may never return. Things at last slow down, or one becomes used to the turns of the revolving door. To an observer, and sometimes to the individual himself, this may seem like the burn-out of a great volcano. But even when a person is chronically somnambulistic, deep rumblings are heard periodically, and one may momentarily glimpse fire and water. Thus we may also ask, if psychosis is a way of organizing experience, what happens when this last way breaks down?

In psychosis, as in creativity, ordering and disordering processes are interwoven. Rigidity and chaos alternate, and boundaries are distorted or dissolve. No wonder that it took so long to discover that a basic order informs psychosis.

A Basic Order

Whatever the drawback of classifications, they have made it possible to begin to think systematically about clusters of symptoms and behavior that seem to go together. Investigators may disagree as to which schematic grouping works best, but what is important is that the serious student of the subject can recognize the patterns another talks about. A common ground often makes possible meaningful disagreements.

At the end of the last century, an orderly classification of the various types of psychoses was made. Kraepelin¹ grouped several

1. Kraepelin's *Psychiatrie: Ein Lehrbuch für Studierende und Aerzte* is usually cited as the reference work for Kraepelin's initial contribution. (See Stone, *Borderline Syn-*

mental conditions under the heading of dementia praecox, but in 1911, Bleuler² reworked Kraepelin's subdivisions in terms of primary symptoms and splitting processes. In light of the severe splitting processes, he changed the name of this grouping to schizophrenia (literally, split or cut mind), a name in the mental sphere as dreaded as cancer in the physical. Classifications have perhaps become more sophisticated, but these early attempts to organize mental illness into discernible and useable networks can easily be read today.³

Many of the dangers of such classifications are now obvious. They establish stereotypical sets that persevere for decades (or longer) and may delay the investigation of the subtle processes that underlie genuine similarities and differences. Certain schizophrenic defenses mask a depressive illness and vice versa. A neurosis may mask a hidden psychosis. An initially mild symptom pattern may give way to an intractable, malignant one, whereas a seemingly florid madness will respond to careful therapeutic work. If one aims to cure a psychosis, one must be ready to run the gamut of all possible psychoses as therapy unfolds. In the consultation room, as in life, no *a priori* picture is invulnerable.

And yet the very fact that one can and will be wrong indicates that there is something to be wrong about. We make educated guesses from moment to moment. Investigators from different and even the same schools disagree. One disagrees with oneself. Yet there is a sense of basic order if one can only find it, and we each fight for the truths we believe we glimpse. Our maps do not simply capture or impose order; they also express aspects of our encounter with an order we help mediate.

dromes, pp. 211, 516; McGhie, *Pathology of Attention*. See also Kraepelin, *Clinical Psychiatry*, pp. xvii, 1-29; idem, *Dementia Praecox and Paraphrenia*, pp. 1-3.)

2. Bleuler, *Dementia Praecox*, pp. 3-12. Schizophrenia literally means split or cut mind. Freud thought it too general a term and tried to discover dynamics that characterized specific types of splits.

3. Stone, *Borderline Syndromes*, Part 3. Stone evaluates recent methods of diagnosing the psychoses and provides a sense of the basic structure of evaluation techniques.

For the most part, Freud used the classifications he found ready made and appreciated the heroic work of others who made his own work possible. A fundamental obsession of his throughout his life's work, especially at its outset, was how individuals choose the internal defenses that account for the external patterns of symptoms we observe. His emphasis was on the inside, the invisible depth dimension, but taxonomy was a stimulus and an anchor. Thus, he wrote about the psychic life of individuals one might "classify" as hysteric, depressive, paranoid, or schizophrenic. He did not try to change the hard-won nosologies that facilitated communication and exploration, but rather opened these "boxes" to see what made them what they were. To be sure, Freud's particular concept of obsessional neurosis changed the meaning of this syndrome, so much so that we would not be wrong to say that psychoanalysis invented (discovered) the way we see obsessional behavior today. He also tried to redesignate Kraepelin's dementia praecox and Bleuler's schizophrenia as *paraphrenia*,⁴ but his attempts failed. Generally, Freud worked with conventional psychopathological categories.

The ordering of certain psychopathologies stimulated much of Freud's thinking. He was particularly fascinated by the amount of fluidity between categories that could coexist with a basic descriptive stability. He attempted to do justice to the continuum he felt existed between the normal and the pathological and among the various types of psychopathologies. Such concepts as fixation and regression express his view of a fluid or mobile energy, which can take on different forms. It was a momentous breakthrough to link psychical energy with ontogenetic development. According to his concept, this energy assumes typical forms, according to the current phase of development. At the same time, congenital predisposition and environmental factors (e.g., extent and quality of trauma) influence which aspects of developmental phases become dominant or fail to appear.

According to Freud, all aspects of development contribute to how the individual organizes meaning and is affected by meaning. In the

4. Freud, "Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia," p. 75..

end, Freud is less concerned with the exactitude of developmental ordering than with how a variety of developmental factors are typically organized. Given a life history, there is no *a priori* schema to understand adequately the ways in which an individual makes use of the developmental spectrum. This explains Freud's flexibility in his use of the developmental sequences he helped discover (the oral, anal, phallic, and genital phases and their subphases). Freud used his developmental schema as a kind of musical scale, a resource that changes in value according to context. It is always an open question as to just what meaning or use individuals may make of their developmental possibilities.

The Centrality of Psychosis in Psychodynamics

Later in this chapter, I will outline my approach to the vast chasms and subtleties of psychotic experience. And throughout this book we will study, in detail, the key ordering-disordering processes of the psychotic self. Before reaching that point, however, several preliminary issues must be discussed; the first is the centrality of psychosis in the depth psychologies and, by implication, in the makeup of humankind.

