

Comment upon “‘Poor girl’: a case of active psychosis’: how therapeutic schemas may limit our work

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Introduction: an implicitly integrative critique

In the following critique, while I mainly comment, and think, within a multiplicity of *psychoanalytic* frames, the underpinning background is implicitly integrative, in that the ultimate position I reach is one of inclusiveness, the affirmation of a multi-layered approach, with no primary layer, which would be based, as I argue later, upon mistaking the part for the whole. It offers rather a drawing together and synthesis of many necessary elements, and a recognition of the holographic totality. I would want to add that, in this sense, we are, nearly all of us, integrative psychotherapists now, and I would not want to turn this into a tendentious affirmation, so to say, of Integrative Psychotherapy with a big ‘I’, but rather just to acknowledge that we are all playing our part in the development of psychotherapy.

A bold undertaking

Eugenie Georgaca, the author of this study, invites us to share a bold undertaking. Not only is it becoming increasingly unfashionable to work with clients experiencing active psychotic difficulties (I shall hereafter use the word ‘psychosis’ as shorthand, but I comment briefly on diagnostic labelling below) psychoanalytically/psychotherapeutically (cognitive-behavioural therapy is making inroads here and I also come back to that), but most of such work is undertaken or discussed within a pre-Oedipal object relations or relational framework (Searles 1993; and, much more recently, Dorman 1999; Molino 1999).

To take up, and use, Lacan’s observations upon psychosis clinically is a doubly brave undertaking. For it is rare within psychoanalysis for an account of psychotic difficulty to be based upon fully Freudian theoretical premises,

mapped full-bloodedly within the configurations of the Oedipus complex. Even Klein's allegiance to the primacy of the Oedipus complex in 'Early stages of the Oedipus complex' (1928) is decidedly equivocal. Most later psychoanalytic theorists of psychosis have followed Jung in bypassing the primacy of the Oedipus complex. But a mapping of psychosis within the configurations of the Oedipus complex is precisely what Lacan offers in his commentary upon Judge Daniel Schreber's *Memoirs of My Nervous Illness* in the *Seminar on Psychoses* (Lacan 1993). Lacan full-bloodedly, and unequivocally, identifies the achievement of the symbolic function, with the successful navigation of the evolution of the Oedipus complex, in his terms. That is, he identifies it with the instalment of the Name-of-the-Father function in the symbolic relation to the world (through the subject's Hegelian surrender of the aspiration towards his/her immediate relation to the paternal reality), as both object of aggression and of identification.

Uniqueness of the Lacanian position

Object relations accounts of schizophrenia and bipolar disorder agree that the disintegration of the symbolic-metaphoric function into a concretization of experience is at the heart of psychosis, but not that this is to be *exclusively* equated with the failure to establish, or loss of, the Oedipal internalization (thus, e.g., in Fairbairn, Bion, Searles, Segal, Matte-Blanco). The Lacanian account is unusually classically Freudian in insisting on this equivalence, and applying it, unlike Freud himself, actively to psychosis, which, as Georgaca indicates, was a preoccupation with him from start to finish. The development of the later Freud himself in this matter moved away from considerations of the assimilation/renunciation of the paternal metaphor, in a more integrative-relational direction, to matters of ego boundaries and structures, including the emergence of object relations understandings and the foremost followers who sought to apply all this to psychosis, Tausk and Federn, followed him in this.

So, this study is doubly a bold and unusual undertaking. As such, it also invites challenge at the theoretical level, and reconstruction in terms of omitted items at the level of practice.

The Lacanian model begs the question in circular fashion

Theoretically, the Lacanian construct is question-begging; it involves a *petitio principii*. The Lacanian Name-of-the-Father is avowedly a broken-backed model (one is reminded of P.G. Wodehouse's character Jimmy Pitt's comments on Lord Dreever: 'He had not known his lordship long, but he had known him long enough to know that a backbone had carelessly been omitted from his constitution') and is conceptually question-begging. Lacan

is quite clear that it is the paternal *failure* which creates the ground for the setting up of the Name-of-the-Father identification, which is the basis of the Law as the symbolic mode in the psyche, that the crucial phallus in the Freudian equation is one which is *missing*, even though (hotly disputed by Derrida 1987) he still insists that this phallus is one which *returns to its place*. This is also taken for granted by Georgaca, who says:

However, for Lacan the Oedipus is not directly related to the real presence of a father; it is rather a structure, the primary term of which is the symbolic function of the father which introduces in the subject's psyche the paternal metaphor, around which the unconscious revolves.

Lacan is, however, too subtle not to provide masses of inadvertent evidence that the signifier is far from being reducible back to some concrete reality; thus, in the *Seminar on The Ego in Freud's Theory and in the Technique of Psychoanalysis* (originally published only three years before the *Seminar on Psychoses*), he remarks of the chemical formula which appears at the end of the famous dream at the outset of Freud's *Interpretation of Dreams* (1900), the 'dream of Irma's injection':

It then seems that the subject decomposes and disappears. In this dream there's the recognition of the fundamentally acephalic character of the subject, beyond a given point. This point is designated by the N of the trimethylamine formula. That's where the I of the subject is at that moment. – Just when the hydra has lost its heads, a voice which is nothing more than *the voice of no one* causes the trimethylamine formula to emerge, as the last word on the matter, the word for everything. *And this word means nothing except that it is a word.*

(Lacan 1988: 170, italics added only to last sentence)

He finds a way to take this back in the next paragraph, but the question mark remains.

