HEALING THE SPLIT: AN AUTOETHNOGRAPHIC EXPLORATION OF PSYCHOSIS FOLLOWING TRAUMA.

A Thesis Submitted for the Degree of Doctor of Philosophy

By

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Abstract

This research project aims to explain how a trauma can lead to a false and distorted understanding of reality and how this can in turn lead to psychosis. Having worked for many years trying to understand her psychosis, the author wanted to research and explain what had happened to her. To fulfil this aim, an auto-ethnographic qualitative method was chosen, whereby the author utilised and analysed her own diary entries over time. This method allowed the researcher to disclose and explore aspects of her life that could have been too intrusive, or even potentially distressing had they been probed as part of a third-person perspective, the researcher becoming a participant in someone else's project.

Psychosis is a condition characterized by subjective difficulties with reality. Winnicott's explanations of the formation of the false self in psychosis are used to explore how reality's understanding fails. Special consideration is given to Winnicott's final paper "Fear of breakdown", in which he indicated the existence of a "not lived" trauma in psychosis, because of ego immaturity and the subject's inability to encompass the experience. The trauma needs to be remembered *and* lived through to resolve the psychosis. Bion's theory of thought complements Winnicott's thinking, with its explanation of the difficulties to process and the need to digest trauma. Ferenczi's work is also utilized to evince how people may be led to behave in uncharacteristic manners, at times even displaying violent behaviour because of trauma. In this respect, the idea of 'possession' by another is put forward to interpret psychosis and its resulting behaviour. In addition, Bollas's understanding of psychotic symptoms is looked at and especially how they can be brought to some form of resolution by helping the individual to integrate what is being externally projected.

Owing to the trauma experienced by the researcher, she failed to understand what was happening when the behaviour of her attacker forced her to internalize it with a different meaning of its reality. Her auto-ethnographic case is examined and compared, using the qualitative method of Thematic Analysis, to the published clinical cases and memoirs of Renée (Marguerite Sechehaye) and Marie Cardinal. This comparison shows how different traumas at different ages will have a different impact and different consequences on the individual, insofar as a trauma experienced by an adult will have less impact on cognition or thought forming, for instance, if before the trauma there was a healthy psychological development. However, psychosis following trauma remains a common factor, because the true self is forced into hiding and a false self with a false understanding becomes dominant. It is argued that it may not be due to ego immaturity that the traumatic experience is not integrated within the psyche, but – as in the researcher's own

experience – that it may be the behaviour of the abuser (or similar factors) compelling and imposing the failure to ‘live’ the experience.

Finally, the resolution of psychosis is explained by allowing the subjective truth of the victim of trauma to be remembered, processed, understood, and eventually newly integrated as reality. This would allow for the failure in the understanding of reality to be overcome. To look for those areas where reality has not been understood is recommended as the foundation for treatment, while the therapist needs to remain aware of how a dormant psychosis can still be triggered there.

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Introduction

1.1 General Introduction

This thesis is about psychosis, but in order to understand the full context of the theoretical thinking I made, I begin with an edited account of the traumatic experience which led to my developing the condition, (a fuller account is given on pages 100-101 and an analysis of the event is explored in the whole Chapter 5).

> *At the age of twenty years old during a visit to an Indian town one day I found myself being alone with a male acquaintance of the time. I had climbed on some rocks when he, unexpectedly, pulled me to the rocks below by grabbing my ankle. The impact from the fall was violent. Had I hit my headfirst I could have died. When I managed to stand up, I tried to walk away, but he fought me and prevented me from leaving. While fearing for my life I pushed him in anger to stop his expression of enjoyment of his power over me. I then started shaking violently in fear. This was followed by him, in agitation, rubbing my arms to calm me down. Several minutes followed this, with him repeatedly touching my arm and getting close and, at my becoming scared, him withdrawing again. I felt as if I was going mad, how could he have been agitated in reassuring me if he meant harm? At my silently asking, he nodded reassurance. I capitulated and forced myself to accept the meaning he was giving to the situation of no ill intention from him. Part of me did this as my only mean of survival. Partly I did it because I could not trust my mind anymore as I was unable to explain his behaviour. He then proceeded to rape me. I lived the experience as if it had been my choice, as my mind had become trapped in the thinking he had forced into me. I was left with a false memory and understanding of the event, not of my having been abused and raped, but of my having chosen the act. Following this experience I gradually developed what was diagnosed paranoid schizophrenia.*

As mentioned, this research is about psychosis. Psychosis is a condition that can be very debilitating, research indicated that the recovery rates between 1997 to 2016 was of 32% (Lally et al., 2017), not everybody will recover from psychosis. A study conducted in the UK found 10,520 individuals with a first diagnosis of either schizophrenia, bipolar, or other non-organic psychosis in 4,164,794 patients, indicating 46,4 persons per 100,000 at risk receiving a diagnosis of psychosis for the first time (Hardoon et al., 2013). Their findings confirm other epidemiological studies. To complicate matters further, since the recession of 2008 Government fundings to Mental Health have decreased as well as public spendings thus affecting especially the mental health of the poorer population in the UK (Docherty and Thornicroft, 2015;

Cummings, 2018). Research found that patients are twice more likely to be offered medication as opposed to Cognitive-Behavioural Therapy, where psychiatrists were found more likely to explain psychosis' aetiology as due to biological factors, whereas other professional viewed more psychosocial factors as causes (Carter et al., 2017). Psychodynamic Therapy for psychosis was found to not be a recommended therapy "at any stage in the treatment" (Summers, 2015, p.492) by the National Institute for Health Care and Excellence (NICE) 2014 guideline 1.4.6.2, thus making it less likely to be used as a form of treatment.

On this scenario this research aims to provide a psychoanalytic and psychodynamic understandings of psychosis supporting the necessity of the in-depth knowledge and healing that these approaches can offer and which I consider can better shed light on what leads to psychosis, and how to treat the condition. This thesis has been based on my life experience of psychosis as a result of the grievous trauma when I was twenty years old. The aim of this work has been multi-layered. In part, it was to raise awareness amongst health professionals about the link between trauma and psychosis, in part it was to continue a self-analysis, which began many years previously and has led to a resolution of many of my psychotic symptoms, and in part it was to try and show how the condition can be the natural response to events in life leading to their being wrongly understood and becoming internalized with distortion, and not an irrational thought development.

Psychosis is a condition that can give rise to misunderstandings and fears in the lay public, and my belief and experience is that part of the reason for this is the medicalisation of symptoms and the media misinformation. The seemingly unintelligible utterances and behaviours of people with psychosis alienate the sufferers and others, health staff, family, and friends from each other, thus often increasing difficulties and reducing the possibilities of healing. After an episode of psychosis, I often experienced a deep sense of shame for the perception of 'having lost my mind' that I felt, whereby my own inability to understand why I had thought and behaved in that manner made it unacceptable even to myself. Others around me, including my family, were also unable to understand me. Talking about what had happened in my psychosis and why was impossible, with so much inability on the part of both me and others to understand, thus making the process of recovery much more difficult.

One of the stumbling blocks to the understanding of how to treat and help the person and the condition is the lack of knowledge we still have on what causes it. The term psychosis was coined as early as 1841 by Canstatt in Germany (Canstatt, 1841). For over a hundred years there has been research trying to find its origins, mostly looking for the genetic or biological causes, yet the findings are still inconclusive. Several theorists have worked towards

finding a psychological explanation, from Bleuler (1950 [1911]) who coined the term *schizophrenia* in 1908, Freud (2002[1911], 1924a, 1924b), Jung (1960), to more recently theorist/clinicians like Lacan (1993), Winnicott (1965), Bion (1991[1962]), Laing (1990 [1960]), and current thinkers such as Bollas (2015).

Many psychological theories have focused on families and upbringing, especially on the relationship with the mother. Fromm-Reichmann in 1948 coined the term of the *schizophrenogenic mother* (Fromm-Reichmann, 1948), who was described as a cold, rejecting domineering mother as the cause of schizophrenia. Winnicott (1965), Bion (1993[1967]), and Laing (1990[1960]) also focussed especially (but not exclusively) on the mother and family relationships. This led to a discriminating attitude to families, especially to mothers, slowing down the search for other possible factors in the aetiology of the condition.

The antipsychiatry movement in the nineteen-sixties and nineteen-seventies, which included people like Szasz (1971), Cooper (2013 [1967]), Basaglia (1987), Laing (1990[1960]) and many others, brought more consideration to the life experiences of people with psychosis and challenged the established medical psychiatry model by bringing their concern to the medicalized treatments, objecting to the psychiatric diagnoses and the imbalance of power between the doctor and the patient. Basaglia (1924-1980) in Italy started a change to help to close psychiatric hospitals, and deinstitutionalize the often-brutal treatment, more like imprisonment, of people with schizophrenia and similar conditions.

In the ongoing search for what makes people develop psychosis, the formulations over the years have varied from genetic (Sekar et al., 2016; Murray, 2016), biological (Coutinho et al., 2014), multifactorial e.g., early-childhood experiences, parenting, and stress related factors (Broome *et al*, 2005; Cantor-Graae, 2007; Mind, 2020; Rethink Mental Illness, 2022). In more recent years, with the understanding that has developed of the consequences of trauma, several researchers have argued for the importance of considering trauma as contributing to the causes of psychosis (Read *et al*., 2003; Rubino, 2009; Thomson *et al*., 2014; Martindale and Summers, 2013). Trauma can take many forms and can happen at different stages of life, from infancy to adulthood. This I have discussed at length throughout this thesis.

Not everyone who has experienced trauma will react the same way (van der Kolk, 2015). Trauma may lead to the recognised PTSD (Post Traumatic Stress Disorder) diagnosis for some, but not for others. For instance, I was diagnosed with schizophrenia, while no-one ever considered trauma as the cause of my condition, nor as the explanation for the symptoms I was displaying, yet I did develop my psychosis following my experience of trauma. I will try here to give the evidence for this. We understand that the experience people have had before a trauma,

with its ego strengths or lack thereof (Winnicott, 1989[1968]; Bion, 1993[1967]), and the experiences following the trauma, with its support or lack thereof, can contribute to a better or worse outcome. However, the question remains: What are the causes of psychosis? In this I will explore that a trauma can be a cause.

Bollas, a psychoanalyst who has been working with people that become psychotic, has recently (2015) written that we shall never know what causes schizophrenia. The reason why so much research has proved inconclusive may be that many different factors can lead to the forming of psychosis. I would like to argue that maybe we have been looking the wrong way, searching for a particular type of event or factors. The evidence so far points to too many directions, and maybe we need to look at what psychological dynamics i.e., what relationship between the conscious and unconscious understandings may be present, and this may allow for different conditions or factors leading to psychosis. This research and thesis aim at indicating a possible suggestion of such dynamics, whereby an entire split between the conscious and the unconscious understandings of one or more events (or of things) may be present, creating multiple realities for the person with psychosis.

Based on my experience of trauma, I aim to provide a possible explanation of when and why a trauma can lead to the formation of psychosis. As it is a research project that is based mainly on my own experience, I will compare it to that of two other published accounts of psychosis, those of Cardinal (1984) (pp.112-121) and Renee (Sechehaye, 1994 [1951a]; 1970 [1951b]) (pp.121-145). I appreciate that one autobiography and an analysis of two biographies only provide limited evidence for scientists seeking robust randomized control trial (RCT) ‘proof’, but I can attest that the process of undertaking this detailed search and analysis of my life story has offered me insights and understandings on what caused my psychosis. This was confirmed by my symptoms disappearing with my using these insights and understandings to try and resolve my condition.

I will examine my experience as it unfolded over the years, and in this research, focusing and interpreting it through the theoretical work of Winnicott, Bion, Ferenczi and Bollas, I found their understandings of psychological processes, conscious and unconscious, to shed clear light on – and explain – my experience. My thinking and exploration in this thesis will attempt to show why the psychotic condition has the characteristic difficulties with the understanding of reality, and to provides the explanation for how and why my delusional, paranoid, psychotic thinking developed. In comparing my story to that of Marie Cardinal and Renee I will try to show how similar reasoning may be applicable to them, and therefore to others.

In this Chapter One I will present the established knowledge there is on psychosis (Psychosis: A Background), this is a background account to the main theoretical models of explanation and understandings of psychosis to summarise how our present knowledge has developed. I will address the medical model (pp.9-11) that has been, and still is, so prevalent in researching the genetic and biological causes. Environmental explanations (pp.11-12) will be outlined. Stressful conditions and transcultural elements (pp.12-13) will conclude Chapter One.

In Chapter Two, Principal Psycho-Analytic Theories, I will address the principal psychoanalytic theories of psychosis and trauma. I will present the thinking of Freud (pp.15-17), Jung (pp.17-19), Klein (pp.19-20), Lacan (pp.20-22), and Laing (pp.22-23). As my understanding is based on my experience of trauma, it will be necessary to address the contemporary explanations we have of what trauma is and what can be its consequences (pp. 23-31). The knowledge on trauma is still developing and only in more recent times have we become aware of how often people have experience of trauma in their life (van der Kolk, 2015) and we now understand more how the consequences can be devastating and long lasting.

In Chapter Three 'Main theories utilized' I will give a more detailed account of the principal theorists which I found to be particularly illuminating for my understanding of the psychotic processes, and whose work I will utilize to explain my own experiences and symptoms. These are Winnicott (pp. 33-45), Bion (pp. 45-54), Ferenczi (pp. 54-60) and Bollas (pp. 60-67). I will keep the psychoanalytic theories divided into two separate parts as the first part, on Chapter Two, is more relevant as background knowledge, whereas I will make more use of the psychoanalytic theories of Chapter Three to throw light on psychosis.

Chapter Four will describe the method of research. I have used autoethnography to explain and analyse my story. I will present and discuss the methodology of autoethnography and explain why I chose it (pp. 70-77). With it, I will also discuss the method of thematic analysis (pp. 77-79), which I have used to compare and contrast my experience with the other two autobiographical published cases of psychosis, namely those of Renee and Marie Cardinal.

In Chapter Five (pp.82-109) I will present the narrative of my experience as it gradually unfolded and as I progressively reached its understanding over the years. I choose to present my story early in the thesis to provide the background and 'data' of the entire work. By narrating my experience and my developing understanding and reflections over the years, from a diary I have kept, I will attempt to show what symptoms I had and how I was gradually able to make sense of them.

In Chapter Six I will present and analyse the psychotic experiences of Marie Cardinal (pp. 111-120), and her case is then followed by that of Renee (pp. 120-144). I will compare their

life to my life utilising Winnicott's and Bion's explanations and draw on my own perspective. Their story is different from mine, because they both suffered from early childhood trauma, whereas I was a young adult when my trauma occurred. However, in comparing our experiences I will try to indicate the similar psychological processes happening in all three of us.

The Discussion in Chapter Seven will examine the impact of trauma when looked at from my perspective and Ferenczi's (1932) (pp.147-148) thought as a possible explanation for the irrational, and at times violent, behaviour of people with psychosis. Winnicott's paper on 'Fear of Breakdown' (1974) (pp. 148-150) will be looked at in more detail in its potential to explain psychosis. I will try to expand it further and corroborate it through the analysis of my own experience, while Bion's work will be used to complement the understanding.

The trauma cases of Cardinal and Renée will be further compared in how they differ from mine and in what they have in common and how together they can contribute to explain psychosis because of trauma (pp. 151-153). The different possibilities that this research can provide will be explored, followed by what doing this research has meant to me and what my experience can contribute to help other cases (pp. 153-155). The problems and limitations of the research will be looked at with the knowledge of the limited evidence it can provide from its study.

In the Conclusion in Chapter Eight I will give my advice and recommendations for people dealing with psychosis, hoping it will contribute to provide further healing practices.

1.2 Psychosis: A Background

I will try, here, to provide an overall view of where we are in today's knowledge of psychosis and a background understanding of how it developed over the years. I will not focus on the symptoms, except in saying that psychosis is characterized as a condition where the individual's perceptions of reality differ from those of others and how this makes it difficult for people to understand them. We now regard what in the past was explained as 'possession by spirits' as psychosis (Taylor, 1978). We have a different model now of how the mind works. Psychology is still a relatively young science, and we are still not able to fully comprehend why people become psychotic. Dismissing entirely the old explanation of possession may prove to be the wrong approach. This, I hope, will become clearer in my present work, as I think that as an understanding of what is happening it may be something that needs more exploration and study rather than entirely dismissing it. I will focus here on the principal theories that have tried to explain psychosis and what causes it. I will start from the medical model of genetic heritability to biological explanations, to more environmental factors, cognitive functioning, stressful conditions, and transcultural elements.