Psychosis has been the Cinderella of psychoanalysis. Freud spent most of his efforts formulating the structures and psychodynamics that distinguish the psychoneuroses, and insisted that psychoanalysis was not equipped to deal with the psychoses. Yet some of the most important psychoanalytic advances (e.g., the work with narcissism) were made in attempts to understand psychosis. Freud's theory would not be what it is, if it were not implicitly based on a phenomenology of psychosis. An awareness of psychotic experience played a significant role in the foundation and growth of psychoanalytic theory. Let us briefly review some aspects of Freud's thought in order to convey just how central a subject psychosis is to his understanding of psychic life. The importance of this centrality cannot be overemphasized.

Freud's depiction of primary process owes much to his fascination with psychotic thinking. For example, the fusion and dispersal of meaning characteristic of the associative spread, yet fixed preoccupation, of psychosis influenced the development of Freud's concepts of condensation and displacement. Similarly, his depiction of the unconscious as timeless, without contradiction and possessing an internal, not external, reality, is steeped in the phenomenology of psychosis. His later descriptions of the id draw on affectively cataclysmic aspects of psychosis (volcanic upheaval, the seething caldron). For Freud, libido itself had not only a plasticity and fluidity, but also a relentless drivenness that, if unchecked and rerouted, would amount to madness. Thus, Freud was able to describe an aspect of the infantile mind as out of contact with the outside world and given to hallucinatory, wish-fulfilling operations. A radical disregard for usual boundaries, which is so characteristic of psychosis, runs through Freud's descriptions of unconscious processes. It is as if Freud is saying that the human psyche is rooted in the same type of world the psychotic lives in, that, in some sense, psychotic experience has a certain primacy. From this vantage point, neurotic defenses arise, in part, to master or restructure a basic psychotic propensity. A basic madness thus informs human life, and sanity (including neurotic sanity) is a positive and, possibly, a heroic achievement.

Freud emphasized his position when he informally spoke of psychosis as an irruption of the unconscious and a weakening of the ego's ties with reality. For Freud, psychosis represents a more extreme, fundamental dominance of the pleasure principle, primary process thinking, and the id than neurosis represents. If repression (the cornerstone of psychoanalysis) has difficulty maintaining itself in neurosis, it is still more defective and more fragile in psychosis, to the point of seeming to disappear entirely.

To be sure, Freud, formally, in his explicit theoretical statements, saw neurosis as opposing perversion.⁵ In his official doctrine, neurotic defenses structured the psyche's polymorphous perverse dispo-

5. Freud, "Three Essays on the Theory of Sexuality," pp. 50, 165, 170-172, 231.

sition, and, especially, contrasexual tendencies. But his image of the deepest psychic events uses psychotic phenomena as its model. For example, he depicted dream life as a psychosis that occurs for every individual each night. To take only one of his references, virtually at random:

A dream, then, is a psychosis, with all the absurdities, delusions and illusions of a psychosis. A psychosis of short duration, no doubt, harmless, even entrusted with a useful function, introduced with the subject's consent and terminated by an act of his will. None the less it is a psychosis, and we learn from it that even so deep-going an alteration of mental life as this can be undone and can give place to normal function. Is it too bold, then, to hope that it must also be possible to submit the dreaded spontaneous illnesses of mental life to our influence and bring about their cure?⁶

This affirmation of hope came near the end of Freud's life. The dream remained, to the end, "the royal road to the unconscious," and his association of dreams with psychosis runs through his entire *oeuvre*. This strong association again suggests that the phenomenology of psychosis played a fundamental role in Freud's depiction of the unconscious.

As Freud developed his views on narcissism, he wrote that psychosis might be the key to the understanding of the human ego. "Just as the transference neuroses have enabled us to trace the libidinal instinctual neuroses, so dementia praecox and paranoia will give us insight into the psychology of the ego."⁷ He developed his theory of narcissism, in part, as a response to the phenomena of psychosis as he understood them.

A pressing motive for occupying ourselves with the conception of a primary and normal narcissism arose when the attempt was made to subsume what we know of dementia praecox (Kraepelin) or schizophrenia (Bleuler) under the hypothesis of libido theory. . . . Let me insist that I am not proposing here to explain or penetrate further into the problem

6. Freud, "An Outline of Psycho-Analysis," p. 172.

7. Freud, "On Narcissism," p. 82.

of schizophrenia, but that I am merely putting together what has already been said elsewhere, in order to justify the introduction of the concept of narcissism.⁸

He postulated an “original libidinal cathexis of the ego” (a “primary narcissism,” which unified earlier and diffuse autoerotic impulses) as a frame of reference in which to situate what he called the two principal characteristics of psychosis: megalomania and “the diversion of interest from the external world, from people and things.” Psychosis makes markedly explicit a megalomaniac dimension that runs through human life.

Thus we form the idea of there being an original libidinal cathexis of the ego, from which some is later given off to objects, but which fundamentally persists and is related to object-cathexes much as the body of an amoeba is related to the pseudopodia which it puts out.⁹

Freud emphasized self-inflation along with idolatry. He was struck by the ego’s ability to lose itself in objects. In various forms of identification, the ego could become like its object—placing itself in an object or taking the object into itself. He traced ways in which the distance between ego and object seemed to close up in ordinary life and how it formed the basis for mystical or “oceanic” experience.¹⁰

8. *Ibid.*, pp. 74–75. Freud also justified his concept of narcissism by calling attention to its existence in perversion, homosexuality, children, primitives, romantic love, and group psychology. Our concern is the centrality of his emphasis on psychosis.

9. *Ibid.*, p. 75. I am not arguing for the correctness of Freud’s views on narcissism, but rather am emphasizing the centrality of the phenomenology of psychosis to Freud’s psychoanalytic theory—in particular, in his polar concepts of id and ego, as well as in his formulation of primary process thinking and of the unconscious generally (see pp. 5–11, this volume).