So, as interpreted by Georgaca, we read that:

In his seminar on Joyce, Lacan (1975–6) used the term 'sinthome' to refer to cases of untriggered psychosis, in which something – in Joyce's case writing – symptomatically holds together the imaginary, symbolic and real, and prevents psychotic crises.

We are tempted to retort that the signifying system itself, as discovered by Freud in his dream, as well as the Name-of-the-Father identification, are in

the same boat, are also products of a displacement from the 'real'. Neither is 'real'. In which case, the attempt to explain the trigger of psychosis in terms of the paternal metaphor *as such* collapses, and we are then *simply* left with the problem of the collapse of the metaphorical – *any metaphoric framework* – into the concrete as the basis of psychosis.

The Piagetian/object relations alternative

The baseline we need to understand this is Piagetian – at the development of the levels of cognition, towards formal, not concrete, cognitive operations, and out of the animistic egocentric phase of awareness (see Piaget 1936). This connects with the above-mentioned value of cognitive modes of intervention, and also dovetails naturally with object relations. What establishes these cognitive modes is *sufficient practice* and multi-referential experience, and what makes those things possible is sufficient attachment-base security, and absence of cognitive dissonance, or double-binding, in the process of development. *One* form this takes is a sufficiently developed experience of the paternal function, but, in Lacan's explanation, the *part*, the paternal function, a facet of the whole situation, is taken as the *whole*, as the *basis* of explanation.

Since the psyche is a multi-faceted holographic field-and-system-based reality, intervention at the level of the part, even when it is schematically taken as the whole, can affect the whole, and therapeutic benefit results from a capable therapist working with a '*part = whole*' model, even one somewhat schematically applied. The undoubted effectiveness of the work portrayed here is in part explained by that.

Elements in this study which break out of the schema

But it is also explained by elements which are *not* catered for in the theoretical system, and which, fortunately, the therapist has been flexible enough to include, even though they do not fit the schema. One of the difficulties of a therapeutic system such as Lacanianism is that it is schematically imposed on the material, resulting in the downgrading and marginalization of practice, and functional, elements in the work which do not fit with it. It also results in an inattention to data which are congruent with other conceptual models. Here, for instance, we have the recognition of cognitive elements in the work:

With regard to Helen, I have tried to assist her attempts to establish a stable network of signifiers that would, on the one hand, protect her against *jouissance* and, on the other, allow her to participate in a socially shared reality. This involved introducing time as a dimension

of her experience and attempting to minimize the sliding between reality and fiction.

There is also solid relationship-building work; the Lacanian framework at best in theory allows the relationship only the status of a minimal condition for the interpretative work, not an agency of healing in itself (as a 'corrective emotional experience'), but here much more is implicitly recognized:

At a more practical level the treatment aimed to assist Helen in working out which domains of relations and experience are 'safe' for her to exist in and which are 'dangerous' and should be avoided. Following through and ratifying her progress in terms of reorganizing her life, work and relations was part of this. *These developments were made possible through providing reassurance in the existential sense, witnessing and validating Helen's experience and aspects of her reality.*

(italics added)

Elements which are missed

Interpretative work, unsupplemented by relational attunement to, and solidarity with, the deepest isolation of the predicament, does not as such address the appalling alienation of the psychotic, which is defended against by repetition, of which there are many signs in this case. Nor does it help sort out the element of truth and validity (for example, in the experience of crazy-making families, expressed metaphorically in the psychosis, of which Searles writes so much) in the experience.

What does address it is *sharing* the metaphoric world at the deepest level, and engaging in the relevant (reciprocal) projective identification process. Searles' work is the supreme exemplar of this; it is significant that, in line with Lacanian thought, there is no exploration of the felt countertransference here, which, working with someone in a psychotic mode, is likely to have been exceedingly intense and disturbing. This goes with the diagnostic categorizing attitude which is implied in the title of the study 'A case . . .', etc.

It is not that mapping and categorizing and prediction are not necessary, but a) the 'case' aspect is subordinate to the 'human' aspect, with a humble willingness to take account of elements not addressed within the schema, and b) the therapist is on the client's side of the fence, rather than the psychiatrist's, accepting the client as being as fully human as themselves, even if that humanity is wounded and difficult to manage socially. The witness to this is the acceptance of solidarity – with all its disturbingness – in the countertransference.

All this illustrates how, although good work can be done in the service of a schema – and undoubtedly excellent work has been done here! – the schema a) makes it hard to do full justice to the elements which may be recognized but which are not theorized within the schema, and b) makes it likely that key elements which are not catered for within the approach will be missed altogether, leading to an impairment of the potential of the work and of the gifts of the therapist.

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