When people talk of madness, they are usually talking of psychosis. Leader (2012) identified madness as psychosis in all its forms, be it schizophrenia, paranoia, or melancholia (using a Lacanian system of diagnosis). People experiencing psychosis live and communicate a reality we do not understand and therefore frightens us. Foucault (1971) looked at how historically we have gradually reached the present day's definition of 'mental illness'. Since antiquity, he indicated, there has been a recognition of a state of mind of unreason, as opposed to reason. We have gone from excluding the 'mad' from society in the past, by associating them with the criminals and the poor of society, to the gradual definition and now contemporary idea of the existence of 'mental illness'.

In antiquity the 'unreason' was not viewed as a mental illness, but as part of a whole person – body and mind. With the gradual understanding of psychiatry and its making the 'mad' the subjects of study and medical treatment, a separation was created between the 'normal' and the 'mentally ill'. Ultimately the madman is still being excluded, s/he is not normal; furthermore, argued Foucault, s/he is objectified and treated by psychiatry and as such there is no dialogue with madness. By not viewing madness anymore as part of the whole person, the meaning of the personal life has been lost.

Szasz (1971, 1974) would have agreed with this understanding by arguing that the definition of mental illness is a metaphor taken from the medical scientific approach and that there is no such thing as a mental 'illness'. The medical model implies that there is something 'organic' whereas, for Szasz, conditions like, for instance, hysteria, are an idiom that the individual has learned, and we should look at how it was learned and what it means, rather than what caused it. For Szasz we should consider the ethical, political, psychological, and social problems of psychiatric patients as problems in living and not as an 'illness'. He argued against compulsory hospitalisation and how the notion of 'mental illness' takes away responsibility. Treating people as responsible for their behaviour is crucial, both for respecting them and for recognizing their intelligence and rationality. Forced treatment was for him a crime against humanity.

Foucault (1971), Szasz (1971, 1974), Laing (1990 [1960]), Basaglia (1987) are perhaps the greatest champions for recognizing how the 'mentally ill' are frequently the poor, abject members of society. Basaglia (1987) revolutionised the psychiatric system in Italy by pointing out how the 'conditions of being' of the psychiatric patients are contributing to their 'mental illness', and how we could not know what really the problem is until their situation is improved. He organised assemblies (meetings) where patients' complaints were taken seriously, as opposed to their being treated as 'irrational', or 'mad'. His whole approach aimed at preventing

exclusion from society and overcoming the concepts of ‘irresponsibility’, ‘irrationality’, and ‘madness’ that are associated with ‘mental illness’ (psychosis in particular).

Laing (1990 [1960]) went so far as criticising the family and society. For him, to look at the family dynamics and interactions would make sense of the psychosis of people. He strongly argued about the ‘sanity’ there is in psychosis, as the condition enables people to overcome the ‘mad’ division that is in society between the outer and inner existence, between the mind and the body. He could see how the person experiencing psychosis is in touch with the transcendental, the existential, the religious experience, which others are normally cut off from.

Long before Laing, Jaspers (Schilpp, 1957) was questioning the concept of ‘mental health’. He argued how in psychosis the psychical search for meaning is manifested. Psychosis allows for meaning and spirituality to emerge. Psychosis was for him the expression of authenticity of the individual. From his philosophical position he saw the presence of “absolute nihilism in psychoses” (Schillpp, 1957, p. 451), and he argued that “Nihilism is psychologically inevitable as a step towards the attainment of self-consciousness” (ibid).

From a culturally dominant idea of psychosis as an expression of irrationality and madness, it thus emerges how there can be a more critical understanding indicating that in symptoms and manifestations that appear as ‘mad’ there are people seeking meaning. People therefore can be seen as having a purpose in their ‘seemingly mad’ behaviour and thinking. It could be argued, learning from all these understandings, that there is a sanity of the spirit that could be almost lost in others.

The condition is, however, a condition of profound psychological pain and suffering and, while recognising the deeper meaning of this suffering, the pain people suffer in psychosis cannot be dismissed or disregarded and therefore efforts must be made to try and understand and alleviate this. To do so requires looking at the condition in all its aspects, considering for instance its significance to society, its meaning in the individual’s life and what makes it possible for the mind to lose touch with the reality we share with each other thus preventing communication.

The annihilating experience of psychosis often leads the individual to become a broken being. The mind, when it does not find the meaning as described by Jaspers, can be left split apart, unable to completely relate to the external world and its people, as it cannot share with others an understanding, and the person is unable to fully comprehend what is happening to him/her. To recognise the meanings made possible by psychosis is taking account of depth of being that this can lead to. At the same time, the consideration and knowledge of the

destruction of one's humanity that can and often does occur, is also necessary if we want to fully grasp what happens in psychosis.

1.3 Main Models and Explanations of Causes

1.3.1 The Medical Model

Over many years of scientific research on the causes of psychosis, in particular schizophrenia, no conclusive evidence of a direct link between genes and psychosis has been found so far. The question was always 'Is it hereditary or environmental?', whereby some would argue more for one side or the other. Murray, a professor of psychiatry research, after years researching to find the genetic causes concluded that environmental factors play a part probably interacting with epigenetic factors (Murray, 2016).

Seemingly confirming the genetic heritability hypothesis are the repeated findings whereby in a family more than one member suffers from psychosis – parents and (some of) their children, or siblings or other relatives. As Joseph stated: "[I]n the more methodologically sound studies, the first-degree biological relatives of people diagnosed with schizophrenia are diagnosed with the same disorder roughly four times more than 1% rate in the general population (although some studies have found no significant elevation)" (Joseph, 2013, p. 72).

A study by Sekar *et al*. (2016) indicated how it is possible that a genetic factor related to variations of the gene C4 may increase the risk of schizophrenia (hence psychosis). Their research found a correlation between the presence of this variation of Gene C4 and psychosis. This gene seems to be partly responsible for the 'pruning' of synapses that happens normally in people during adolescence and early adulthood. It is at this time that schizophrenia tends to become prevalent and greatly reduced amounts of synapses have been found, in these cases, by research (Sekar *et al*., 2016). Sekar and colleagues (2016) suggest that when this genetic variation is present it may increase the risk of schizophrenia. Yet the evidence is inconclusive, and we do not know enough about genetic heritability to fully understand what importance this factor really has, even if it was found to be often present.

By this, I mean that the whole argument of genetic heritability is an argument that can lead to wrong conclusions as we do not understand what triggers some genes to act, nor do we fully understand what a gene does and what precise impact the psychology or the environment has on genes. When studies suggesting that there is a correlation between genetic inheritance and psychosis are analysed, it becomes clear that it is impossible to distinguish whether the factors intervening into the causes are purely environmental or not. To find a similar diagnosis in a family may be due to their sharing a common environment, rather than their having the same genes. This argument is valid for instance in familial studies of monozygotic and dizygotic twins.

Adoption studies where the children of people with psychosis are allocated to a different family, seem to suggest again that these children are more likely to develop psychosis (Joseph, 2013); however, when the studies were critically analysed it was found that children were more likely to be placed in more psychologically difficult environments due to the fear of their inheriting the disorder, which meant they were often considered as “inferior potential adoptees” (Joseph, 2013, p80).

Read and Masson (2013) wrote how research into epigenetic factors does not necessarily give evidence of there being faulty genes, as we know that genes can be turned off or on by environmental factors. This theory of heritability has led, in the past, in countries like Finland, Sweden, Oregon (United States) and Denmark to the adoption of eugenic-inspired sterilisation laws towards the ‘feeble-minded and insane’ (Read and Masson, 2013). Thus, as a theory, it has promoted stigma, prejudice, and fear.

Another medical model of explanation of psychosis advocates that it is caused by biological factors. With the discovery of anti-psychotic drugs which reduce the reception, in the brain, of the chemicals dopamine and serotonin (neurotransmitters), the model proposes that in psychosis too much dopamine or too much serotonin is released. However, research has not been able to provide certain evidence of such abnormalities occurring. The only evidence we have is that anti-psychotic medication reduces the symptoms, but we do not know why (Read, 2013).

In cases of post-mortem examinations too much dopamine was found in people who had had schizophrenia in life, yet these studies were invalidated when it was found that the anti-psychotics that these people were given during their life stimulate more production of dopamine (Snyder, 1974). Bentall (2009) highlighted how the release of dopamine is part of what the body does to deal with potential threat by releasing more dopamine, this, Bentall (2009) argued, to be explaining that the causes of the excessive levels of dopamine found may be due to environmental and not biological reasons.

Other evidence indicates the reduction of brain tissue in cases of psychosis. Again, the use of anti-psychotics has been found to decrease brain tissue: “The more drugs you’ll be given, the more brain tissue you lose.... The prefrontal cortex doesn’t get the input it needs and is being shut down by drugs. That reduces the psychotic symptoms. It also causes the prefrontal cortex to slowly atrophy” (Andreasen, 2008, p. 80). As Joseph (2013) commented it is in the interest of social and political elites and of psycho-pharmaceutical companies to promote the idea that there is something physiologically wrong with psychotic patients. To not do so would require recognition of the often-terrible conditions people with psychosis live with or have been

subject to. It is easier on consciences, it economically enriches companies producing drugs (thus controlling people), the social/political problems need not to be faced and the status quo remains the same.

1.3.2 Environmental Factors

Various research findings lead to the suggestion that multi-factorial explanations are needed and that various elements in interaction may contribute to the development of psychosis. It is suggested that one or more of the following factors can together lead to a vulnerability to the condition: genes, brain injury, early obstetric problems, drug-abuse, stressful life experiences, social isolation, immigration and urban environment (Broome *et al*, 2005; Cantor-Graae, 2007). Several studies around the world indicate that trauma, abuse, and in particular sexual abuse within the family, are more likely to lead to schizophrenic symptoms. A correlation is emerging from various studies between traumatic experiences in life and psychosis, particularly in cases of sexual abuse or incest (Read *et al*., 2003; Rubino *et al*., 2009; Thompson *et al*., 2014; Martindale and Summers, 2013).

Morrison (2001) looked at how the cognitive understandings of experiences like bullying, victimisation, racism, and alienation from one's culture, are more likely to be understood wrongly and interpreted as if coming from an external source, hence psychosis. He stated: 'It seems indisputable that previous experience (traumatic events in particular) is implicated in the development of psychosis' (Morrison, 2001, p. 265). Garety *et al*. (2001) considered how a vulnerable personality may develop 'enduring cognitive vulnerability' (p. 190) after adverse experiences and how this may lead to psychosis. More recently Mind (2020) and Rethink (2022) both refer to environmental factors being the most likely causes and argue that genetic and biological hypotheses currently lack convincing explanations.

Ultimately, there is still no conclusive evidence as to what the causes of psychosis are. The mentioned repeated findings of the presence of some form or other of negative or traumatic experiences in the life of people with psychosis (Read *et al*., 2003; Rubino *et al.,* 2009; Thompson *et al*., 2014; Martindale and Summers, 2013), has not discouraged yet the quest for possible genetic or biological vulnerabilities. It can be argued that it is because psychosis is not fully understood that we still try to find an explanation beyond our control as a physiological one would be. It is not understood why the mind fails to relate to reality and, therefore, it may be a way of containing it, of allaying the fear that we could all one day be 'mad' and not know why.

The cognitive model suggested by Morrison (2001) indicates to me an understanding of the mind being led to a distortion of interpretation of real events. This is what I consider does occur in psychosis, but to look at it cognitively impoverishes the entire meaning and

understanding of why the mind would thus fail. I will endeavour to demonstrate how, at least in my case, there are powerful psychological factors forcing the mind to distortion, rather than an innate weakness within the personality.

1.3.3 Stressful Conditions, Transcultural Elements

Concerning the will to recover from psychosis Abramovitch (2014) observed how, often, people suffering from schizophrenia and not recovering from it are people living under poor, stressful conditions where the motivation to be in the reality of their life is diminished. He suggested that better social and life conditions can motivate the will to fight the condition. It could be argued that these factors may be contributing to the causes too.

Blackman (2001), when looking at trans-cultural psychiatry, illustrated how by examining the social aspect between people hallucinating and the surrounding culture, there is a clash of meanings. To explain, the person's meanings are different from the prevailing culture and the person's reactions, (hallucinations), are still meaningful to him/her while they may not make sense to others. In this view, 'madness' involves a confusion of realities. Blackman wrote on how transcultural psychiatry "attempts to 'rehumanise' the patient's discourse, going beyond the objectification seen to characterise bio-medical psychiatry" (Blackman, 2001, p.53). The approach is not purely focusing on the bio-medical explanation as unique cause of the symptoms, but it explains symptoms – like for instance hallucinations – as being the subjective expression of the experience of the person, an expression that is different from others and the surrounding culture. It therefore combines the bio-medical knowledge with the more psychological and social understanding.

Littlewood and Lipsedge (1989) wrote on how the hallucination is meaningful to the person because it is about their life experience. They would argue that it is possible to understand the psychosis of people if it is known what their life experience is. Within this approach it is understood that black and ethnic minorities may have different ways from those of the prevalent culture of formulating their cultural understanding, which would lead to the formation of the hallucination that would be harder to comprehend for the predominant culture. This approach can be seen to contribute to provide an understanding for why there is a prevalence of black and ethnic minorities people with a diagnosis of psychosis as found in the Uk and the US (Fernando, 2003; Beavan *et al*., 2011; Cantor-Graae and Selten, 2005; Bourque *et al*., 2011), a prevalence of diagnosis of schizophrenia in ethnic minorities having being found also in Australia, Belgium, Denmark, Germany, Greenland, Israel, the Netherlands, New Zealand, and Sweden (Fernando, 2003) while it still does not give an entire analysis of the issue.

This concludes the outline of the principal models of explanation of and research into psychosis. I have tried to give a more general overview as my main approach is of a psychoanalytic investigation. In Chapter Two, therefore, will be the Principal Psycho-Analytic Theories on psychosis and Trauma, where I will more specifically outline the psychoanalytic thought starting from Freud, followed by Jung, Klein, Lacan, and Laing as the background thinking that exists on the topic.

Chapter 2:
Principal Psycho-Analytic Theories and Trauma

2.1 Introduction

In this Chapter I will address the psychoanalytic theories of Freud, Jung, Klein, Lacan, and Laing, as they represent the main psychoanalytic thought that has formed over the years in trying to explain and understand what causes psychosis and how it affects people. The experience of trauma in relation to psychosis is not dealt with in a direct way in their theories but remains relevant. I will write more in Chapter Three (Main Theories Utilized) on the work of Winnicott, Bion, Ferenczi, and Bollas, who, apart from Bollas, look more specifically at the relation between psychosis and trauma while all of them providing a more in-depth analysis of psychosis. I will then here proceed to look more specifically at the theoretical understanding of trauma as it developed and as is currently explained.

2.2 Freud

Freud (1856-1939) was the founder of psychoanalysis. His work is selected here because it provided the ground upon which further theories could expand and be formulated. I will present later in Chapter 5, My journey in and out of Madness, how it was through knowledge of his work that I was able to start to address what was making me psychologically so unwell. Freud dedicated his life to researching and trying to explain the workings of the mind. He provided lasting insights and knowledge. His theoretical understanding was based primarily on the instincts and their impact on the mind, giving particular importance to the sexual instincts and how they may be the unconscious motivation for our thoughts and symptoms. Between neurosis and psychosis, he especially gave understanding on the psychological problems forming a neurosis but did limited research in psychosis. However, his explanations and investigations of how the mind works, are what I consider the foundation that can help to navigate through the mental processes of psychosis as well as other forms of psychological problems. In his psychoanalytic work with patients, he concluded that psychoanalysis was (at the time) not possible with psychotic patients because of their inability of forming a transference with the analyst. He envisaged that possibly in the future, with different techniques, this work might have become possible (Freud, 1905). His patients, therefore, were mainly suffering from different forms of neurosis and his knowledge reflects this.

Considering the above, however, Freud did provide some insights also on psychosis. In his understanding both neurosis and psychosis are caused by a conflict between the ego and the other agencies (the Id and the Superego). He suggested that in psychosis the ego detaches itself from the external reality by a mechanism “like repression” (Freud, 1924a, p.153) of “withdrawal of the cathexis sent out by the ego” (ibid., p.153). I understand this as meaning that the psychical energy that the ego would normally direct towards reality is stopped, withdrawn.

For Freud in psychosis there is a conflict from an excitement caused by reality that takes the ego away from reality, but, differently from neurosis where the ego represses the instinctual id, in psychosis the solution to the problem is made by creating a different reality. He wrote: “in a neurosis the ego, in its dependence on reality, suppresses a piece of the id (of instinctual life), whereas in psychosis, this same ego, in the service of the id, withdraws from a piece of reality” (Freud, 1924b, p. 183).