10. Freud understood “oceanic feeling,” a term he borrowed from Romain Rolland, as a remnant of the nursing situation and the infant’s failure to distinguish its ego from the breast (Freud, “Civilization and its Discontents,” pp. 64–67). In contrast with Rolland, Freud claimed he did not know these experiences firsthand. I believe Freud was correct in viewing Rolland’s “oceanic feeling” in terms of mother-baby fusion. But to describe all mystical experience as being “oceanic” is

In his later studies of the psychology of the ego, he often used psychosis as a model or metaphor. For example, he called falling in love a kind of psychosis because it was accompanied by a loss of boundaries and the idealization, or overvaluation, of the object. He pointed out how, even in love, perhaps especially in love, idolatry is always self-idolatry (megalomania) at bottom. Or, again, he saw psychotic dynamics at work in the psychology of power, for example, the loss of self that occurs in following a leader and the leader's grandiose assertion of omnipotence. He wrote about hypnosis, love, and the army and church as common vehicles for a kind of dependency that obliterates the boundaries of self. Freud likened this loss of self to madness and saw it at work in neurosis and culture.¹¹ This link between megalomania and dependency is one we will return to.

Freud, too, emphasized the ego's loyalty to everyday, perceptual reality. Psychotic productions contain "a fragment of historical truth."

... there is not only *method* in madness, as the poet has already perceived, but also a fragment of *historical truth*; and it is plausible to suppose that the compulsive belief attaching to delusions derives its strength precisely from infantile sources of this kind. . . . The vain effort would be abandoned of convincing the patient of the error of his delusion and of its contradiction of reality; and, on the contrary, the recognition of its kernel of truth would afford common ground upon which the therapeutic work could develop. That work would consist in liberating the fragment of historical truth from its distortions and its attachments to the actual present day and in leading it back to the point in the past to which it belongs. The transposing of material from a forgotten past on to the present or on to an expectation of the future is indeed a habitual occurrence in neurotics no less than in psychotics. Often enough, when a neurotic is led by an anxiety-state to expect the occurrence of some terrible event, he is in fact merely under the influence of a repressed memory (which is seeking to enter consciousness but cannot become

misleading and has led several generations of psychoanalysts to foreclose other possibilities (Eigen, "The Area of Faith in Winnicott, Lacan, and Bion, pp. 413-433; idem, "Dual Union or Undifferentiation," pp. 415-428).

11. Freud, "Group Psychology and the Analysis of the Ego," pp. 69-143.

conscious) that something which was at that time terrifying did really happen. I believe that we should gain a great deal of valuable knowledge from work of this kind upon psychotics even if it led to no therapeutic success.¹²

The intensity of belief attached to delusions indicates that the individual is trying to hold fast to a terrifyingly important dimension of his own story. The ego is rooted in common sense, as well as in madness, and tenaciously holds onto the former. Even in the pits of psychotic turmoil, it maintains an area of lucidity. Freud writes,

The problem of psychoses would be simple and perspicuous if the ego's detachment from reality could be carried through completely. But that seems to happen only rarely or perhaps never. Even in a state so far removed from the reality of the external world as one of hallucinatory confusion, one learns from patients after their recovery that at the time in some corner of their mind (as they put it) there was a normal person hidden, who, like a detached spectator, watched the hubbub of illusion go past him.¹³

Thus, for Freud, a kind of madness of the ego marks its foundation and evolution. At the same time, this madness is balanced by, and stimulates and competes with, the ego's tie to "the real world." Madness is both innate and a form of adaptation. It is a desperate response to emotional pain and the stress of life. But it is also part of the way we are innately structured, and it has a developmental timetable of its own. In sum, the ego is sane and mad. In his letters to Jung, Freud called the ego a clown,¹⁴ but it is a dangerous and precious clown, attached to truth, compromise, and delusion. Its polarities may support one another or tear a soul to pieces; they usually do both.

12. Freud, "Constructions in Analysis," pp. 267-268.

13. Freud, "An Outline of Psycho-Analysis," pp. 201-202.

14. In the following passage Freud writes about Adler: "I would never have expected a psychoanalyst to be so taken in by the ego. In reality the ego is like a clown in the circus, who is always putting in his oar to make the audience think that whatever happens is his doing" (Freud and Jung, *Letters*, p. 400).

In simple human terms, Freud made sanity–madness the basic polarity of human discourse. As we will see in Chapter 2, this represents a major reinterpretation of the traditional appearance–reality duality, as well as a reworking of the meaning of sin. Freud was well aware, too, how mad sanity can be, and vice versa, thus carrying forward a radical questioning of the human condition. His formulations explode on impact. They are contradictory and cannot easily be worked into a coherent whole. Alive with fertile frictions, they attempt to meet the human psyche at its point of origin. The further Freud goes, the more problematic the nature of madness and sanity becomes.

Psychotic Dynamics

Jung once said that a great psychologist is someone who must spend his life in a mental hospital, the only question being whether as a doctor or a patient. Like Freud, he stressed the importance of the doctor as patient. In his view, the depth psychologist often must come precariously close to madness. Many analysts might think this an over- or mis-statement. Yet Jung calls attention to an intimacy between psychoanalysis and madness that must be addressed.

The central concepts of psychoanalysis are rooted in the objective problems of science, but they also grow out of a psychosis-tinged matrix in the individual. Freud credited Fechner with stimulating his reformulation of the law of psychic energy in psychic terms, a gambit that made the formal structure of psychoanalysis possible. Following examples from Herbart and Fechner, Freud used physics (the laws of conservation) as a basis for a theory of mental energy. Fechner believed mental and physical energy varied in relation to each other and that his method of psychophysics was an exact science which could chart the dependency between body and mind in terms of functional relations.¹⁵ Whereas Fechner saw consciousness in all

15. See Boring's *History of Experimental Psychology*, pp. 284–295.

things, Freud was more interested in developing a concept of the unconscious that might make sense out of the discontinuities of consciousness. However, Freud appreciated the depth of Fechner's intent and credited him with an intuition into the "other space" Freud charted.