In neurosis Freud recognized an attempt to replace reality, but in this case, it is through the “world of phantasy” (Freud, 1924b, p. 187) by attaching itself, through repression, to something in the past. This phantasy world in neurosis is only loosely connected to the ego. He saw this phantasy world also taking part in the formation of psychosis. For Freud, therefore, the mechanism driving the neurosis and psychosis are internal conflicts between instincts, the ego, and the demands of reality, that the psyche attempts to resolve in different ways. Psychosis for him was explained by the creation of a different reality from the one that led to the conflict. According to Freud, psychosis entails being a disavowal of reality. He wrote: “Neurosis does not disavow the reality, it only ignores it; psychosis disavows it and tries to replace it” (Freud, 1924b, p. 185). The changes of reality are made up, according to Freud, by the previous experiences, perceptions, memories, ideas that were formed by reality before. Hallucinations were explained by him as the outcome of the new created reality and all the various perceptions, past and present, adjusting to the new reality. The distressing aspect in most psychoses, he suggested, is caused by the disavowed reality pressing forward and trying to emerge, and thus causing distress (Freud, 1924b). The distressing aspect in my psychosis was caused, as Freud viewed, by the hidden reality wanting to emerge and be understood; and by the pain caused by the conflict of the false reality with the real reality.

In line with Freud, I also see the disavowal of reality that characterises psychosis as being caused by a conflict with reality; however, I further see this conflict as stemming specifically from an overpowering of the mind, (or an inability of the mind possibly due to immaturity i.e., in infancy), that prevents the understanding of a traumatic experience, and thus forcing the creation of another reality. In my experience of trauma, the disavowal of reality was imposed on me by my aggressor, my unconscious drive was survival. Freud understood that: “The aetiology common to the onset of 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, 1924a, p. 151). For him, therefore, the un-fulfilled unconscious childhood wish is at the core of the conflict with reality in psychosis. In my understanding the conflict with

reality in psychosis is not, at its core, between reality and a childhood frustrated wish, but a conflict between the ego and the (false) reality it is presented with (see p.1 and pp. 100-101). The ego is being asked to accept a reality that is not true to itself, a reality it cannot understand or process, and thus it reverts to adapting its understanding to the meaning of reality forced upon it by the trauma. This leads to the formation of a delusional world as a continuous attempt to try and achieve the truth of the experience, to resolve the conflict that the experience caused.

The crucial point in which I disagree with Freud is that, in my view, the conflict contains an imposition of understanding alien to the mind, a distortion of understanding formed by the psyche trying to deal with the trauma the only way it is capable of at the time. This, I see as causing the detachment from reality in psychosis. The ego recognizes that what is being internalised and understood is not real to the ego's reality, therefore it, the ego, detaches itself from it. I would argue it to be impossible not to have an aspect of the psychosis being linked to the instinctual impulses, and unfulfilled childhood wishes; those are present and part of what forms the psychotic thought. However, what I regard as key for the development of psychosis is the ego being asked to accept as real that which is not, and which is deleterious to it, whereas the reality putting the ego in conflict with frustrated wishes plays a secondary role. I think these wishes attach themselves to the complex that creates the psychosis but are not the central reason for these created realities. Freud was an early explorer of psychosis, and his insights are still relevant although limited. He himself felt unable to know many answers and said how there remained the need for further investigations to be made to explain the mechanism "analogous to repression" (Freud, 1924a, p.153) of why the ego separates itself from reality.

2.3 Jung

Jung developed a whole theory of psychology after separating himself from Freud who initially had considered him a favoured associate and follower of his ideas. The main area of disagreement between Freud and Jung was about the different understanding they had on the importance of the sexual instincts which lay at the foundation of Freud's theory. Jung, unlike Freud, viewed spirituality as equally important as sexuality in explaining the drives and motivations in the human psyche. During his life he distinguished himself, amongst other things, in his pioneering work in trying to understand the causes and symptoms of psychosis.

In his research, Jung extensively used testing in word associations methods (e.g. Jung, 1918). From these studies, he concluded that dementia praecox (the initial term for schizophrenia) contained similar complexes as had been found in hysteria. He wrote how: "Every affective event becomes a complex" (Jung, 1960, p. 67). He, therefore, viewed a complex as a strong psychological component in the psyche, made up of thoughts, emotions,

and feelings, which had its own psychical energy. The major difference for him between hysteria and dementia praecox were that, where in hysteria the ego-complex retained its control, in dementia praecox the ego-complex was "severely damaged" (Jung, 1960, p. 68) and the complex or complexes forming the psychosis were unchanged and not controlled by the ego. He tried to understand whether the causes of psychosis and schizophrenia are physiologically or psychologically determined. He could not arrive at certain conclusions, but asserted, based on his wide experience with patients, that, in his considerations, they are caused by psychogenetic factors. (Jung, 1960). In his observations of patients, he saw in schizophrenia a degenerative process which appeared irreversible (at the time). He suggested that in schizophrenia there may have been possible toxic effects done to the brain by the complex forming the condition. In his understanding, in psychosis there is an "abaissment du niveau mental[1]", as postulated by his teacher Janet (1859-1947), that is, the conscious mental faculties were impaired and lowered. He viewed the *abaissment* as starting with a "relaxation of concentration and attention" (Jung, 1960, p. 251), gradually followed by a mental deterioration due to the lack of control by the ego-complex and the complex causing the difficulties in thought. In looking at what led to the *abaissment* he considered there having been a situation of strong affect putting the individual in conflict within him/herself and causing the problem by the individual being unable to solve it, as he stated: "It is only the impossibility of getting rid of an overpowering conflict that leads to insanity" (Jung, 1960, p. 219).

He had observed how, in psychosis, elements coming from the more archaic forms of thought are more dominant. These observations led him to formulate his idea of there being not only a subjective unconscious (formed by one's experiences) but also a collective unconscious, a deeper strata of unconscious common to all human being, which contains what he called *archetypes* which are made up not of "inherited ideas, but of inherited, instinctive impulses and forms that can be observed in all living creatures" (Jung, 1960, p. 261). According to Jung, archetypes have a numinous quality, which means they have a spiritual quality. In observing how the complex causing schizophrenia caused the *abaissment*, hence a lowering of consciousness, he viewed the preponderant presence of collective unconscious materials in psychosis as being partly caused by the said lowering of consciousness. He found in people with schizophrenia a great amount of collective unconscious symbols, he explained this by the fact that schizophrenia disrupts the "foundations of the psyche" (Jung, 1960, p. 243) and thus

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[1] "lowering of mental level".

the underlying psychological components of the mind come to the fore. He wondered whether schizophrenia was due to a primary weakness in the individual, i.e., a difficulty with affect conflict, or to a stronger unconscious. He then hypothesised that these two factors may result in two different forms of schizophrenia, that is one caused by emotional conflict and another by a possible weakness of the person. Jung's work and understanding of psychosis could not arrive at certain conclusions but provided fertile ground for understanding the condition, as he stated he had started "the ball rolling" (Jung, 1960, p. 151).

Reading about his understanding of the collective unconscious and its effects helped me initially to make sense of some of my symptoms, and contributed to stopping me from feeling crazy; his work also gave me the guidance in some aspects of my self-analysis where I learned to hear the guiding voice of my archetype of the self in veering through the dangerous waters of psychosis and being able to distinguish what was real from what was not. In my understandings, I recognise the complex Jung saw as causing schizophrenia as the entire psychological component of what was my trauma. I include here the distorted understanding, and the psychological impact made on me by the violence, fear, and abuse. The toxic deterioration that Jung observed, I think, can be explained by the existence of a 'false reality' in the psyche that causes damage to the thinking ability. Today such condition is not irreversible, the help of medication and/ or the psychological help and support one can receive contribute to limiting, stopping, healing, or preventing such damage. I suggest that it may be the **forced** lack of understanding of reality, and the consequent adoption of, in its place, a 'distorted understanding', which causes the deterioration observed by Jung. The work of Bion, explored later, on the importance of truth for mental health (pp. 51-52) provides further understanding of why this happens.

2.4 Klein

Klein (1882/1960) was a psychoanalyst who distinguished herself particularly in child analysis. According to Klein a regression to the paranoid/schizoid position is crucial in schizophrenia (Klein, 1946). This position is described by her as a position of the developing psyche of the infant and it refers to the way the infants psychologically understand and perceive the inner and the outer reality. She calls it a 'position' to differentiate it from 'stages', which are instead more clearly identifiable as entire organisations of the psyche. According to psychoanalytic theory the infant's gradual understanding and internalisation of reality contribute to his/her development; the relationship with the mother is a crucial aspect of this (Freud, 1911; Winnicott, 1965; Bion, 1991 [1962]; Bion, 1993 [1967]).

Klein argued further that the good/satisfactory feelings that occur in an infant as a result of his/her being cared for and fed by the mother are contrasted with the frustrating feelings of hunger and mother/breast absence. The child at this stage splits the good feelings and the bad feelings into a projected image of the mother's good and bad breast (Klein, 1952). S/he does this to cope with the bad feelings. When the bad feelings become overwhelming the child may resolve this through omnipotent feelings denying the existence of the bad breast (Klein, 1940). That means that if the infant experiences bad feelings that may be caused by the surrounding caring circumstances, i.e. if the mother cannot provide the necessary good care, or there are problems with feeding, or the infant experiences too much anxiety etcetera, the infant will develop the coping strategy of splitting the bad feelings from the good and omnipotently deny the feelings that are unacceptable to him/her. The experience of many positive feelings, i.e. with good caring or unhindered feeding, will instead encourage the child to internalise both the good and the bad breast of the mother, whereby good positive feelings or a 'good internal object' remain in place, giving a balanced and secure basis on which to base his/her relation to the self and external reality. The internalisation of the good and bad feelings leads to the depressive position where the child is now able to hold concepts of opposite realities without the need of denying the bad experiences (Klein, 1940).

To reiterate and explain further, in the paranoid/schizoid position a split occurs in the internal world of the infant between a good and a bad object. This is done to cope with the inner fears and anxieties and the pains and frustrations of external reality. When not coping with the threatening and persecutory bad object, the infant can then develop an omnipotent defence whereby the threat is completely denied as if not existent. This omnipotent denial is typical, in Klein's opinion, of schizophrenia and of the manic phase of the manic-depressive condition (Klein, 1940). In manic/depression the threat being denied would be that of the depressive feelings coming from the manic-depressive position, where the child is unable to find a good internal object and unable to resolve the dilemma through adequate mourning of the experience of negative feelings.

Although a split is not viewed by Klein as occurring in both psychotic conditions of schizophrenia and bipolar disorder, I would like to argue that in both cases we have a dual situation: the ego and object split in schizophrenia and the duality between the manic and the depressive states in bipolar disorder. It is certainly striking how, in bipolar disorder, the individual does shift from two entirely opposite ways of being, from the very elated to the very depressed and often filled with unreasonable guilt.

2.5 Lacan

For Lacan (1901-1981), who based his thinking on Freud's theory, the Oedipus complex and its vicissitudes are the central point of the formation of the psyche. Our ability to relate to others, be part of society, to use language and function in a relationship depends on our accepting the symbolic law of society which Lacan called the Name of the Father (Lacan, 2009). To explain, for Lacan the infant must accept that he is not the only subject of desire of the mother; he must accept the other whom the mother desires. To accept this, he then internalizes the symbolic law as well of the Other, that is the Father. So, he must accept the 'Name of the Father', which is not the father as such but, rather, the symbolic meaning of order of the law of society, of life, which the father and the whole Oedipus situation represents.

In psychosis, for Lacan, there is an enormous meaning that is attached to nothing, I understand this as a meaning not integrated in the psyche, and this is because, as Lacan postulated, it has never been part of the symbolic. According to Lacan (1993) psychosis is the consequence of the foreclosure of the Name of the Father. The individual who later becomes psychotic, rejects – not repressing but entirely refusing – the Name of the Father, thus becoming retrospectively driven to pre-Oedipal functioning. There is therefore a meaning attached to nothing. The Name of the Father does not disappear, according to Lacan, but rather returns in psychosis from outside the subject, which explains, for instance, the paranoid perceptions in psychosis. The infant who has never accepted the Name of the Father and its symbolic significance has no symbolic order in his psyche. He thus cannot relate to reality. The understanding of reality is faulty.

According to Lacan (1993) in this situation the person can still function, it is only when something challenges that absence, that was created by refusing the Name of the Father, that psychosis would emerge. The understanding of there being an enormous meaning attached to nothing, because the psychotic mind never partook of the symbolic, and was therefore never part of psychological reality, is undoubtedly a psychoanalytical understanding that may explain psychosis; however, if that were always the case it would be a condition very difficult to resolve, although possible, as in the analysis Leader (2012) made of the case of Renee (pp. 137-139), which will be discussed later in Chapter Six. The consequences of this can be envisaged as rather tragic for the difficulties there would be in trying to resolve the issue. This might explain some of the cases of psychosis, where the person never seems able to recover, but it might not be the entire explanation. Lacan's theory implies that the individual suffering from psychosis has never developed an entire psychical apparatus that enables him/her to understand and relate to reality, yet we do know that many people with psychosis can function very well in all spheres of life and may only have occasional relapses or episodes of psychosis. The idea implicit in

Lacan's theory is that people could still get by without the understanding attached to the Oedipus complex or, at least, without some unconscious understanding. Lacan did not give great considerations as to why this foreclosure of the Name of the Father happens, except by saying that there may be conditions where for instance the father may prove to be an inadequate figure to represent the Father as the Name of the Father, i.e., may act more like a legislator rather than a meaningful figure. Lacan did not focus on the possibility of trauma as the source of psychosis, although the idea of a case like the father being unsuitable to represent the Father can be viewed as traumatic.

If a trauma led to the foreclosure mentioned maybe focusing on the direct impact of the trauma may help the situation. This will be explored in more depth later when looking at the case of Renee. My trauma, however, happened when I was twenty years old, and the consequences were very different – that is, I do not recognise that any Oedipal foreclosure had occurred in my psyche. In psychosis it may prove necessary to focus more on what trauma may have occurred and which consequences it had, rather than drawing the generalisation of thinking that psychosis is always relating to a rejection of the Name of the Father. It may ultimately prove that said foreclosure is rare (if accepting the explanation), and that it may be that a psychosis can be resolved more effectively if we focus on what the trauma led to, as in the case of Renee (pp. 120-144) that will be discussed later; other episodes on individuals with psychosis may require different considerations, as my case indicates. Lacan's analysis entirely denies the possibility that later events in life, for instance a trauma, could occur and that such events could create this enormous meaning detached from reality and hence from the symbolic. It remains crucial though, in my view, to retain the understanding that there is such a meaning attached to nothing, or I would argue a meaning that exists in the unconscious of the 'not lived experiences' (Ogden, 2014) where it exists unprocessed, not understood (Bion, 1991 [1962]).

2.6 Laing

Laing's work has been at the centre of the anti-psychiatry movement (Crossley, 1998). Laing borrowed from Bateson the idea of the double-bind hypothesis, whereby the family (or environment) of the person suffering from schizophrenia has been given double messages which are contradictory and thus the person is driven crazy due to the impossibility to resolve the dilemma (Bateson *et al*., 1956). This idea has correspondences in some thoughts of Searles (1959), who also reported repeated cases of patients with schizophrenia where one parent may, for instance, be seductive towards the child while sexual gratification is a forbidden thing. Here, the child is confused and cannot understand (Searles, 1959). Laing saw schizophrenia as the natural outcome of a person being driven crazy where the person is put in conflict with

him/herself and unable to understand the situation or the reality s/he finds himself in. The schizophrenic breakdown would be, for Laing and his colleagues, the attempt at healing of the psyche, trying to reconcile the splitting elements of the psyche (Laing, 1990 [1960]).

I do not share with Laing the view of the family being the main centre or source of the schizophrenic problem, but I do share the view that the person is driven crazy by a splitting situation, be it the family, a trauma, or other factors, i.e., social situations, bullying or social exclusion. So, I think that the individual, who later becomes psychotic, does have an area where s/he has been put in conflict within the self and where has found him/herself unable to resolve that confusing conflict.

2.7 Trauma: A Brief Overview

As I am looking at how trauma can lead to psychosis, I shall briefly discuss what research and evidence shows about it. Many types of situations are acknowledged as causing trauma, from childhood abuse (van der Kolk, 2003), sexual abuse (Go Un and Mi Young, 2020), developmental trauma (over a long period of time) (Denton *et al*., 2017), complex trauma (of several traumatic experiences) (Kliethermes, Schacht and Drewry, 2014), bullying (Kelleher *et al.*, 2008), racism and discrimination (Williams, Printz and De Lapp, 2018), cultural trauma (Hudnall *et al.*, 2010), transgenerational trauma (Krippner and Barrett, 2019), holocaust survivor trauma (Ayalon, 2005), physical injury (Wiseman, Foster and Curtis, 2013), witnessing death (Carson *et al.*, 2000)), loss of a loved one (Cofini *et al.*, 2014), war veterans (Laufer, Gallops and Frey-Wouters, 1984), combat survivors (Knobloch, Owens and Gobin, 2022), being member of LGBTQIA+ group (Ringel and Brandell, 2020), etc. This long list already indicates that potentially anything can ‘trigger’ a traumatic experience, including those events that are not ‘objectively’ associated with an intense, sudden, unexpected disruption of the individual’s bodily and/or psychic integrity.

For this research, I will use the definition used by Briere and Scott in their study on trauma: ‘An event is traumatic if it is extremely upsetting, at least temporarily overwhelms the individual’s internal resources, and produces lasting psychological symptoms’ (Briere and Scott, 2015, p.10). I have chosen this definition because it allows for a comprehensive concept of trauma in all its forms, and because it addresses the distress and lasting psychological symptoms that I consider crucial in explaining trauma. While various experiences can be recognised as traumatic, the understanding of the psychological explanation of what causes trauma in those experiences has been subject of dispute for a long time. To try and explain the issues surrounding trauma I will address the early work of Charcot on hysteria and trauma

(White, 1997), and how his pioneering work can be considered a precursor to modern neuropsychiatry approaches.

Freud is an important figure in the theories surrounding trauma, and in this section of literature I will try to give an outline of his understanding of its causes. I will consider the DSM III (1980) and DSM 5 (2020; Diagnostic Statistical Manual of Mental Disorders) approach to trauma and that of van der Kolk's (2015) modern psychiatry thinking. After describing my understanding of the difference between the two schools of thought I will explain my position regarding them. I will consider the symptom of dissociation that is frequently described by people when experiencing trauma. After this, I will look at Boevinck's (2006) experience of trauma, which she regarded as having led to her psychosis. I will try to indicate how her understanding of this process supports my hypothesis. I will then give an overview of transgenerational trauma to try and address the hidden aspect of trauma.

2.7.1 Charcot and Trauma

The first to look at the effects of trauma on mental illness was Jean-Martin Charcot, a French neurologist who worked with patients at Salpêtrière hospital (White, 1997). Working on hysterical symptoms, he understood how their causes were not physiological, as it was thought until then, but psychological; "the results of having endured unbearable experiences" (van der Kolk, van der Hart, and Marmar, 1996, p. 50). He, however, saw in hysteria a "dynamic lesion", a "reversible or imperceptible alteration of tissue, perhaps a metabolic or chemical change" (White, 1997, p.256), and he found that the symptoms could be removed through hypnotic suggestion.

His work on traumatic hysteria found neurological symptoms forming after a trauma, symptoms there were not explained by the trauma. He never attempted to explain how a psychological trauma could cause a physiological symptom, but formulated this was happening. This approach is what modern neuropsychiatry understands today with its link between the psychological and the biological in trauma (White, 1997). Freud initially studied under Charcot and was influenced by Charcot's work on the "psychological etiology of neurosis" (White, 1997, p.258) Freud and Breuer wrote of their gratitude to Charcot in their work on "*Studies on Hysteria*" (1983 [1893]). As reported by White, the work of Charcot was also studied by clinicians after First and Second World Wars, when people suffered from shellshock or "war neurosis" (White, 1997, p.258) following their experiences of extreme fear and fatigue rather than physical injury. World War I brought attention to the soldiers' reactions to what was called 'shell shock'. The symptoms described were "uncontrollable weeping and screaming, memory loss, physical paralysis, and lack of responsiveness" (Herman, 1992). Further large-scale

traumas such as World War II, a fire in Coconut Grove in Boston in 1942 where four hundred and ninety-three people died, the impact of the Vietnam War on veterans, and other such traumatic events brought to irrefutable awareness and understanding of the possible psychological consequences of trauma.

2.7.2 Freud and the Retroactivity of Trauma. DSM, and the Modern Psychiatry Approach

Freud, after an initial focus on traumatic experiences explaining hysteria, as his theory developed progressively shifted his focus more on the unconscious sexual and aggressive conflicts in relation to trauma. He described trauma as having what he called an “economic sense”, I understand Freud’s explanation as referring to a strong emotional experience that causes a quick increase of psychical energy that is too powerful for the mind to deal with normally, and which Freud indicated as causing “permanent disturbances of the manner in which energy operates” (Freud, 1916 [1963], p.275).

Observing his patients, he found that there was a “fixation to the moment of the traumatic accident” (Freud, 1916 [1963], p. 275) he saw this in the recurrence of the traumatic experiences his patients had for instance in their dreams. Through analysing them he understood how the trauma had forced a regression of the libido’s pleasure-seeking energy to an earlier state of life. Freud understood this regression as going back to early in life when the individual had an unresolved fixation or trauma, that is, to the point where the then child had been brought to interrupt the satisfaction of pleasure because of something forcing repression of the impulse, i.e., in being reprimanded for an action. According to Freud, the early experience need not have been traumatic at the time but would become traumatic under the regressive circumstances described because charged not only with the early repression, but also with the repressed, unsatisfied libido from the later trauma. In other words, a trauma would become traumatic retrospectively, because of an earlier trauma. From this perspective a trauma has an impact on the individual that leads to an interaction between the effects of the trauma and an already existing psychological condition or trauma, where the already present, repressed, fixated trauma becomes the main source of the presenting symptoms.

The study of trauma helped Freud further develop his theory. He noted how people who had suffered trauma manifested what he called a compulsion to repeat the trauma, either in dreams or in flashback memories of the event. He saw in this an attempt of the psyche to try and resolve the conflict created by the trauma. This compulsion to repeat he viewed as being driven from the Life instincts, or Eros; however, in reliving the memories unpleasure is experienced, as the memory of the trauma will feel painful. This led him to arrive at the theoretical formulation of the Death instinct, which he explained as an instinct to return to an

earlier state inherent in life, a return to the original inanimate, organic life on earth. In his words: “The aim of all life is death”, and “inanimate things existed before living ones” (Freud, 1920 [1955], p. 38). Regarding what a trauma can do, Caruth (2016 [1996]) sees trauma – as conceived by Freud – as a ‘wound’ to the mind that cannot be healed as a normal wound in the body. It is traumatic because it is not lived through, not understood at the time it happened, not fully experienced because of our not being prepared for it. The repetition of the trauma that occurs in the dreams of traumatised people is, therefore, the mind trying to grasp and prepare for the event by generating anxiety.

The Diagnostic and Statistical Manual of Mental Disorders (DSM - III) only addressed for the first-time psychological trauma and post-traumatic stress disorder (PTSD) in 1980. More recently the DSM 5 (2020) has incorporated under the heading of “Trauma- and Stressor-Related Disorders” the “exposure to a traumatic or stressful event… as a diagnostic criterion” (DSM 5, 2020, p.295). Various aspects are considered, for instance, childhood lack of adequate caregiving, Post Traumatic Stress Disorder, prolonged grief disorder; however, I think that as we still do not fully understand all the factors that can intervene in the experience of trauma the DSM 5 can only succeed in providing a general account of trauma and not a fully comprehensive one. Only a few modifications were made in DSM 5 (from DSM IV) for psychotic disorders and these have no implications for the core elements or findings presented in this thesis.

Van der Kolk, a contemporary psychiatrist world renowned for his expertise on trauma, looked at how trauma has an impact on the physiology of a person and can alter it. In his book ‘*The body keeps the score*’ (2015) he wrote about different types of trauma experiences people had, what physiological and what psychological response these led to. He explained that not everyone reacts the same way to trauma (van der Kolk, 2015). In his writing he showed how very damaging a trauma can be, how people deeply suffer, and how the symptoms can be varied (e.g., dissociative feelings, depersonalisation or losing a sense of self, anger, recurrence of memories, nightmares making it difficult to sleep, various personality changes that make previous relationships difficult, etc). The symptoms and consequences of trauma can be many, and it is difficult for people to recover. He did give an indication of different treatments that can successfully be used to help dealing with the symptoms from trauma. His patients were people who experienced war traumas, childhood trauma, rape victims, accidents, near death experiences etcetera. He looked at how often people have been or are diagnosed with different mental health disorders instead of realising how those symptoms and behaviours were consequences of trauma. He argued that medication does not resolve the traumatic symptoms

as it only dullens the physiological symptoms but does not alter them, therapeutic work is needed. His explanations do not consider Freud's view on the retroactive effect of trauma. Van der Kolk wrote of how childhood experiences are important and how good caregiving early in life can prevent mental health problems developing after trauma. He recognized how those aspects can contribute to the outcome of a trauma but, in his understanding, there is a direct impact a trauma has in an individual and the individual is the passive receiver of the trauma's action.

Leys in a counter argument, wrote how this approach, which focuses on the direct impact of a trauma on a person, does not take into account the part the subject plays in the trauma. She considered that it was unidimensional, "a literalist view of trauma…. theoretically incoherent but also poorly supported by the scientific evidence" (Leys, 2000, p.16) In her view a tension between the two approaches, that of a part being played by the subject and that of the subject just receiving as a spectator a traumatic experience, has been present throughout the history of trying to explain trauma.

2.7.3 My View

My position regarding Freud's understanding of the retroactive effects of a trauma, compared to the modern psychiatry approach of people like van der Kolk with its lack of focus on retroactivity and earlier trauma, is based on what has been my experience. I found that my trauma brought me to experience as problematic childhood experiences that had not been problematic before. My relatively severe upbringing and moral and religious education suddenly became the source of guilt, which I had not experienced before. I recognise in this the retroactive action described by Freud. However, I found that the later trauma, the one at the age of twenty years old, had its own power of causing guilt.

I will show later in in Chapter Five and throughout this thesis how the impact on my mind of my attacker stopping me from being myself and thinking with my own mind, forced a guilt much more profound and more irrational than my upbringing could possibly have caused. I became guilty for even existing. Equally, I view the distortion of understanding that was formed by what happened during my trauma as being caused by what was my attacker's murderous behaviour, followed by his incongruously agitated reassurance and its insistence of it; this is what forced the failure to understand reality, that I argue, to be the cause of my psychosis (see pp. 100-101)

I, therefore, acknowledge Freud's thought but I see that, in his thinking, the effects of the later trauma become lost. I understand my latter trauma as causative of my psychosis, because of its direct effects on me. From my experience, any trauma will have its own impact on the psyche and lead to symptoms that will be affected by the circumstances of the trauma itself. The

life experiences a person had, with its fixations or previous traumas, the personality traits, will affect the understanding of the trauma and its consequences, but also the thoughts, feelings, emotions, sensations experienced during the trauma, will affect its understanding or lack of, and lead to direct consequences. I, therefore, understand that the thoughts, emotions, feelings, and sensations experienced will depend on what the person brings to the situation, but also by what the trauma causes. Each trauma is unique; generalizing to cases in which the trauma consisted of sexual, physical, psychological abuse etc. is not sufficient to explain the symptoms a trauma caused.

2.7.4 Dissociation and Distortion as a result of trauma

There are therapeutic implications when trying to help someone who experienced trauma; if the focus is only on the latter trauma and the earlier experiences are not looked at, there may be the possibility of remaining with unresolved issues. In considering trauma I have here provided an overview of the theoretical explanations of dissociation, which is what often happens to people during trauma. From the 19th century, theorists like Charcot and Janet recognized how dissociative phenomena happened because of trauma. Freud and Breuer (1983 [1893]) indicated how hysteria contained a dissociation because of trauma. Sieff (2015), after interviewing several researchers on the topic of trauma, concluded that trauma typically leads to a dissociation and the formation of a false self, as a form of psychological defence against an unbearable situation.

Bromberg explains dissociation as being “fundamentally not a defence but a normal capacity of the mind that works in the service of adaptation” (Bromberg, 2003, p.561). It “can become enlisted as a defence against trauma by disconnecting the mind from its capacity to perceive what is too much selfhood and sometimes sanity to bear” (Bromberg, 2003, p.561). Dissociation is therefore a protective defence of the mind. In general, it is recognized that dissociation is what happens in cases of severe trauma (Ringel and Brandell, 2020). If a dissociative process is often how we cope with trauma, I consider that, in my case, my dissociation became even more marked than is implied by these theories, as I experienced a violent attack, followed by an agitated reassurance, which made me think there might have been an explanation for the violent attack, and forced me to doubt my understanding of the situation. This was followed by the attacker’s insistence on the reassurance thus denying the abusive reality. This forced in me an understanding of what was happening that was not real for me, made worse as the distortion in obeying him and his meaning also meant the possibility of survival (pp. 100-101).

I suggest that the degree of distortion of understanding of reality may be likely to lead to a lesser or greater likelihood of development of psychosis. What may lead to psychosis is when a traumatic experience is made, for whatever reason, to be completely denied, made to have another meaning to the person subjected to it. I suggest that dissociation may not deny an experience, it would rather take away, at least in part, awareness of it, but it may not lead to a complete distortion of understanding. To the question as to when a trauma can lead to psychosis, my position is that, in a case where elements of the abusive aspects of the trauma lead to a marked split between the truth and a distortion of it, this may be the main factor leading to psychosis (together with the overpowering of the subject's true self). This understanding seems to be shared by Boevinck (2006) in her autobiographical paper, where she presented her case of psychosis after the trauma of childhood abuse from her father. She stated:

> I don't think that abuse by itself is a strong cause for psychosis. It hurts but it is rather simple. I think that the threat and the betrayal that comes with it feed psychosis. The betrayal of the family that says 'you must have asked for it', instead of standing up for you. That excuses the offender and accuses the victim. And forces the child to accept the reality of the adult. That forces the child to say that the air is green while she sees clearly it is not green but blue. That is a distortion of reality that is very hard to deal with when you are a child. You are forced to betray yourself. This is what causes the twilight zone. What makes you vulnerable to psychosis (Boevinck, 2006, pp.17-19).

I understand from those words that she was forced to deny the truth of her experience, and she was made to think that it had not happened. This seems to me to be both a denial of the true self's reality and a complete distortion of understanding being forced upon the victim. In Boevinck's case, the aspect of the trauma which led to psychosis was due to her having no defences, while so young, to the denial of her family. In my case, as I was older, the irrational behaviour, the attacker's repeated reassurance, his previous threat to my life, together with my need to survive, were my reasons for internalizing the event with distortion. In both cases the truth was completely denied, leaving in its place a 'lie', a 'distortion of truth'. Boevinck (2006) did not explain further how much of the reality of her trauma had become hidden. She did not provide a detailed analysis of what happened to her; however, I see her explanation of what led to her psychosis as confirming my understanding of there being a trauma denied its understanding, a true self being repressed and forced into hiding, and a false understanding of the trauma being created.

In a later Chapter I will present Marie Cardinal's and Renee's cases. Their histories of psychosis are different still, and I think can support further the idea that, when the truth is hidden, in its place there is a distortion of understanding where there is psychosis. In Marie Cardinal's and Renee's story there was not a forcing of acceptance of false understanding, as was for Boevinck and me; in their case, I view the distortion as being caused by the treatment they received. In my opinion, their distorted understanding was caused by having the true self's expression denied, impinged upon (Winnicott, 1989[1968]) by their experiences.

2.7.5 Transgenerational Trauma

Davoine and Gaudillière (2004) have worked as psychoanalysts with people who suffered from psychosis because of transgenerational trauma, for instance children of holocaust survivors. In their book, they look at how the trauma may not be spoken about and in their explanation, this can lead to the inability to symbolize it. This would then be what led to the psychosis in the following generation. Their work centred on the emergence and creation of memories, facilitating the processing that finally allows the emergence of feelings that were negated by the "truth unable to be transmitted" (Davoine & Gaudillière, 2004, p.29) that is the truth that was never spoken about neither acknowledged. Their patients presented with psychotic symptoms that appeared to have no meaning.