Fechner's major work, including his discovery or invention of psychophysics, grew out of a psychotic period:

Fechner . . . had overworked. He had developed, as James diagnosed the disease, a "habit neurosis." He had also injured his eyes in the research on afterimages by gazing at the sun through colored glasses. He was prostrated, and resigned, in 1839, his chair of physics. He suffered great pain and for three years cut himself off from everyone. This event seemed like a sudden and incomprehensible ending to a career so vividly begun. Then Fechner unexpectedly began to recover, and, since his malady was so little understood, his recovery appeared miraculous. This period is spoken of as the "crisis" in Fechner's life, and had a profound effect upon his thought and afterlife.

The primary result was a deepening of Fechner's religious consciousness and his interest in the problem of the soul. Thus Fechner, quite naturally for a man with such an intense intellectual life, turned to philosophy. . . . His forties were, of course, a sterile decade as regards writing. . . . The first book that showed Fechner's new tendency was *Nanna oder das Seelenleben der Pflanzen*, published in 1848 (Nanna was the Norse goddess of flowers). For Fechner, in the materialistic age of science, to argue for the mental life of plants, even before Darwin had made the mental life of animals a crucial issue, was for him to court scientific unpopularity, but Fechner now felt himself possessed of a philosophic mission and he could not keep silence. He was troubled by materialism. . . . His philosophical solution of the spiritual problem lay in his affirmation of the identity of mind and matter and in his assurance that the entire universe can be regarded as readily from the point of view of consciousness, a view that he later called the *Tagesansicht*, as it can be viewed as inert matter, the *Nachtsansicht*. . . .

Three years later (1851) a more important work of Fechner's appeared: *Zend-Avesta, oder über die Dinge des Himmels und des Jenseits*. Oddly enough this book contains Fechner's program of psychophysics and thus bears an ancestral relation to experimental psychology. . . . Fechner's general interest was that the book should be a new gospel. The title means practically "a revelation of the word." Consciousness,

Fechner argued, is in all and through all. The earth, "our mother," is a being like ourselves but very much more perfect than ourselves. The soul does not die, nor can it be exorcised by the priests of materialism when all being is conscious. Fechner's argument was not rational, but was intensely persuasive and developed his theme by way of plausible analogies, which, but for their seriousness, resemble somewhat the method of Dr. Mises' satire, *Vergleichende Anatomie der Engel* (1825), where Fechner argued that the angels, as the most perfect beings, must be spherical, since the sphere is the most perfect form. Now, however, Fechner was in dead earnest.¹⁶

Fechner's illness apparently catapulted him to a religious reconstitution of his life that culminated in a vision of cosmic unity.

Freud's first major breakthroughs came while he was corresponding with the psychotic Fliess.¹⁷ Of all his friends and colleagues, he chose Fliess to share his intellectual adventure. He felt Fliess was in touch with and could understand the psychic depths he was drawn to, the dimension Fechner called "the other space." Freud wrote to Fliess: "The only sensible thing on the subject [of dreams] was said by old Fechner in his sublime simplicity: that the psychical territory on which the dream process is played out is a different one. It has been left to me to draw the first crude map of it."¹⁸ In *The Interpretation of Dreams* he added:

No one has emphasized more sharply the essential difference between dreaming and waking life or drawn more far-reaching conclusions from it than G. T. Fechner in a passage in his *Elemente der Psychophysik* (1889,

16. Ibid., pp. 278-79. "Dr. Mises" was a pseudonym Fechner used for some of his literary and mystical writings.

17. Dr. Robert Fliess, W. Fliess's son and a gifted psychoanalyst, believed psychotic actions on the part of parents to be more common than realized. He indicated that he himself was a victim of his father's psychosis and that psychoanalysts themselves tend to resist perceptions of a mad reality: "the average analyst . . . remains ignorant of his own psychotic parent, should he have one, and hence is not equipped for patients who confront him with fragments that are replicas of his own history" (Fliess, *Erogenicity and Libido*, pp. xvii-xviii; idem, *Symbol, Dream and Psychosis*, Chapter 3).

18. Freud, *Origins of Psycho-Analysis*, pp. 244-245.

2, 520-1). In his opinion, "neither the mere lowering of conscious mental life below the main threshold," nor the withdrawal of attention from the influences of the external world, are enough to explain the characteristics of dream-life as contrasted with waking life. He suspects, rather, that *the scene of action of dreams is different from that of waking ideational life*. "If the action of psychophysical activity were the same in sleeping and waking, dreams could, in my view, only be a prolongation at a lower degree of intensity of waking ideational life and, moreover, would necessarily be of the same material and form. But the facts are quite otherwise."¹⁹

Fechner knew from his own experience the link between the place of dreams and the vision that cures or destroys. The meaning of Freud's fertile transference to Fliess, a man with an underlying psychosis, has been studied but not fully worked out.

Roustang²⁰ pointed out, in some detail, that there is much in the impetus and development of the psychoanalytic movement that reflects psychotic dynamics. The recent interest in the influence of Sabina Spielrein (a one-time psychotic patient of Jung who became a psychoanalyst) on both Jung and Freud shows the growth of awareness of just how important contact with the psychotic depths was in understanding neuroses.²¹

In a similar vein, it is difficult to overestimate the importance of Jung's impact on Freud. In a sense, Jung's influence is one of the best-kept secrets of psychoanalysis. Jung's psychiatric career began with and developed through working with psychosis, particularly its religious or mythic aspect. Freud saw in Jung a medium for applying his theory to psychosis and it was precisely around the issue of how psychotic mentation was to be understood that their differences (personal and theoretical) arose. In spite of the fact that Freud insisted his theory was meant for neurosis, he jumped at the chance to extend it to psychosis. This preoccupation never left him and determined the direction of his work.