In their book "*History beyond Trauma*" (Davoine and Gaudillière, 2004) they initially described their work with one patient they named Auguste. He appeared delusional and had been at one point recommended for recovery to a Mental Health hospital. He eventually sought the help of the analyst. After working with him the analyst learned how his parents had experienced trauma during the purge after the French Liberation from Germany. The shame and silence at the time of the purge and collaboration with the Germans had been a family tragedy. They had then buried the past and their new life started with the birth of their son. The past was never spoken of. It was only when the analyst (Françoise Davoine) was waiting to hear whether she had cancer, that day Auguste had wanted to terminate the analysis and had accused (reluctantly) the analyst of being "namby-pamby" (Davoine and Gaudillière, 2004, p.5). At the analyst revealing her being anxiously waiting to know whether she had cancer, this brought Auguste to recollect and tell, for the first time, the shame he felt at his mother's cancer revelation. Eventually in analysis sessions, the mother's shame became understood and with this there came the understanding of "The Shame that, after the Liberation, marked those who, directly or indirectly, had had moments of weakness with the enemy" (Davoine and Gaudillière, 2004, p.6). He was able to reconnect his past with the past of his parents and that of his parents' generation. Davoine and Gaudillière wrote of how the reality of shame experienced by

the previous generation had become embodied but had never been known by Auguste. The traumatic reality had been present but unknown because never spoken of, never acknowledged. That burial of trauma was, I understand, traumatic in itself. Trauma, they argue, is transmitted from generation to generation and needs to be acknowledged and recognised. Their work with their patient who experienced transgenerational trauma helps the patients, by gradually verbalizing and bringing to consciousness what was never spoken of, to process the past trauma, and, I would argue, understand the present reality, thereby resolving their psychosis. It is in the transference and countertransference that the hidden appears, start to be symbolically processed and finally understood.

I see in the cases of hidden transgenerational trauma described above a similarity, in what led to psychosis, between my case and that of Auguste. The truth, by not being spoken of, left Auguste with a ‘lie’, like something that never existed by not being acknowledged, therefore a distortion of reality. Auguste’s true self could not find expression about this; he may have had a good upbringing, but, I consider, it was traumatic for him to have a reality present somehow, embodied only in his mother’s cancer, but hidden. His true self was being impinged upon by this entire traumatic situation, he was made powerless. The consequences of a trauma may be different, but it seems that it is when a trauma forces a ‘false understanding of reality’ that psychosis may develop.

2.8 Conclusion

This brings to the conclusion the more general review of the existing literature on psychosis and trauma. In Chapter One I have presented the different approaches that have existed and still are researched. In this Chapter I have introduced the main psychoanalytic thinkers on psychosis and have addressed the existing explanations of trauma and its conflictual views. The next Chapter will be focussing more on the theories that I found more able to explain my experience.

Chapter 3:

Main Theories Utilized: Winnicott, Bion, Ferenczi, Bollas

3.1 Introduction

In this Chapter I will focus mainly on the understanding of trauma given by Winnicott, Bion, and Ferenczi. Their thinking sheds light on how psychosis develops out of trauma. Their theories, as mentioned, focused on early traumatic experiences, but they facilitate understanding on how trauma can affect us. I have found Winnicott's concept of the true and false self and how trauma can lead, by impinging on the true self, to the formation of the false self as confirming my thought and shedding more light on it. Also, his thinking on the 'Fear of breakdown' (Winnicott, 1974) paper particularly helped me to understand and theorize my 'not lived' experience. Equally I will focus on Bion's theory of thought in relation to trauma because I found it provided explanation to why it is so difficult to understand a traumatic experience. The explanation he gave of how we process thought enabled me to understand the reasons why my mind found reaching the truth of my experience so fragmented and tortuous. His understanding on the mother's containment of her child's anxieties enabled me to theorize why I could not entirely resolve my trauma in doing self-analysis and why I needed my psychologist's help. Ferenczi's work on the trauma experienced by some of his patients and his explanations of the acting through the will of another I have found to corroborate my own experience (see pp. 147-148). I hope this last point to contribute towards an understanding of the odd or irrational (appearing) behaviour that can occur in psychosis. The perspective I will use of their theories will not focus on early experiences being the traumatic origin of psychosis, however, I found their thought allows for other possibilities not envisaged by them, as in my case of a later trauma. I, finally, will present Bolla's work as I consider it relevant not only for its insights, but also for giving hope of the possible resolution of psychosis.

3.2 Winnicott, Trauma, True Self and False Self, Psychosis

I have considered Winnicott and what he saw as the factors leading to psychosis in some depth. His theoretical work was based primarily on the importance of the early mother-infant relationship. In his view it is only when that relationship is good enough that mental health and a healthy maturational development are possible (Winnicott, 1989 [1968]). When that fails, the outcome, in the earliest phases of life, is the formation of a False Self (as opposed to a True Self), which comes into existence as a defence of the psyche in protection of the True Self, which is the core of the individual. The false self forms as a reaction when the environment fails to care for the infant sufficiently, as opposed to allowing the spontaneous expression of the true self (Winnicott, 1965).

It is this false self that is particularly strong in psychosis according to Winnicott (1965). We all have a false self and use it to deal with the external world. It is not the centre of our being, but

rather how we superficially deal with things. The false self is a strong defence mechanism that we develop to protect our true self from being exploited. I want to argue that the false self, which as Winnicott wrote is present in psychosis, can occur out of a trauma in later life, and that the defences that Winnicott described happening in psychosis from damage in early infancy, could also occur in other traumatic experiences. The fear of annihilation (Winnicott, 1974) that Winnicott described as existing in psychosis, can be found to be part of the response to later traumatic experiences, rather than solely as the reaction to early trauma.

I will initially outline the explanation Winnicott gave of the early mothering relationship with the infant and its effect on the child. I will then follow Winnicott's explanation of the developmental process. I will indicate what Winnicott saw as happening in psychosis and give an account of what makes a trauma for Winnicott, and I will particularly focus on his final paper 'Fear of Breakdown' (Winnicott, 1974), outlining my position, thoughts, and experiences regarding his theory.

3.2.1 At the Beginning

Winnicott suggested that the infant in the early stages of life does not have a self yet, a sense of an 'I'; the self, wrote Winnicott, is only 'potential' (Winnicott, 1989 [1968], p. 18). The baby is not separate as a *me* distinguished from a *not-me* of the mother. The mother's support is complementing the baby's psychical world. The mother is particularly suited, according to Winnicott, for the care and protection of her child, especially if she feels secure in her relationships with the father and her family and social circle. She develops this ability during pregnancy. Winnicott even described this early phase of the birth of an infant like an illness, a state of being that merges the mother with her infant and has deep absorption and involvement with him/her. The mother loses this illness as the infant grows "up out of her" (Winnicott, 1989 [1968], p.3). In the absence of the birth mother, Winnicott did however consider the nurturing role of whoever takes over the mothering of the child, although he viewed the biological mother as the most suited to this task.

For Winnicott, "good-enough" mothering has to initially respond to the baby completely and being able to adapt to his/her needs. "It could be said that at the beginning the mother must adapt almost exactly to the infant's needs in order that the infant personality shall develop without distortion" (Winnicott, 1989 [1968], p.7). The infant then develops from a state of absolute dependence to gradual independence, returning at times to dependence and then to more independence. "In psychological matters there is a tendency towards development which is innate, and which corresponds to the growth of the body and the gradual development of functions" (Winnicott, 1989 [1968], p.4) In other words, in his view there is in each baby a

natural growth, that is both psychological and physical, and that is made possible by a "facilitating environment" (Winnicott, 1965, p. 239).

Winnicott saw early emotional development as crucial for healthy future development. For him, at the age of about six months (although this can vary from baby to baby) the emotional development of an infant has reached a point which we can relate to as pertaining to human beings in general. Before that, the baby is unable, for instance, to grasp objects (partly owing to physical inability); he cannot yet understand that he has an inside and an outside. In general, at six months a certain togetherness has taken place. Before this time Winnicott distinguished three processes that gradually take place: 1) integration; 2) personalisation; 3) realization (Winnicott, 1965). At the beginning the infant is assumed to be unintegrated. I understand integration here to refer to the coming together, in other words, forming of the psyche. What helps to integrate is the care that s/he is given: bathing, rocking, being named etcetera, together with the instinctual experiences that come from inside and bring the personality together. Winnicott said that many infants already operate towards integration at times during the first twenty-four hours of life. Integration is accompanied by states of unintegration, as integration happens gradually. Unintegration, according to Winnicott, is a safe state for the baby as the safety of the environment, which is not impinging – that is, which is providing good care – allows for this. Personalisation is the feeling of being in one's body. This also happens because of the good baby-care of the infant. Realization follows the other two and it is when the baby can appreciate properties of reality, such as time and space in "going on being" (Winnicott, 1965, p. 60).

The baby's personality gradually becomes integrated, yet this is possible only if the right environment is available, i.e., if the good care and protection take place. In moments of rest, the baby can return to unintegrated states, but this can be safe only if the mothering makes him/her feel secure. Security, said Winnicott, may mean "simply being held well" (Winnicott, 1989 [1968], p.5) and this holding by either the mother or the environment leads to the infant going from unintegration to re-integration without developing anxiety. The mother offers her ego support to her infant's developing ego. When she is unable to provide good enough care, the infant is unable to develop a healthy personality and instead will respond to the environmental failure, according to Winnicott, by reacting to whatever is missing.

> Where the mother's support is absent, or weak, or patchy, the infant cannot develop along personal lines, the development is then related, ……, more to a succession of reactions to environmental failure than to the internal urges and genetic factors. It is the

> well-cared-for babies who quickly establish themselves as persons (Winnicott, 1989 [1968], p.17).

Hence, a good-enough care allows the baby to grow healthily. When that care fails beyond the point that an infant can tolerate, the result is that the baby, instead of continuing to be and feel safe, is forced to respond to whatever is impinging upon his/her sense of being. By responding, the infant ends up not allowing his, (at the time still very vulnerable) true self, to have expression, but ends up complying to whatever the situation demands. Complying like this, instead of being, is a very negative state for Winnicott, for the true self cannot be ever impinged upon, i.e., it must not be touched, invaded, interfered with. I understand from this that for Winnicott our true self needs to be independent of external forces, it must be supported, and facilitated to develop and be, but in its core, it has to remain untouched, or its creativity and its abilities cannot function. It appears to be an all or nothing situation which is remedied by the false self formation defence.

The importance of good-enough caring described by Winnicott carries a similarity to the infant caring described by Bion (1993 [1967])) where the successful mother is able to contain her baby's anxiety and return it to the baby in more digested, tolerable forms so that the baby can integrate it in his/her personality. The mother is described by Bion as achieving this through her "reverie" (Bion, 1993 [1967], p.116) which is a state of complete absorption and dedication to her baby. While the two theories differ greatly in how they describe the processes, both theorists see these early stages of life and the early care given as crucial for the healthy psychological development, and they see the mother as crucial in this process. In both cases, the mother is seen as reaching a particular state of being with her child in doing this.

3.2.2 Reality Forming

Winnicott stated that in early life, the infant does not have a self. S/he cannot be separate as a me and cannot distinguish a not-me. The self at this stage is only potential. It is through the mother's care that s/he gradually develops an ego and a self.

> The adaptation of the mother to her baby's need facilitates growth and enables the infant to begin to exist, to have experience, to build a personal ego, to ride instincts, and to meet with all the difficulties inherent in life. All this feels real to the infant who becomes able to have a self. (Winnicott, 1958, p. 304).

The mother's adaptation to the infant's needs gradually diminishes as the infant becomes able to process what is happening and accept her inevitable failure. The baby may be wanting to be fed, for instance, and the mother may delay, but the baby is able to understand from the noises s/he hears that food is being prepared. The process whereby reality comes into

existence and perceived is described by Winnicott as when initially the baby will experience a need, and the mother presents the object (the breast) the baby needs. The baby becomes confident that it can create objects through its omnipotent feelings. The mother initially allows the baby this omnipotence, and gradually the baby renounces his/her omnipotence as the mother's own needs become part of the relationship, i.e., with the feeding times and sleep times being adjusted also to the mother's needs. Winnicott saw that the experience of this frustration does contribute, as it did for Freud (1911) and Bion (1991 [1962]), to the establishment of the reality principle, in that the infant through frustration develops the ability to conceive/imagine of the object that is missing. Yet for Winnicott this is only possible with a good-enough mothering. The adaptation of the mother to the baby enables the baby to accept reality without anxiety: "The infant begins to believe in external reality which appears as if by magic (because of the mother's relatively successful adaptation to the infant's gestures and needs), and which acts in a way that does not clash with the infant's omnipotence" (Winnicott, 1965, p. 146).

A spontaneous true self emerges. Winnicott explained how the infant omnipotently deal with his experience, creating, and controlling his perceptions by illusion. S/he is then able to distinguish what is illusory in the playing and imagining. He wrote how: "Here is the basis for the symbol which at first is *both* the infant's spontaneity or hallucination, *and also* the external object created and ultimately cathected" (Winnicott, 1965, p. 146). The child is able to play knowing what is real and what is not. For instance, when making a cake of mud, the child pretends it is an actual cake. S/he knows the difference between a real cake, and one made of mud, but the two merge in the play.

From an initial total dependence, the infant gradually acquires more independence and "the capacity to be alone" (Winnicott, 1965, p.31) in the presence of the mother. This capacity to be alone is made possible, wrote Winnicott, by the fact of the infant having learnt the reliability of the mother to be there if needed and the consistency of the environment. In this way, the infant gradually develops a third intermediate area of experience, that is between inner and outer reality. Winnicott described how the infant experiences 'transitional phenomena' (Winnicott, 1989 [1968], p.143). Gradually the child develops a deep attachment to what Winnicott termed a "transitional object" (Winnicott, 1989 [1968], p. 29) and "transitional phenomena". This could be an object like a teddy bear, or a blanket. The child sees this object as both part of the world and part of him/herself. The child may express his/her anger and destructiveness as well as his/her love towards this object. As Phillips explained in his reading of Winnicott's understanding of this, "Transitional phenomena provided a non-compliant solution

to the infant's loss of omnipotence. It was disillusioning for the infant to discover the mother as real and beyond magical control" (Phillips, 1988, p.121).

This intermediate area, where transitional phenomena exist, allows, therefore, for the infant to gradually go to the understanding and differentiation of the subjective world from the objective, the distinction between inner and external reality. Reality becomes established in a safe manner with a healthy "maturational process" (Winnicott, 1965). Yet for Winnicott reality is never completely established; the struggle between the subjective and the objective continues throughout life. In the intermediate area comes the ability to play. For Winnicott, the child's play is where the child's creativity is expressed and where the child can rest. He viewed the psychoanalytic space as the area of play between the patient and the analyst. Play was for him the space where the true self finds expression: "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (Winnicott, 2005 [1971], pp. 72-3) and with this discovers the world of others and objects, cultural appreciation of music, art, and work. In adulthood, the area of play, this intermediate area between the subjective and the objective, extends into the cultural experience where arts, religion, philosophy etc. happen. "Cultural experience begins with creative living first manifested in play" (Winnicott, 2005 [1971], p. 135). Good-enough early life experiences are what enable the child and later the adult to play and to have cultural experience.

The establishment of reality is possible only if the environment is good-enough, thus enabling the baby to experience a "continuity of being" through the security s/he feels is being provided. When the "continuity of being" is interrupted due to failure of the environment, the child experiences unthinkable anxiety, which Winnicott associated with psychosis. The baby without ego support is all the time "on the brink of unthinkable anxiety" (Winnicott, 1965, p. 57). Winnicott, when talking of experience "with failure of good-enough active environmental adaptation", stated that it "produces a psychotic distortion of the environment- individual set-up" (Winnicott, 1958, p.222). When the environment is not good-enough, it impinges on the baby's self by not providing the care by which s/he feels safe. The self under this condition is forced to react to the environment rather than being and expressing the true self. This causes a distortion, in that the inner self is unable to perceive things as from a central position. The potential loss of sense of reality which occurs in psychosis can be seen as a consequence of this shift from the true self.

3.2.3 Psychosis

Psychosis, for Winnicott, is thus characterised by early environmental failure. “The result of each failure is that the continuity of being is interrupted by reactions to the consequences of that failure, with resultant ego-weakening. Such interruptions constitute annihilation and are evidently associated with pain of psychotic quality and intensity” (Winnicott, 1965, p. 52). “Schizophrenic breakdown is the reversal of the maturational process of earliest infancy” (Winnicott, 1965, p. 136). For him, schizophrenia and psychosis always relate, in general, to early environmental failure. In his understanding, there is a point at which the person’s coping strategies fail. He did not describe what situation causes the failure, but he said that due to the weakness, or failure, in the maturational process that had formed early on, eventually a breakdown may occur, where factors like disintegration take place. All that had been achieved falls apart and regresses to earlier stages; not only the individual returns to an earlier state, but there would be the effects of the impingements on the true self to be dealt with. The individual may return to the early state where there was the failure. S/he has the opportunity to allow the true self to emerge as, according to Winnicott, the breakdown can also be viewed as an attempt to allow the true self to find expression, as opposed to living a meaningless life with the false self as the main expression. He viewed “psychotic illness as a defensive organisation designed to protect the true self” (Winnicott, 1965, p.287)

According to Winnicott the ego of the infant is weak and strong. It would be weak if considered on its own, but it is the mother’s adaptation which makes the ego strong, and it is in this way that the child can become truly him/herself. “If the mothering is not good-enough then the infant becomes a collection of reactions to impingement, and the true self of the infant fails to form or becomes hidden behind a false self which complies with and generally wards off the world’s knocks” (Winnicott, 1989 [1968], p.17). The false self in this case becomes the way the individual functions in his/her interactions with the environment to cope, and as a defence against having the true self invaded, impinged upon. The true self is thus unable to fully develop, as it cannot find expression nor become mature through experience. For Winnicott, if adequate adaptation to the baby’s needs is provided, a good relationship between psyche and soma (i.e., between one’s mind and body) takes place, as these two factors are related to each other. In schizophrenia, this link between psyche and soma has failed due to early deprivation and the psyche is only loosely connected to the body. This description relates to depersonalisation, which is what happens as opposed to personalisation. In psychosis, the phenomena of depersonalisation, where the person does not feel inside his/her own body, are common.

Another phenomenon that can happen is disintegration. Disintegration is not a safe experience like unintegration. It is a rather painful state, and it is the undoing of what has been achieved. Disintegration is related, according to Winnicott, to the very early developmental processes, and it is when the environment failed early on that later disintegration can occur. He described, for instance, the situation of disintegration which can occur when an infant has reached the stage of concern. At this stage the baby is aware of the effect of his impulses, like biting, screaming, throat sucking etc. Disintegration in this case “means abandonment to impulses, uncontrolled because acting on their own; and, further, this conjures up the idea of similarly uncontrolled (because dissociated) impulses directed towards himself" (Winnicott, 1986, p.155). Disintegration therefore is a return to a state where there is no ego control, or where there is not yet a self, and the individual is prey to its impulses.

The false self forms as a protection for the true self. It is a reaction to impingements from the environment, and it functions with compliance. For instance, a depressed mother may be unable to give a complete adaptation to her baby. Her baby will respond to the need of the mother by complying with her, yet in doing so the baby will not be acting spontaneously, but will be complying, and this is how a false self is formed. “The false self is built on a basis of compliance. It can have a defensive function, which is the protection of the true self” (Winnicott, 1965, p. 133); “Only the true self can feel real, but the true self must never be affected by the external reality, must never comply” (Winnicott, 1965, p.133). From the true self come the spontaneous gesture and the personal idea, creativity, the ability to experience joy, according to Winnicott.

Where we can all have a false self to adapt to societal interactions and demands, the true self will always emerge, in a healthy individual, if the individual’s integrity is at stake. Winnicott said that the split in the mind between the true self and the false self is at its deepest in schizophrenia. When the split between the true and the false self is marked, as in schizophrenia, Winnicott described the situation as one half relating to the external object through a false self, and the other half of the split relating to subjective objects, with the inner world being only barely affected by the objective world. This dynamic is typical of schizophrenia, where the individual experiences inner delusions that cannot relate to the external world of reality.

> If we deprive a child of the transitional object and disturb the establishment of transitional phenomena, then the child has only one way out, which is a split in the personality with one half related to the subjective world and the other reacting on a compliant basis to the world which impinges. …When this split is formed and the bridges between the

> subjective and the objective are destroyed, or have never been fully formed, the child is unable to operate as a total human being (Winnicott, 1989 [1968], p. 144).

Here the links between need and reality are never made. I understand this to mean that the inner psychic world is separate from the experiences of the external reality world, and the individual therefore does not understand his experience.

The 'unthinkable anxiety' that Winnicott talked about is the fear of annihilation of the core true self. For Winnicott the true self must remain isolated and must never be exploited. The core self must always be isolated, not touched by the environment. Winnicott understood this isolation as a necessary condition of health for the individual. I understand this as an inner part of the self that must retain its total independence to be able to function. According to Winnicott early impingements on this true self is cause of major anxiety. He saw the earliest defences of the child as emerging to try and protect him/herself from impingements on the true self because of failures in maternal care (Winnicott, 1965). It is about not being found, it is about that isolation being complete, as being found would mean reacting to the environment. "Winnicott worried that for many people being found meant being found out, forced out of hiding with no retreat, having to live constantly in a state of reaction to others, with having no self to return to" (Alford, 2013, p.266). The true self needs to be isolated to exist, be and find expression. It relates to the external reality through the in-between area, the intermediate area of experience, that is formed during the development when the child learns about reality first with the mother, and then via the transitional phenomena and cultural experience. This also explains why the cultural experience is so important for the healthy individual as it allows full expression of the true self.

3.2.4 Fear of Breakdown and Trauma

Impingement on the true self is, for Winnicott, equivalent to annihilation, and this annihilation is experienced as a psychic death. In 'Fear of breakdown' (1974) Winnicott described a fear of death that the psychotic individual experiences. Phillips commented on this by saying: "The death he describes in 'Fear of breakdown' as having already happened is the psychic death of the infant, what he calls 'primitive agony', of an excessive early deprivation that the infant can neither comprehend nor escape from" (Phillips, 1988, p.20). The child is unable to deal with or understand the unbearable pain of the mother's absence. It becomes an experience that exists in the life of the individual but that has not been integrated in his/her psyche, because s/he has been unable to process it at any level. For Winnicott, experiencing life through a false self is equivalent to a life not worth living. He viewed psychotic breakdown as defences developed to counteract the false self, for the true self trying to emerge. For him a psychotic breakdown is not necessarily negative as, with the right support, it may lead to a more

meaningful life that feels real, as opposed to the sense of un-realness and futility that the false self can give.

When an environment that was initially sufficiently good subsequently fails to provide for the infant's needs, this, according to Winnicott, leads to less serious consequences than that of schizophrenia. For the analyst dealing with a psychotic patient there is a need to be completely reliable and take the place of the mother that was never available for the early child. The patient can then experience total supported dependence for the first time.

For Winnicott, the experience that affects the continuity of being and impinges on the true self is traumatic. As Alford pointed out, for Winnicott trauma can be intended in two ways: there are "trauma as the penetration of the self, and trauma as the erosion of the self" (Alford, 2013, p.264). Alford explained how for Winnicott trauma was what endangered the "existence of the self" (Alford, 2013, p.264). Trauma can force the formation of the false self, trauma can take away the meaning of existence, whether it is an early or a later trauma. The experience of the failure of the environment corresponds to trauma as penetration of the self. The infant becomes unable to feel supported and experiences what Winnicott designated as 'unbearable real', the 'anxiety' becomes 'unthinkable'. As mentioned, for Winnicott this traumatic experience is equivalent to psychic death, threat of annihilation. As an example, we can consider the situation of an absence of the mother so long that the infant is unable to survive it (psychically) and ends up feeling threatened in his security. Fear sets in, the self cannot be, as it has been penetrated by the environmental intrusion. If it cannot be and express itself, it is equivalent to dying psychically.

Speaking of the second type of trauma, the erosion of the core self, Alford (2013) described how this could happen over years and how in particular this could relate to 'cultural failure'. This would refer to aspects of experience which culture does not encompass, does not appropriate, that is, aspects of experience that do not become integrated, nor processed by a culture. This, continued Alford, would be happening to minority groups where they would be unable to have a transitional space to rely on at times of stress and difficult events. These events would remain to be dealt with only subjectively, as opposed to being dealt with through the transitional phenomena and culture, and trauma would ensue. "Put an individual, or a population, under enough stress, and its members lose the ability to invest the world with subjectivity. The result is psychological death, which is equivalent to chronic trauma" (Alford, 2013, p.270).

This analysis of cultural trauma provides a possible understanding of the reason why the incidence of schizophrenia is more common in ethnic minorities (Fernando, 2003; Beavan *et al*.,

2011; Cantor-Graae and Selten, 2005; Bourque *et al*., 2011). An example could be the racism and discrimination that can be experienced by minority groups. The prevalent culture of the society in which they are a minority would not provide a framework to deal with the situation and as a minority they may not have developed a cultural space of their own that gives expression to the dilemma they are facing. Gradually the minority group (or its members) would become traumatised by the experience of racism and discrimination and of not having a space of their own to process what is happening. The defence of the in-between area would be missing, and the self would be invaded, impinged upon.

Winnicott (1974), in his final paper, described the situation of some patients who experience a fear of breakdown. The paper was posthumously published and as Ogden (2014) said, it is an unfinished paper. Analysing the meaning of breakdown used by Winnicott, Ogden concluded that the breakdown that is feared is “the break in the mother-infant tie” (Ogden, 2014, p.213). The individual finds him/herself fearing that which s/he has not been able to experience when it happened due to immaturity of the ego that is unable “to gather all the phenomena into the area of personal omnipotence” (Winnicott, 1974, p.103). In Ogden’s view:

> The term ‘personal omnipotence’ refers to the background feeling state of the internal world of a person who has achieved unit status, someone who has become a person in his own right. If this supposition is accurate, omnipotence, in this context, refers to an internalisation of an early experience with a mother who was able to create for the infant the illusion that the world is just as he wants and needs it to be. (Ogden, 2014, p.213).

The defences the child builds to prevent him/herself from experiencing this unthinkable anxiety are psychotic, i.e., disintegration. On the question of why the patient worries about the past, Winnicott wrote: “that the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experiences and into omnipotent control now” (Winnicott, 1974, p.104)

To this, Ogden added that an area non-experienced, as described here, would imply a part of the self that remains incomplete, because it was lost, and that the individual now seeks “The urgent need to lay claim to those lost parts of himself” (Ogden, 2014, p.214). This, Ogden saw as something we all have. We all have areas of experience lost that need to be experienced. All of us would have experiences of “significant breakdowns in the mother-infant tie to which we have responded with psychotic defence organisations” (Ogden, 2014, p.214). The resolution of this problematic area of unlived experience is, according to Winnicott, for the patient to ‘remember’ the experience, which, since it was never lived through, would have to be lived through in transference with the analyst. The unthinkable anxiety would have to be

experienced, supported by the analyst. This ‘remembering’ would be, Winnicott wrote, “equivalent to the lifting of repression that occurs in the analysis of psychoneurotic patients (classical Freudian analysis)”, (Winnicott, 1974, p.104).

Winnicott commented how the event would have been buried in the unconscious, but he referred here to a part of the unconscious that is not repressed. It is not the collective unconscious of archetypes, of the world described by mythology that Jung postulated. As Ogden wrote, it is an unconscious that “also involves an aspect of the individual (often more physical than psychical) where there exist registrations of events that have occurred, but *have not been experienced*” (Ogden, 2014, p.213). In a similar vein Winnicott indicated how the fear of death is again the fear of the death that has happened, but which has not been experienced. The searching for non-existence could also be seen, said Winnicott, as a defence against such anxiety. It could form to “avoid responsibility (at the depressive position) or to avoid persecution (at what I would call the stage of self-assertion, i.e., the stage of I am with the inherent implication I repudiate everything that is not me)” (Winnicott, 1974, p.107).

3.2.5 Trauma as an Adult?

I want to argue that the experience of trauma as an adult or, at any event, at a later age than infancy, can lead to the strong formation of the false self. We all have a false self but under the effects of a trauma, the psychic death that a trauma could cause to the true self would be defended against by the expression of a stronger false self. This would be particularly true if the trauma led to a distorted understanding of the events themselves. In this case, there would be a true self where the real subjective understanding would lie. It would, however be, in the unconscious ‘memory’ described by Winnicott, and the false self would have the distorted version of the facts. The false self in this case would be very difficult to see in its distortion of reality, as it would carry a meaning entirely different from the real one, and it would hold on to strong survival defences that would become embedded in the psyche. Such a traumatic experience would cause a serious break of continuity of being. An experience capable of forcing a distortion of the subjective understanding would be equivalent to an intrusion into the true self. The experience of annihilation that this would imply would be defended against by regressive psychotic defences.

I therefore argue that a later trauma (i.e., in adult life) can lead to psychosis, and at the extreme, to schizophrenia. An experience that could intrude so much into the core self as to form a distortion of perception and understanding would be disastrous, equivalent to the psychical death that Winnicott postulated as happening in psychosis. The true experience would not be lived through. As Winnicott indicated, it would be the ‘remembering’ of the truth or the

actual reality of what happened, with the subjective meaning belonging to the victim, which would enable resolution of the psychosis.

In light of Freud's theory regarding how an experience becomes traumatic because it reactivates an earlier trauma and makes it traumatic, the question that remains to be asked is whether there is an earlier trauma and what importance it has. Considering Ogden's argument that we all have experienced significant breakdowns in the mother-infant tie, I would add that we all have at least some negative, and in some cases even traumatic, childhood experiences. I would argue that a later trauma would re-activate those earlier experiences, but that it could be, depending on the circumstances, the later trauma which can be the significant one in the formation of the psychosis. It is not possible to compartmentalize one's life. An entire life history will always play a part in the psychology even of a psychosis. A later trauma could be significant for containing elements that lead to a distortion of understanding of reality. The false reality would lead to a powerful false self, which would take over the personality. A psychotic breakdown in this case would indeed be, as described by Winnicott, the attempt of the psyche to allow the truth of the true self to find expression. It would require the real experiencing of the trauma to heal and the memory to establish itself.

Winnicott's theory provides a framework by which understanding of psychosis becomes more possible. The concepts of the true and false self, and how they form, are a particularly useful way of explaining the distortion of understanding that occurs in psychosis. However, although Winnicott often referred to the psychotic breakdown, he did not seem to indicate under which circumstances or events this may happen. His description of the self at times seems not clearly distinguished from the ego, the difference between the two is not always made clear. Applying his theory to more recent understandings of trauma, which were not available during his life, may lead to a deeper knowledge of what happens in psychosis and schizophrenia.

3.3 Bion: Development of Thought, Trauma, and Psychosis

3.3.1 Introduction. Bion's Alpha function

In this present part of the chapter, I will look at Bion's work. I will try to show how his understanding of psychosis and its causes may be applied to the experience of trauma. I will try to indicate how a severe trauma can impose a distortion of understanding of the traumatic experience. In other words, a trauma, which became internalised as distorted, not in accordance with the subjective reality of the individual. This can lead to those factors that Bion indicated as happening in psychosis. To provide an outline of Bion's understanding I will give a brief account of the relevant aspects of Klein and Freud as his thought followed their theories. I will then explain Bion's understanding on thought and how this occurs in psychosis. I will also utilize the

understanding of Brown (2012) as applied to Bion's theory and how this relates to the experience of trauma and its effects in relation to psychosis. I will finally briefly outline my personal considerations of what can happen in case of a distorted understanding of severe trauma.

Bion (1897-1979) was an eminent psychoanalyst and theorist. His main work was on the understanding of how thought and the capacity for thinking develop, and on how with these comes the understanding of reality, which leads to an understanding of 'truth'. He viewed the analyst's task as centred on enabling the understanding of a truth in the patient. He based his theories on the concepts of the paranoid-schizoid (split) versus the depressive positions and ways of thinking and the presence of projective identification as elaborated by Melanie Klein (1882-1960) and on Freud's (1856-1939) explanation of how the experience of frustration modified leads to thought and this can establish the reality principle.

Klein posited that, for the infant, the pleasurable experience of being cared for and fed by the mother is in contrast with the un-pleasurable feelings of frustration and hunger when not being immediately fed. These feeling states are split by him/her and projected into the mother resulting in a 'good' and a 'bad' breast (Klein, 1952). This she describes as the paranoid-schizoid position where, due to non-acceptance of the un-pleasurable feelings, perception is split and expelled by projecting outward into the mother. When the pleasurable experience of being fed and cared for is repeated, in time the child's interaction with this reality allows him/her to cope with the presence of both feelings and is able to re-introject the good and bad breast perceptions and accept both their presence while holding a sense of a good object. From the repeated positive experience, a perception of reality is then established. This Klein called the depressive position, where integration of the two feelings and perceptions occurs with the acceptance of the existence of unpleasure as well as pleasure (Klein, 1940). At this point the child experiences "the mourning and pining for the good object felt lost and destroyed, and guilt, a characteristic depressive experience which arises from the sense that he has lost the good object through his own destructiveness" (Segal, 1964, p. 57). This phase is gradually resolved with the child seeking to and making reparation through his/her love and care and use of an omnipotent phantasy. These two positions (i.e., the depressive and the paranoid-schizoid) are established early on in life, but the process of oscillation and integration between the two occurs throughout life in interaction with reality (Klein, 1946). At times of stress the paranoid-schizoid position prevails. For Klein psychosis is characterised by more permanence in the paranoid-schizoid position and an inability to accept the depressive feelings of integration of the opposed perceptions. One other defence used by the child to deal with unwanted feelings is projective

identification which is when s/he projects into the mother the unwanted feelings and s/he identifies with them in the mother.