19. Freud, "Interpretation of Dreams," p. 48.

20. Roustang, *Dire Mastery*, pp. 132-156; idem, *Psychoanalysis Never Lets Go*, pp. 33-35, 93-116, 142-149.

21. Carotenuto, *Secret Symmetry*, pp. 131-214.

His contact and break with Jung stimulated his first important writings on religion and psychosis,²² and he continued his debate with Jung to the end. Freud was forced to develop his ego theory (dissociation, narcissism) to match Jung's theory of self.²³ Two of his best case histories (Schreber; the Wolf Man) were written with Jung in mind. And Freud proceeded to write more books on religion (in Freud's view, a universal psychosis) than on any other single cultural phenomenon.²⁴

Whatever the popular belief, the basic structure of Freud's and Jung's thought is similar. They both adopted a quasi-Kantian epistemology in which the unconscious is as unknowable a psychic reality as the material universe. And for both, in Freud's phrase, the unconscious is the "true psychical reality." What is most basic in our natures remains unknowable. We live by hints and clues and develop convictions (although, at times, Jung felt he "knew," and perhaps Freud did also). As we will later see, our relationship to the unknown or unknowable plays a crucial role in the psychology of psychosis.

Both Freud and Jung take psychotic productions to be inherently meaningful. Both relate hallucinatory imagery to innate fantasy systems that become caught in abortive developmental processes. Both find in hallucinatory activity messages about the state of the self, the nature of the injury to the self, and requirements for its evolution. Their vision is at once historical and ahistorical (the unconscious is "timeless"). Both take megalomania to be a pivotal point in their study of psychosis, and for an understanding of human life. Both admire and quote Heraclitus on the tension of opposites. Both sys-

22. For example, Freud's Schreber case and "Totem and Taboo" partly gained impetus from the growing break between Freud and Jung. It was as if Freud were trying to convince Jung (and himself?) that Eros, infantile sexuality, and Oedipus were enough to account for Jung's principal territory, psychosis and religion.

23. Freud says as much in the opening of his essay, "On Narcissism," pp. 74, 79-81.

24. One could justifiably argue that "Totem and Taboo," "Future of an Illusion," and "Moses and Monotheism" were, to an extent, part of Freud's long inner debate with Jung.

tems move via polarities. Each works and does not work in clinical practice. The phenomenon of psychosis brings each viewpoint to its breaking point and requires us to expand the way we speak about self or ego.

To be sure, there are basic differences between Freud and Jung. Freud repeatedly used religion as one of his greatest clues and case histories. In deciphering religion, he was decoding psychosis and the infantile psyche (for Freud, the two were related). God was not dead for Freud, but rather very much alive as a patient. Jung also believed that in studying mythology he was elucidating the depths of psychosis in human life. He showed just how universal and pervasive psychotic processes really are. However, for Jung, religion was also more than a literary metaphor or an area of research. It had to do with the core of his identity, with who he was and how he lived, and with his relationship to the cosmos. Jung's relationship to the collective unconscious was a sacred trust. His view of the roots and meaning of psychotic imagery led him away from Freud's view of hallucination as a drive-dominated perception, and he saw the religious aspect of psychotic symbolism as having roots deeper than the libido, and worth of its own. His attempt to come to grips with the religious dimension of psychosis led to his insistence that the energy involved in psychopathology was not primarily erotic; this helped him develop his later work (e.g., his use of alchemic imagery to organize the religious journey).

It is hard to imagine work with psychosis today without Jung's contribution. Although many aspects of both his and Freud's depiction of psychosis will be explored in more depth in Chapter 2, some introductory remarks are in order here. It was years before the mother-infant relationship became a primary focus in psychoanalysis, and Jung anticipated this development, although his emphasis was on the archetypal rather than the personal mother (we will come back to this in Chapter 2).

The notion of doctor as person owes much to Jung. The nature of psychotic upheaval forced him to realize that the therapy situation was one in which the therapist, as well as the patient, may be called on to undergo profound development. He used the idea of chemical

interaction to describe how thoroughly patient and therapist interact with each other. Was his implicit model mother–baby interplay? To be sure, his attitude as scientist helped him through many treacherous situations, but, as he put it, he was “in the soup,” too. There were times when he had to rely on the patient’s curative interventions as well as his own.

Jung’s explicit focus on aspects of the self, particularly in the form of personifications, contributed to existential psychology, psychodrama, and gestalt therapy. It anticipated the rise of self-psychology in psychoanalysis. Jungian openness to the use of expressive modalities in active imagination also helped pave the way for the development of art, dance, and music therapies, which are fast becoming an important part of a hospital stay.

Although both Freud and Jung exploited psychosis in their theoretical formulations, they were cautious about the outcome of actual therapy. Jung had great success with certain schizophrenic individuals, particularly in the first part of his career, but these were individuals who could enter into a meaningful relationship with him. He seemed to speak to these persons’ souls, to the very heart of their existence. Some of them remained attached to him for life and made their own contributions to Jungian psychology. He expressed sober reserve about those who remained sealed off and inaccessible. Toward the end of his life, he remarked that he thought he could cure the more difficult cases, but no longer had the strength for it; he seemed to think it could be done.²⁵

Freud’s attitude toward psychosis also was ambivalent. He did not like to treat psychotic individuals and felt that the latter did not possess enough interest in “objects” (others)²⁶ to form the transfer-

25. Jung, *Memories, Dreams and Reflections*, pp. 124–145.

26. “Object” is a psychoanalytic term inherited from philosophy. Often one feels that the mechanistic terms Freud took from physics and epistemology do not fit the psychic reality he discovered. Ricoeur states that Freud’s terms point to a genuine aspect of psychic reality and give something machinelike in human nature its due. Ricoeur argues that Freud’s emphasis on psychic mechanisms and the play of meaning rings true to the complexities of the human predicament, where one is

ence required for psychoanalysis. Yet he did not say psychosis was untreatable. In his ironic fashion, he even suspected that the therapy of psychosis might make substantial progress in America, but not with "pure" psychoanalysis.²⁷ Perhaps he thought Americans were mad and would prove to be freer during therapeutic invention. Freud kept open the possibility of the reversibility of the most severe psychotic conditions, as mentioned earlier. Both Freud and Jung remained psychological visionaries, but with a strong grasp of clinical realities. Their love affair with the human psyche and the multiple dimensions it lives through uplifted their work and lives and still inspires us.

Both Freud and Jung stressed not only the difficulty, but also the demandingness of work with psychosis. All dedicated workers with psychosis have agreed. A psychotic individual often oscillates between being withdrawn and cut-off and desperately clinging and demanding. The need for others can be all-consuming or apparently nonexistent. Many see in the psychotic an infant demanding a perfect mother, or perfect fusion and control. Some see a spoiled mystic riveted to a warped or aborted relationship with God. When a subject seems "objectless," close scrutiny often shows a tenacious hold on psychotic objects (hallucinatory or delusional versions of objects). If the worker finds his way within the patient's force field, he becomes the target of obscurely fierce pressures. Body ego dispersal and mental control often go together, so that the patient is falling apart, yet hard as steel.

Therapy may bring out much in the analyst that he would rather stay quiescent. Therapy with psychosis must be a messy and harrowing business, one that plays havoc with the assumptive grounds of communication. No wonder Freud experienced psychosis as an

caught between force and freedom. Freud's work encompasses the tension between the personal and the impersonal. Nevertheless, Ricoeur feels that Freud's method is one of contraction, a therapy of suspicion that emphasizes self-deception. He suggests that religious faith involves the more positive impulse toward the fullness of grace (Ricoeur, *Freud and Philosophy*, pp. 341-551).

27. For example, see Brody, "Freud's Attitude Toward the United States," pp. 93-103.

assault on the rules of psychoanalysis, perhaps the latter's truest test and limit (one may also ask to what extent the rules of psychoanalysis came into existence as a conducting medium and insulation for psychotic aspects of the self organized in neurotic transferences). It is still an open question how best to meet a psychotic transference or to effect the cohesion of the scattered debris of a broken self through the formation of such an intense relationship. We have only begun to tap the meaning and possibilities of the psychology of demand. A clinical encounter with psychotic demand always touches some psychic nerve or limit, yet it is precisely where demand converges with an impasse point that psychic evolution for all concerned may occur.

Madness and Creativity

For Freud, the dominance or breakthrough of deep unconscious processes was associated not only with madness, but also with creativity. In his formal theory, creativity requires sublimation, a restructuring of primitive drives in the light of higher aims. But Freud spoke informally of the "creativity of the unconscious." In his letters to Fliess, Freud time and again wrote that he threw himself on the mercy of the unconscious and drifted along vaguely in tune with the spontaneous movement of his work.²⁸ This Janus-like vision of the unconscious as linked with madness and creativity is part of Freud's heritage from the Romantic tradition. The Romantics often idealized madness or, at least, were fascinated by it. It was linked with powers beyond the ordinary. The madman knows things—terrible truths—inaccessible to ordinary consciousness. The history of nineteenth-century literature is filled with the early deaths of poets who lived on the edge of madness or who, in some way, viewed madness as a privileged mode of cognition.²⁹

28. Freud, *Origins of Psycho-Analysis*, pp. 236, 258, 311–312. Such references in his work are numerous.

29. For example, Rimbaud wrote to George Izambaud: "Now I am going in for

Today, in psychotherapy, an individual coming out of a psychotic episode may express both relief and regret. "Thank God I'm better, but I don't want to lose everything I saw there," said one patient. "I thought it would never end and now I'm afraid nothing will ever be so total again," remarked another. For these people, psychosis was intense and all-consuming. I have heard individuals who have gone through a war or faced death speak this way. A Hungarian freedom fighter once told me, "That was the high point of my life. Everything was alive. I rose beyond myself—I was myself fully." This latter may be a far cry from a psychotic episode, yet war and madness are scarcely unrelated.

Three of the most sensitive and knowledgeable writers about psychosis—Bettelheim, Arieti, and Milner—have reported such a sense of loss, either on the patient's or their own part, as the patient gets better.³⁰ In particular, these authors have described cases in which the patient's artwork has been important. However, as the individual improves, his interest in, or the force of his art, wanes. Such a phenomenon appears to confirm the poet Rilke's fear that if his devils were tampered with by psychoanalysis, his angels also would be endangered. How or if creativity and cure can go together is an issue we will return to again and again.³¹

Of course, not all afflicted persons appreciate or benefit from their

debauch. Why? I want to be a poet, and I am working to make myself a *visionary* . . . To arrive at the unknown through the disordering of *all the senses*" (Rimbaud, "Letter to George Izambaud," p. xxvii).

"The poet makes himself a *visionary* through a long, prodigious and rational disordering of *all the senses*. Every form of love, of suffering, or madness; he searches himself, he consumes all the poisons in him, keeping only their quintessences. Ineffable torture in which he . . . arrives at the unknown!" (Idem, "Letter to Paul Demeny," p. xxx-xxxi.)

30. Bettelheim, *Paul and Mary*, pp. 218-219; Arieti, "Cognition in Psychoanalysis" (lecture given at the American Professional Seminar Center, Columbia University, May 26, 1979); Milner, *Hands of the Living God*, pp. 386-412.

31. Rank concluded that art was a parasite on life and that one must choose whether to devote one's creativity to personal relationships or to art (Rank, *Art and Artist*, pp. 425-431). See the discussion of this issue in Eigen, "Dual Union or Undifferentiation," pp. 415-428.

psychosis. Some are permanently broken. Others may not even realize they are ill, but drift dully along at a low level of existence that barely approaches human. Many carry their illness like a stranger, or a burden they do not really feel is part of themselves. They find ways to take it into account and control it with medication, cognizant of the possibility of periodic relapses. The intensity and all-consuming quality of psychotic experience seems to have passed them by; it has never taken on meaning, except as a curse. The therapeutic task is to help the individual take his illness seriously and turn it into a challenge. It is a task that may not meet with success. Not everyone has the resources to come to grips with psychic reality and “experience his experience.”³² Much preliminary work is usually necessary before the real struggle can begin. However, a psychotic individual should have the right to discover whether or not his illness can become a true journey of the self. Even partial success leads to a quality of experiencing one might have missed if one simply tried to control, get rid of, or otherwise short-circuit what one is up against. I do not want to idealize the horror and waste of mental illness, but I do wish to stress that it *may* open up a psychic dimension of decisive significance.