When explaining the establishment of the Reality Principle from the Pleasure Principle, Freud (1911) wrote that the experience of frustration forces the infant to having to accept a delay for the experience of the pleasurable feelings of feeding and caring, so in order to cope with frustration the infant modifies the perception by allowing the formation of thought as acknowledging the existence of something that is missing (the breast). The perception of reality and the entering of the Reality Principle thus take place. Tolerance of frustration, therefore, allows for the formation of thought and the establishment of the Reality Principle.

Bion (1991 [1962]) expanded on these two theoretical explanations by saying that when thought is formed, the function for thinking develops, which he calls alpha function. In constant interaction with the reality of life the sense data, that is, the perceptions from the environment, received by the individual, which at this stage is made up of what Bion called beta elements, that is disjointed elements, gets transformed and synthesised through the process of dreaming and the use of alpha function – the elements become alpha elements. That is, the thought becomes processed into something meaningful. “Beta-elements are stored but differ from alpha-elements in that they are not so much memories as undigested facts, whereas the alpha-elements have been digested by alpha-function and thus made available for thought” (Bion, 1991 [1962], p.7). We learn from experience using the alpha-function. “To learn from experience alpha-function must operate on the awareness of the emotional experience: alpha-elements are produced from the impressions of the experience; these are thus made storable and available for dream thoughts and for unconscious waking thinking” (Bion, 1991 [1962], p.8).

3.3.2 The Dream Function

Bion added that the dream work has another important function in the service of the reality principle. To explain this, Brown stated that for Bion

> conscious experience must be subjected to dream-work in order for it to become personalised: conscious experience remains an ‘undigested fact’ until it is processed by dream-work and turned into a memory that may be linked with other memories in an individual’s self-narrative (Brown, 2012, p. 236).

Dreaming, as meant by Bion, is not equivalent to symbol formation; rather, it appears as if preceding symbol formation although leading to it. Symbol formation, for Bion, is what happens when “‘elements’ need to be made into ‘idea’ via symbol formation, so that the ideas can be unified at a manner that then issues in a change we feel as the effect” (Bion, 2005

[1992], p.4). He continued by saying that symbol formation is not possible if there is not tolerance of depression, which he regarded as the ability to accept depressive positive thinking.

For Bion, dreaming, both while asleep and awake, is the process through which beta elements of experience are processed, synthesised, conjoined forming a harmonious meaningful thought. It is through the process of dreaming that the separation of conscious and unconscious is made, as the necessary discernment of what needs repressing and what remains conscious. What happens here with dreaming-alpha (that is the dream-work) and the alpha-function is that the contents of the paranoid-schizoid position are synthesised in the depressive position. (Bion, 2005 [1992]). The dreaming-alpha and alpha function are the process through which we think through an experience in a manner that allows us to join the sense data and make it meaningful in terms of our experience. It is that through which we think and make sense of things, that is, bring more a sense of reality to our experience as it happens with the onset of the depressive position, where opposing elements can be brought together forming a new unity. Bion continued to say that “If the patient cannot transform his emotional experience into alpha-elements, he cannot dream” (Bion, 2005 [1992], p.7). Since according to Freud, one of the functions of dreaming is to preserve sleep, Bion stated that the person who cannot dream cannot go to sleep and cannot wake up and this, he said, is a peculiar condition that can be observed as if happening to psychotic people. “In this theory the ability ‘to dream’ preserves the personality from what is virtually a psychotic state” (Bion, 1991 [1962], p.16).

In the early stages of life, the baby’s anxieties and frustrations are projected into the mother through splitting and projective identification. The mother with her ability of caring wholly for her child, through a process that Bion called ‘reverie’, about which Bion stated that “The mother’s capacity for reverie is the receptor organ for the infant’s harvest of self-sensation gained by its conscious” (Bion, 1993 [1967], p. 116). The mother can thus receive the projections, contain them and (if she is capable) return them to the infant in a digested manner whereby the child is then able to retain them meaningfully and without fear. This is how initially the thinking process is developed.

3.3.3 Psychosis

Bion pointed out that the baby may be over-anxious and particularly intolerant of frustration and/or, when the mother returns the projected feelings, the infant may feel hatred and envy towards the capacity of the mother to contain the anxieties, which would lead him/her to destroy the thinking that takes place in the process. The feelings would thus return as persecutory, leading to a persecutory superego. The mother as well could be unable to contain the anxieties and frustrations of her child and thus leave him/her with a “nameless dread” (Bion,

1993 [1967], p. 116). It would be an unnamed dread because, by not having been contained, it would leave the baby with a fear that he could not understand. This is what he considered as preventing the formation of the thinking apparatus and possibly leading to psychosis (Bion, 1993 [1967]).

Bion indicated how at this stage there is a realistic projective identification in that, if the mother and child are in tune with each other, there forms in the interaction a “fragile reality sense; usually an omnipotent phantasy, it operates realistically” (Bion, 1993 [1967]., p.114), the child uses omnipotent phantasy which, in a good interaction with the mother, contains some sense of reality. In the case where the mother is incapable of tolerating the projections of the child, Bion used the example of an infant feeling that he is dying and how he can arouse that fear that he is dying in the mother, she may receive the fear through her reverie, contain it and process it in a manner where it is returned to the child whereby the child is now able to tolerate and manage the fears. In the event of the mother being incapable of reverie or of containing the fear, the child will continue to use projective identification more and more. This process would reduce, wrote Bion, the meaning of what’s projected and in the end will be felt only as a greedy internal object “that strips of its goodness all that the infant receives or gives leaving only degenerate objects” (Bion, 1993 [1967], p.115). Bion continued saying “This internal object starves its host of all understanding that is made available” (Bion, 1993 [1967], p. 115). This type of projective identification is excessive and not to be confused with the realistic projective identification. It is rather the projective identification typical of psychosis according to Bion.

When the relationship between mother and child is this way non-functional, this prevents the child from developing the alpha function. As it is through the alpha function that the child develops a sense of itself and can therefore be conscious of itself, in the case of a non-functional child-mother relationship, the child cannot distinguish elements that are conscious from non-conscious ones. Furthermore, “The dominance of projective identification confuses the distinction between the self and the external object” (Bion, 1993 [1967], p.113). This is what Bion suggested happens in psychosis. For Bion, psychosis is formed early on in life, and it is due to an innate tendency in some children to destruction, hatred, and envy; added to this, the mother may not be able to act as a container for the infant as described. It should be noted that, in his opinion, there is always an innate tendency in the child who later become psychotic, but psychosis can occur also if the environment, in this case the mother, is incapable of reverie (Bion, 1993 [1967]).

In the case of the unhealthy relationship with the mother, whether due to the child or the mother or both, this leads to the child being unable to tolerate the frustration. i.e., the fear or the

absence of the feeding breast cannot be tolerated, which prevents the thought that the toleration of frustration would otherwise have enabled, that is the understanding of what is missing, from being formulated. Bion wrote: “What should be a thought, a product of the juxtaposition of a pre-conception and negative realisation, becomes a bad object, indistinguishable from a thing-in-itself, fit only for evacuation” (Bion, 1993 [1967] p.112). The child therefore will resort to more projective identification to rid itself of the unwanted feelings and perceptions. The capacity to think would diminish the sense of frustration as there would be an appreciation of the space between the missing element and its fulfilment. The alpha function, that is the thinking apparatus, could not develop normally. It should be noted that emotions are viewed by Bion as doing a similar function to the psyche as the sense data, so they are both part of what leads to thinking. The thought that would form in normal circumstances may then meet with a negative outcome. Bion posited that this encountering negative or positive outcomes of thoughts expectations leads to more thoughts and allows for the learning from experience. (Bion, 1993 [1967], pp. 113-4).

Bion worked extensively psycho-analysing psychotic people and he found in them a typical intolerance of frustration, which in turn leads to the splitting of the sense data, emotions and feelings, the elements of experience and to projecting them into external objects (people and/or things) and identifying with them. Those objects return in a persecutory manner which leads to more splitting and projection. The now destructive and murderous superego (Bion used Freud’s concept of superego) that ensues becomes thus more fragmented and it fragments more and more the ego. There is here an inability to maintain contact with reality, which is typical of psychosis. Bion referred to Freud’s distinction from the neuroses and psychoses, where he said: “in the former the ego, in virtue of its allegiance to reality, suppresses a part of the Id (the life instinct), whereas in the psychoses the same ego in the service of the Id, withdraws itself from a part of reality” (Freud, 1924b, p. 183). Bion did not think that in psychosis the ego is ever wholly withdrawn from reality.

> …its contact with reality is masked by the dominance, in the patient’s mind and behaviour, of an omnipotent phantasy that is intended to destroy reality or the awareness of it, and thus to achieve a state that is neither life nor death (Bion, 1993 [1967], p.46).

As the individual with psychosis lacks the alpha function or has limited capacity for it this leads him/her, according to Bion (1991 [1962]), to have an inability or difficulty to dream. “Certainly, with the psychotic personality there is a failure to dream, which seems to be parallel

with an inability to achieve fully the depressive position" (Bion, 2005 [1992], p.111). Bion continued by writing that:

> Alpha function represents something that exists when certain factors operate in consort. It is assumed that there are factors which operate in such consort or that if for some reason they do not, that is to say that if the available factors have no alpha-function, then the personality is incapable of producing alpha-elements and therefore incapable of dream thoughts, consciousness or unconsciousness, repression or learning from experience (Bion, 1991 [1962], p.56).

Bion described that when a person is, for instance, talking to a friend, he will be attentive to what he is saying and will be keeping unconscious other elements in his mind that would clatter it, thus separating them from what is happening. He thus this way separate unconscious from conscious.

> He is able to remain 'asleep' or unconscious of certain elements that cannot penetrate the barrier presented by his 'dream'. Thanks to the 'dream' he can continue uninterruptedly to be awake, that is, awake to the fact that he is talking to his friend (Bion, 1991 [1962], p.15).

According to Bion the person with psychosis becomes surrounded by bizarre objects as the elements that return from projections are not conjoined meaningfully due to lack of dreaming and lack of alpha function. Bion described that if the projected factor of the psychotic person is the function of hearing, the object will appear to talk to him/her in a persecutory manner.

Bion said hallucinations have an evaluators' function for the psychotic person. To explain, he described a case of a patient where the hallucination of seeing his wife was in place of seeing him as the analyst. He wrote: "He does not in any true sense see me or have any other sensory perception of me. I remain an undigested fact because his very partial sensory awareness of my presence has acted as a stimulus to his projective mechanisms and he has ejected an old, undigested fact" (Bion, 2005 [1992], p.94). He continued: "Indeed it could be taken as a sign suggesting the possibility of psychoanalysis repair and cure because it indicates that there is something to repair" (Bion, 2005 [1992], p.94). It can therefore be considered that hallucinations have meanings that can lead to factors that need resolving, in other words undigested facts.

3.3.4 The Importance of Truth

Bion wrote that when there is an inability to learn from experience, there is also an inability of awareness of emotional experience which is similar to the awareness of concrete objects that is achieved through the senses' impressions. He argued that "lack of such

awareness implies a deprivation of truth and truth seems to be essential for psychic health" (Bion, 1991 [1962], p.56). Truth, therefore, cannot be established for the individual who cannot learn from experience, and truth, said Bion, is crucial for the healthy development of the personality. Truth is what is achieved when meaningfulness is given to conjoined elements, sense data, emotions, feelings of experience. With the inability to think and process experience, truth cannot be achieved, and the starvation of truth was compared by Bion to be, to the psyche, equivalent to the physical starvation from food (Bion, 1991 [1962]).

For Bion truth is essential and he stated that in psycho-analytical procedure truth is needed for the welfare of the patient and the analyst's task is to bring truth to him/her. "It further presupposes that the discovery of truth about himself (the patient) is a precondition of an ability to learn the truth, or at least to seek it in his relationship with himself and others" (Bion, 2005 [1992], p.99). A truth about the reality of experience needs to be achieved for a healthy individual but there is for Bion an ultimate truth which he defined as 'O' which cannot be expressed as it is undefinable, but which exists and should be sought. 'O' is a more philosophical concept that Bion used.

In the case where intolerance of frustration is great but not too great, the psychotic individual, according to Bion, will resort to omnipotence instead of reaching truth and reality. Omniscience (formed through omnipotence) takes the place of learning from experience, so no discrimination is happening anymore between true and false. In this case the individual is unable to distinguish what is his/her omnipotent phantasy from what is real. Discrimination between true and false is a function of the non-psychotic part of the personality (Bion, 1993 [1967]). Contact with reality is necessary to survive; the healthy individual is able to have a great adjustment in the understanding of reality, s/he can combine understanding reality while being able to defend him/herself from aspects of reality too difficult, whereby s/he may be capable to obscure from consciousness those elements that are too unbearable (Bion, 2005 [1992]). I think these explanations indicate how the healthy individual deals with the difficulties in life by having the ability to relate and understand reality, while protecting him/herself from the impact of negative experiences which can overwhelm the psyche by retaining only a deem awareness of their significance. In my understanding of Bion, as truth is always important for psychological health, the individual will have then to process those more difficult aspects of reality when more able to do so, i.e. when s/he has been able to find containment of the unbearable aspects s/he found the need to obscure to defend him/herself from.

To bring truth to the patient the analyst encounters the projective identifications of the patient and, if successful, gradually the patient is able to reintegrate and introject those

projections in a safe and meaningful manner. Bion argued that there would always be a non-psychotic part of the personality in the psychotic individual, and it is to the non-psychotic part, if s/he is not too overwhelmed by the psychotic part, that the analyst ought to speak. Bion wrote that: “The analyst is able to select the worthwhile fact” and that by being able to associate the various elements, giving a “feeling that a cause has been found”, is able to allow the patient to experience the sense that “cause and effect have been linked” (Bion, 2005 [1992], p.6), a correlation that brings truth and healing.

As can be understood, consciousness of oneself is what develops with the thinking apparatus alpha. The person with schizophrenia has a fear of annihilation and that fear, Bion suggested, is associated with his/hers not perceiving his/her existence. “There can be no personality if there is no thinking, no self-consciousness” (Bion, 2005 [1992], p.76).

3.3.5 Trauma in Psychosis

Brown pointed out how the characteristics which Bion indicated as belonging to the psychotic personality are very similar to the characteristics in severely traumatised individuals as in “the blunted capacity for abstract thought and dreaming and the tendency to fragmentation are two examples” (Brown, 2012, p.93) of. Brown suggested also that there is a traumatic organisation in traumatised patients which: “holds together a shattered psyche and can feel impermeable to analytic access just like the psychotic part of the mind” (Brown, 2012).

I would like to argue that if there is a trauma, as happened to me, where the understanding of its reality has been distorted and the truth of the event remains hidden from consciousness, the person finds him/herself unable to process the event. The unprocessed sense data would now be beta elements, unable to become alpha elements. This would make it impossible for the individual who experienced such trauma with such distortion to dream the event, and therefore s/he would remain in a condition very like the psychotic person described by Bion. The truth could not be reached. The mind would remain starved of its meaning. Frustration would be impossible to tolerate surrounding the event as it would require some reality, but the individual would be split between a conscious ‘lie’ and a hidden ‘unconscious’, ‘unprocessed’ truth. Reality would be lost as the emotional experience would end up needing evacuation by excessive projective identification. Hallucinations would be likely. If the trauma happened later in life, rather than early, there would likely be an established alpha function but, under the circumstances surrounding the trauma, it would be difficult to utilise it. The non-psychotic part of the personality would gradually become more fragmented as the now psychotic part becomes more powerful. Omnipotent phantasy in place of reality would be likely and this would explain the delusional world typical of schizophrenia and other psychoses.

The internal object, in this case formed by the aggressor that caused the trauma, would be destructive. The starvation of truth would be great and the consequences likely to be grievous, as how can data be correlated where there are two different realities? I internalised a distortion of understanding of reality, this was caused by the aggressor, whose behaviour had forced a denial of my truth and therefore of my being; this was equivalent to being annihilated, hence a fear of annihilation. This led to non-self-consciousness, no perception of my being. It can thus be inferred that a trauma capable of distorting the truth of the individual can lead to psychosis.

3.4 Ferenczi

3.4.1 Introduction. Ferenczi, Freud and the Psychoanalytic World

One of the most outstanding and gifted early followers of Freud was Sándor Ferenczi (1873-1933), a Hungarian psychoanalyst who at one point diverged from the then prevalent psychoanalytic understanding, which focused on unconscious drives and 'dispositions', and brought to attention the importance of trauma, in particular children's trauma (Ferenczi, 1933). He started on this quest by focusing on the traumatic effects of war and on war veterans. Later in his work as a psychoanalyst he became aware of how often children had experienced trauma, in particular sexual trauma, and the deleterious impact this had on them. While his focus on the importance of trauma is relevant for this research on psychosis, I will present and discuss mainly his paper 'Confusion of Tongues between Adults and the Child' (Ferenczi, 1933) as it brings light to aspects of what a trauma can do which are relevant for this research.