The Primacy of Experience

Jung wrote that psychology is a subjective confession³³; every mental act has its own perspective. If science tries to account for consciousness, it can only do so through consciousness. This is a circle we must live with. It is part and parcel of the nature of consciousness (as it has evolved) to explore and move beyond itself. Consciousness is both subject and object to itself, yet it needs to transcend itself as well.

32. See Bion, *Learning from Experience*, pp. 18, 62, 73, 82–99. What makes experiencing experience possible is a theme of Bion’s book.

33. For example, Jung, *Memories, Dreams and Reflections*, pp. 200–222; see also Stolorow and Atwood, *Faces in a Cloud*, pp. 15–44, 47–107, 173–203.

Both physical and experiential processes open endless horizons, and it is unlikely that our knowledge of either will ever be exhausted. Professor Lewontin, a contemporary biologist, writes,

a study of all or any significant part of the interconnections and coupled oscillations of our millions of brain cells seems a task that would consume the three billion years left before the sun becomes a red giant and fries all life. We must face the possibility that we will *never* understand the organization of the central nervous system at any but the most superficial level.³⁴

Poetry and religion are as hard pressed to express and explore the depths of human experience as science. The very elusiveness of so much of what we experience keeps us wondering who and what we are as well as where we are. The poet and mystic use language evocatively, although precision and rigor are necessary for evocation to succeed. It may be that the depth psychologist must also develop his own style of evocation. Perhaps Freud and Jung do just that: Freud speaks of the unconscious both as a hypothetical construct and as “the true psychical reality.” It was his convincing evocation of the latter that lent the former its force and made it possible for these two levels of discourse each to make fertile the other. The psychologist is obligated to think as clearly as possible, but it is, finally, thinking rooted in a specific sensibility. A certain tension between clarity and evocation must be maintained.

It is becoming more common today to think that brain and experience are not simply two terms split off from or reducible to one another, but rather that they may be viewed as entering into a mutually constitutive relationship. Each sets requirements that dictate the structural possibilities of the other. Our understanding of the mutual influence of brain and experience is in its infancy.

Different approaches to psychosis have emphasized possible physical and psychological factors. The “nativists” look for a genetic, neurological, or chemical basis; the “empiricists” stress environmen-

34. Lewontin, “Liberation of Biology,” p. 37.

tal influences. Jung believed a toxic chemical was at work in schizophrenia, although he kept open the possibility of person-to-person therapeutic help. The current tendency is to conclude discussions of nature versus nurture by noting that both are probably involved, with more or less emphasis of one or the other factor in a given case.

THE NATURE-NURTURE CONTROVERSY

Much controversy besets claims that psychosis is inherited or produced by environmental influences. Schizophrenic individuals tend to have overactive dopamine systems and to lack an enzyme to break down and eliminate the by-products of stress. They may also possess irregular brain patterns and abnormal neural transmission. Most discussions which favor a genetic or neurochemical explanation note that the specific mechanisms operative in schizophrenia remain unknown, although there are promising leads for future research. In one form or another, this type of report has been made for nearly a century. A difference today is better control of mental illness through chemical means and a greater specificity of research.

Environmentalists believe that "nativist" claims are confounded by other variables. Studies show how alterations in the environment (e.g., stress level, quality of affectional ties) affect body chemistry. Opportunity for exploration and adequate perceptual and cognitive stimulation are important to proper development. Psychotherapy can alter one's susceptibility to physical illness; for example, it can affect the way one deals with stress. Thus, the way we relate to ourselves profoundly affects our bodily being, and vice versa.

Deutsch³⁵ has recently summarized many of the difficulties involved in disentangling genetic from environmental variables. Her study suggests that separation from parents among certain children may increase the risk of psychosis.

The third edition of the *Diagnostic and Statistical Manual of Mental Disorders* gives the following summary with regard to schizophrenia:

35. Deutsch, "Early Parental Separation in Children," pp. 19-22, 201-233.

All investigators have found a higher prevalence of the disorder among family members. This includes studies in which the adopted offspring of individuals with Schizophrenia have been reared by parents who do not have Schizophrenia. Twin studies consistently show a higher concordance rate of Schizophrenia for monozygotic than dizygotic twins, and dizygotic twins have the same concordance rate as siblings who are not twins. However, being a monozygotic twin does not in itself predispose to the development of Schizophrenia. Although genetic factors have been proven to be involved in the development of the illness, the existence of a substantial discordance rate, even in monozygotic twins, indicates the importance of nongenetic factors.³⁶

NATURE AND NURTURE IN RELATION TO FREUD'S THEORIES

Although Freud did not deny a possible physical basis for mental illness, he noted that a physicalistic bias could obscure ignorance and act as a resistance to discovering dynamic psychological events. He finally concluded that no amount of physical or biological knowledge could replace the study of experience for its own sake. Experiential knowledge would always be necessary.³⁷ His own theory is a highly sophisticated blend of nature–nurture, much on the model of modern embryology. He envisioned basic psychic structures that develop according to an innate timetable but that require specific environmental conditions to unfold (“maturational processes and the facilitating environment,” in Winnicott’s fine phrase³⁸).

In the course of his development, Freud oscillated between innatist and environmentalist positions. Early in his career, he believed that neurosis was generally caused by actual sexual traumas in early childhood. Then he realized that the villain was the innately programmed fantasy life with which the patient structured his world. Although many psychoanalysts feel that this second was Freud’s

36. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., p. 186.

37. Freud, “Outline of Psycho-Analysis,” pp. 144, 157–159.

38. Winnicott, *Maturational Processes and the Facilitating Environment*, pp. 83–92, 230–248.

more considered and official position, in fact he never stopped writing about actual trauma, and the complex structure of his theory includes both. The most extreme interplay *and* polarity between external reality and fantasy characterizes Freud's work.

Thus, there is room in Freud's work for the various nativist and empiricist positions that splinter the depth psychologies. Melanie Klein is a nativist who emphasizes the unfolding of unconscious fantasy structures. Hartmann emphasizes native ego functions and the "average expectable environment." When he speaks about id, his emphasis is less on fantasy than on a raw energetic force. Kohut and Winnicott emphasize the quality of parenting, although both recognize that innate developmental timetables exist. All make important contributions to our picture of psychosis.³⁹ The human mind swings between perspectives, acknowledging the kernel of truth in each.

The Politics of Inner Space

The mental health field has been and is beset by wars and fragmentation. Depth psychologists have formed dozens of rival ideological groups, each with splinter groups, but it may be that ideological and economic struggles in the rest of the scientific community are no less virulent: The clash between different interpretations of data goes on in every branch of human effort. There are even fights to establish what qualifies as data. Perhaps social scientists are particularly verbal about the clashes within their professions because it is part of their work to understand the dynamics of such occurrences. Psychology is its own patient, and the trend to psychoanalyze psychoanalysis is intrinsic to Freud's and Jung's belief that one's own analysis is

39. Klein, "Some Theoretical Conclusions Regarding the Emotional Life of the Infant," pp. 198-236; idem, "Notes on Some Schizoid Mechanisms," pp. 292-320; Hartmann, "Contribution to the Metapsychology of Schizophrenia," pp. 177-198; Kohut, *Analysis of the Self*, pp. 1-22, 214-215, 255-257; Winnicott, *Collected Papers*, pp. 243-254, 300-305; idem, *Maturation Processes and the Facilitating Environment*, pp. 83-92, 230-248.

central to training and practice. The mental health profession also has a closer, more intimate contact with the population at large than have students in other disciplines. What a psychologist says or writes is often addressed to potential patients and tends to affect others at that level. Therapeutic discourse, finally, is soul to soul.

Few therapists would disagree that work with psychosis often calls for a combination of approaches. In good hospitals, one is likely to find a team approach with all the difficulties and conflicts this involves. Psychotherapy, medication, art therapy, and family counseling may play some part in the patient's treatment. Nevertheless, many good professionals are tolerant of, without being too affected by, each other. There is no doubt that such tolerance can be useful and, perhaps, can pave the way for closer contact. But it is not dialogue. Interaction in the depths is more the exception than the rule. Real contact may be upsetting, and often requires moments of self-doubt and the temptation to convert to the other's viewpoint. If one takes a risk and lets go of one's habitual self, stretching through mutual impact, paradoxically, one's own position often becomes enriched.

In point of fact, real dialogue between workers has and does occur. Marion Milner, whose account of a 20-year psychoanalysis of a schizophrenic woman is a classic, was deeply influenced by Jungian ideas. A group of London Jungians, headed by Michael Fordham, has long held a substantive dialogue with psychoanalysts who are interested in the emergence of the self in infancy, particularly at levels relevant for a more vital understanding of psychotic processes. Among many others who may be mentioned are H. Elkin and Schwartz-Salant. The former has been engaged in an inner dialogue with Freud, Jung, the British School, W. Reich, and others. Schwartz-Salant is a New York Jungian who has found the work of Kohut, Kernberg, and others most helpful. Grotstein has been concerned with the interface between M. Klein, Bion, and Kohut. A. Green and Pontalis, each in his way, are steeped in Freud, Lacan, and Winnicott (in Green's case, Bion as well). More examples could easily be given.⁴⁰

Cross-fertilization is a path of creativity in our time. The splintering of the field not only produces insulated groups that go their separate ways, but also mutual encounters in which shifts of direction register the quality of certain impacts. Different psychologists have different ideas of what a person is, which represent the many ways one encounters aspects of the self. More than eclecticism is involved, however. Through an understanding of genuine differences, the self is transformed, often in unpredictable ways. Through an exposure to other perspectives, a qualitatively real, if intangible, shift can occur in one's very being. The present book grew out of this dialogical ferment.

My early work was with seriously disturbed children, particularly autistic and schizophrenic ones. However, most of my practice has been with adults and a consistent part of it with ambulatory psychotic individuals. I soon discovered the importance of tuning into the psychotic dynamics of even "normal" persons. Most individuals have, at the very least, psychotic, neurotic, and realistic inner voices. The present book passes the materials of psychosis through my subjective filter system, as the latter has evolved over 25 years of therapeutic work.

During these years, I have been exposed to and influenced by many different theoretical and clinical positions. A good many voices compete in my inner space. If the texture of this work is personal, I do not believe it is less objective on that account, since objectivity is part of being a fully human individual. Differentiated gestalts evolve through a long immersion in an area of interest. The patterns I will share have been helpful, both to others and myself, but it remains to be seen whether they can be of use to the reader, and thus, the patient. This, after all, is the true test.

40. Milner, *Hands of the Living God*, pp. xxv-xxvii; Fordham, *Jungian Psychotherapy*, pp. 52-53; Elkin, "On Selfhood and Ego Structures in Infancy," pp. 57-76; Schwartz-Salant, *Narcissism and Character Transformation*, pp. 9-90; Grotstein, "Proposed Revision of the Concept of Primitive Mental States," pp. 479-546; Green, "The Analyst, Symbolization and Absence in the Analytic Setting," pp. 1-22; Pontalis, *Frontiers in Psychoanalysis*, pp. 7-11, 126-154.