Freud felt that, with this paper, Ferenczi was returning to his original 'seduction theory', which he had abandoned by giving primacy to unconscious drives and the Oedipus Complex (Rachman, 1997). Ferenczi had been a close follower and friend of Freud for twenty-five years, was seen by him as an heir and son (Rachman, 1997). In his final years Ferenczi had become more critical of Freud, he had been exploring and experimenting with psychoanalytic techniques. He questioned the 'all knowing authority' position of the analyst and worked towards an understanding of the impact the analyst had on a patient. He applied the method of using the 'principle of relaxation' where the patients could feel in a safe and comfortable environment and talk of any issue, including past traumas and their relation to the analyst. He came to take seriously the criticisms from the patients. All this was in direct contrast to Freud's teaching and understandings.

Ferenczi saw how the established psychoanalytic approach of neutrality was retraumatizing the patients. The use of empathy and understanding became crucial for him. He even experimented in reciprocal analysis between him and the patient. Freud was very critical of

all this, and him and his followers interpreted these approaches as a ‘need to cure’ on the part of Ferenczi rather than as new insights and developments. The whole psychoanalytic community discredited Ferenczi and his work, to the point of even accusing him of being psychotic and mad (Rachman, 1997). One of the reasons for this total rejection could be understood as nobody at the time wanting to go against the established principles of psychoanalysis and Freud (Rachman, 1997). Before presenting the Confusion of Tongues paper at Wiesbaden (September 1932), Ferenczi visited Freud and read it to him. Freud rejected the paper and was very upset by its content and even turned his back on Ferenczi’s departure. He later sent the following telegram to Eitington: “Ferenczi read me his paper. Harmless. Stupid. Another way [for Ferenczi] to be unreachable. Disagreeable impression.” (unpublished telegram, Freud to Eitington, September 2, 1932; in Rachman, 1997, p. 473). Ferenczi met with considerable ostracism and rejection from the psychoanalytic community after presenting this paper at the 12th International Psychoanalytic Congress in Wiesbaden in 1932. He died a year later.

Jones (who was a psychoanalyst, friend and follower of Freud) had translated the paper and told Ferenczi it would be published in English in the International Journal of Psycho-Analysis, however, a month after Ferenczi’s death he wrote to Brill: “To please him [Ferenczi] I had already printed his Congress paper which appeared in the Zeitschrift [German translation], for the July number of the Journal, but now, after consultation with Freud, I have decided not to publish it. It would certainly not have done his reputation any good.” (Unpublished letter, Jones to Freud, Jones Archive, in Rachman, 1997, p. 475). Even in Hungary, where Ferenczi had founded the Hungarian psychoanalysis, the paper was not published until 1971.

After the presentation of the Confusion of Tongues paper, Ferenczi’s work became less prominent in the psychoanalytic world for about fifty years, apart from followers like Balint in the UK, who worked towards establishing Ferenczi’s work, and others in France who engaged with his work (Rachman, 2007). Students of Psychoanalysis were not taught about Ferenczi’s work. In the last thirty/forty years he has been revived and rediscovered, being seen as prophetic and valued for his contributions to psychoanalysis (Rachman, 1997). His work on trauma and in particular incest trauma is now very relevant in the treatment and understanding of the psychology of trauma.

3.4.2 Trauma. Psychosis and Trauma

Ferenczi became aware of how some of his patients showed a marked inability to criticize the analyst and displayed forms of extreme submissiveness. On closer investigation, he discovered how an early trauma was at the source of this. He eventually concluded that trauma,

especially sexual trauma, occurred much more often than previously supposed in the experience of children. Rape or sexual abuse of children, even in ‘very respectable families’, occurred often, either by a parent, a relative, a governess, a servant, etc. Ferenczi explained how the playful forms of love for a child will always be at the level of tenderness, his/her playful sexual fantasies being Oedipal fantasies, not realities. The child lacks the ability of more complex forms of love like passion, with the elements of hatred and guilt that an adult experiences. The child is still at the level of needing the tenderness of the mother’s love and has not developed yet the mature adult personality. A psychological aspect of the rape of children consists, therefore, in this imposition of a different love, whereby the child becomes extremely anxious and helpless; children in this situation are too immature to be able to protest, as Ferenczi wrote, “even if only in thought, for the overpowering force and authority of the adult makes them dumb and can rob them of their senses” (Ferenczi, 1933, p. 162). He continued by explaining that if the anxiety becomes very high, the force of the adult makes them become like automata submitting to the will of the aggressor and identifying with him/her. This identification, which Ferenczi also called introjection of the aggressor, means that the abuser becomes an internal part of the psyche of the child. There, the child alters its image of abuse and turns it into a loving image. The child does this to return to the stage of tenderness where s/he was before the abuse. This is done in accordance with the pleasure principle, which is the initial principle of the psyche which seeks pleasure and avoids unpleasure and pain. The further problem that arises is that the child also introjects the guilt of the adult and feels confused, guilty, and innocent at the same time, and unable to trust his senses. Adults, after this, often behave in a harsh or moralistic manner towards the child, dismissing the child’s feelings. Other adults, like the mother, are not intimate enough and do not take seriously the child when s/he mentions tentatively the experience.

Ferenczi’s theory of sexual seduction and abuse of children was introducing a different way of understanding the sexuality of children. He never meant to part from Freud and did not deny the importance of the Oedipus Complex but, rather, was adding new insights, making the adult’s sexuality more responsible than that of the child, whilst recognizing the psychological reality of the abuse of the child (Rachman, 1997). Ferenczi stated how neuroses or psychoses ‘may follow such events’ (Ferenczi, 1933, p. 163). Unfortunately, he did not follow with further research on trauma or the link to psychosis as he became seriously ill and died a few months later. It is not clear what he meant by saying neurosis or psychosis may follow. When would psychosis follow? Was he here explaining the causes of psychosis?

Ferenczi's thought later influenced the way people were treated at Chestnut Lodge Hospital. Chestnut lodge was a leading hospital in Maryland US for the psychoanalytic treatment of psychotic disorders from 1910 till 2001. Ferenczi's ideas were brought and applied there in the treatment of the patients by Frieda Fromm-Reichmann and Harry Stack Sullivan (Silver, 2018). The treatment of patients was often successful in cases considered incurable elsewhere. The approach was based on empathy and understanding, psychotropic medication was avoided for many years. Harold Searles, in particular, followed the principle of being honest and real to the patient as Ferenczi had postulated (Silver, 2018). Others, like Frieda Fromm-Reichmann, were influenced by his work but seldom referred to or quoted him, as acknowledging him in the prevalent climate against him was difficult. It does not appear as if the direct link between the initial psychotic reaction to a trauma, indicated by Ferenczi, has been expanded by others as a cause of psychosis.

Ferenczi's understanding of trauma is outstanding and very relevant to today's focus, and it attempts to explain what occurs in people who experience trauma. It is tragic and a great loss that he could not continue his work on trauma. According to Ferenczi, "the most frightful of frights is when the threat from the father is coupled with simultaneous desertion by the mother. There is no chance to cry bitter tears over the injustice suffered or to gain a sympathetic hearing from anyone. Only then, when the real world, as it is, becomes so unbearable… does the ego withdraw from reality.' (Ferenczi, 1932, p. 18). It seems that Ferenczi is giving an indication here of what may be leading to psychosis, but it remains unclear how much this is part of the establishment of psychosis.

From my point of view, when the victim identifies with the aggressor, I question to what extent s/he takes the understanding of the event (or events) with the meaning projected or imposed by the aggressor and to what extent the victim's own reality of abuse remains in consciousness. Frankel, when presenting Ferenczi's theory of trauma, stated that in "the inner experience of children under attack: They replace their own experience and will with those of the attacker" (Frankel, 1998, p.49). However, he noted how for Ferenczi the child retains mistrust and some awareness of being deceived and of the insanity of the attacker. I suggest that what may be more likely to lead to psychosis is if the mistrust and awareness of being deceived and of the insanity of the attacker are forced into the unconscious, and in consciousness only the distorted meaning of the attacker remains; thus, creating a split between two meanings.

In his Diary (1932) Ferenczi, writing about his patient B (Alice Lowell, 1906-1982) and R.N. (Elisabeth Severn), described how "B's innermost self, has stopped performing any

independent action of its own ever since an alien will, alien decisions, were imposed on it, …. almost everything that has developed since the trauma is in fact the work of that alien will: the person who does these things is not me. Hence R.N.'s extraordinary, incessant protestations that she is no murderer, although she admits to having fired the shots" (Ferenczi, 1932, p. 17). R.N. was the patient with whom Ferenczi started experimenting with mutual analysis. While in analysis she retrieved a hidden memory of being drugged and sexually abused by her father. Brennan reported her as having "suffered from violent headaches, deep depression", and that she was "often suicidal." (Brennan, 2018, p.89). In Ferenczi's Diary (1932) she appears also in a case titled 'Case of schizophrenia progressiva (R.N.)' (Ferenczi, 1932, pp.8-10).

On the issue of acting under the will of an alien force, I understand this to be crucial in explaining some difficult, sometimes violent behaviour, or even murder, associated with some (rare) cases of psychosis. This I will explore later in the following Discussion Chapter (pp. 147-148). In his 1929 paper "The Principle of Relaxation and Neocatharsis", Ferenczi wrote,

> The first reaction to a shock seems to be always a transitory psychosis, i.e., a turning away from reality. ….. it seems likely that a psychotic splitting off of a part of the personality occurs under the influence of shock. The dissociated part, however, lives on hidden, ceaselessly endeavouring to make itself felt, without finding any outlet except in neurotic symptoms (Ferenczi, 1929, p.121).

I am unclear if this 'transitory psychosis' refers also to the return to the stage of tenderness following an experience of sexual abuse mentioned before. It seems that for Ferenczi the psychotic reaction following a trauma is only temporary. However, as Silver commented: "He stressed the role of early severe trauma as a central factor in the years-later emergence of psychosis" (Silver, 2018, p.215). For my purposes, I would argue that if the trauma forces a distortion of understanding of reality, the psychotic reaction mentioned by Ferenczi can be reinforced by other factors i.e., as in my case, a direct psychological violence forcing acceptance of a meaning not true for the individual. The psychotic reaction could then become a more permanent psychotic distortion and would thus lead to more permanent psychosis. The neurotic symptoms described by Ferenczi could now be expressed as psychotic symptoms.

As a further point regarding the dissociated part of the personality, Ferenczi explained: "Dissociation can range from doubting one's perception or the validity of one's feelings, to blocking particular feelings or memories, to being completely unable to think or feel, or – more extreme – even to remain conscious" (Ferenczi, 1932, p.130). I see here in the more extreme dissociated part of the personality a similarity to the 'not lived experience' leading to psychosis

described by Winnicott in his final paper (1974). The dissociated part of the personality that I understand as not having lived through a trauma, would have, according to Ferenczi, an initial reaction of psychosis. If, as I suggest, there was also some form of psychological conditioning, manipulation, or violence, forcing distorted understanding of the traumatic experience, this would explain why the individual becomes more permanently psychotic; it would also show what needs to be worked through to resolve the psychosis. Finding the 'not lived through' or the dissociated memories is the most crucial task. Mucci explained how "Dissociated memories, split from consciousness, are therefore stored in what we nowadays term implicit memory, rooted in the body and in the corporeal memory-self" (Mucci, 2018, p. 256). Finding the dissociated, unlived memories would become central in my journey of recovery.

With the term 'confusion of tongues' many possibilities arise with this confusion. There would be the true significance for the victim of what happened, a significance relating both to the understanding and the psychological impact of the event(s), but this would not be understood by him/her. In its place there would be a confusion that prevents understanding and facilitates distortion of it, which in turn would cause the psyche to try and resolve this confusion e.g., by trying to create meaning by means of psychotic symptoms. Furthermore, also the true significance of the event(s) would have its impact, but it would not be possible to process it, and therefore resolve it. What I understand as the main meaning indicated by Ferenczi is the confusion that arises in the child between his loving tenderness and the adult's passion. The child becomes then more confused by the denial of the abusing adult, by the accusing behaviour, by other adults' lack of tender understanding, and by the child's internalization of the abuser's guilt.

For Ferenczi, the feeling of total abandonment and aloneness makes the attack traumatic: "Traumatic aloneness. ….. is what really renders the attack traumatic, that is causing the psyche to crack" (Ferenczi, 1932, p. 193). If we understand what leads to trauma, and Ferenczi in his work gives many clear indications, it will remain important, then, to explore the confusion and what impact it has on the trauma. How confused is the child? For how long does the confusion remain? Is it confusion, or is it more a split between an unconscious understanding and a different one in consciousness? Which situation is more likely to lead to which level of confusion? Answering these questions may allow understanding of why or when a victim may react with neurosis or psychosis and may open the way to a deeper understanding of the causes of psychosis.

3.4.3 Conclusion

Ferenczi is now seen as a pioneer in many areas, including for his emphasis on the importance of analysing the countertransference of the analyst, the part the analyst may play in re-traumatizing his/her analysand, the necessity of an equal relationship between analyst and analysand, and the importance of empathy (Rachman, 2007). Identification with an aggressor is now recognized in various conditions i.e., borderline personality disorder, delusional personality disturbances, somatising and dissociative disorders, psychotic states etc., and developmental neuroscience studies seem to further corroborate this finding (Papiasvili, 2014). Future work on the link between Ferenczi's theory of trauma and psychosis may give more insight into what causes psychosis.

3.5 Bollas

3.5.1 Introduction. Early in Life

Christopher Bollas is a contemporary psychoanalyst who has a vast experience of working with people with psychosis (Bollas, 2013; 2015). He is a major expert on the condition and, in his work, he described at length what happens to people suffering from what has been traditionally diagnosed as schizophrenia. His understanding of the psychotic symptoms, even the most bizarre, is unsurpassed. Reading his work can provide a clear understanding of what appears irrational in psychosis.

In this section, I will consider how Bollas started from the premise that a cause of psychosis will never be found, and I will attempt to show how his knowledge gives understanding to what happens when a person becomes psychotic. After an initial explanation of his understanding of the 'unthought known', I will focus on the projection of split-off parts of the self and the impact these have on the person experiencing psychosis. Specific attention will be given to the fragmenting and projection of the I as the centre of the person. I will indicate Bollas' understanding of his concept of metasexuality being a factor for some people with schizophrenia. I will finally outline my own conclusions on the relevance of his work in understanding psychosis and what I view as limitations.

In his most acclaimed book *The Shadow of the Object*, Bollas (2018 [1987]) talked of the transformational object, which originates from the very initial mother-infant relationship. There, the infant is transformed by being totally cared for in ways impossible to him/her, by being fed, pampered, sung, and talked to, etc. During this phase, the infant is transformed in a way that he cannot think or verbalize yet. It is an experiential knowledge (unthought known) which we seek throughout our life, i.e., in faith with the idea of an all-doing God, or in aesthetic experiences like theatre going, music, art, or in the pursuit of things like a car, a new job etc. (Bollas, 2018 [1987]). Bollas explained how, when this transformational object has been negative, it can lead

to our seeking such object in different manners, e.g., gambling. Bollas saw narcissistic and schizoid characters as being the outcome of a search for an ego repair, due to this early object being faulty, i.e., not providing the required care. This transformational object is not an object of desire, the mother is not yet seen as an Other, rather as an 'envirosomatic transformer of the subject' (Bollas, 2018 [1987], p. 4). It is a sensory experience rather than a thought one. According to Bollas, it remains as an ego memory and not a cognitive one. It contains "the experience of an object that transforms the subject's internal and external world" (Bollas, 2018 [1987], p. 13).

3.5.2 Psychosis

In his work as an analyst Bollas utilized this understanding of the 'unthought known' and sought what impact it had on his patients. Beside utilizing the free association of the analysand and his own review to the material presented, he relied on understanding the transference and countertransference that took place during the analysis. With psychotic patients, he focused in particular on understanding the projective identifications of the analysand, whereby people with schizophrenia project, split off, unwanted parts of the self into objects and then identify them as belonging to the 'other', e.g. the analyst. From reading Bolla's work, it becomes evident how he often considered early childhood experiences as being central in psychosis, even though he did not voice this as causative of the condition.

In his work Bollas did not attempt to provide an explanation for why people develop schizophrenia. In his view, it "is rather like asking what causes the being of human being" (Bollas, 2015, p. 4). He further stated: "We shall never know whether schizophrenia is the outcome of phylogenetic, genetic, intra-uterine, early infantile, infant-mother, linguistic, sex shock, family, or accident-in-the-real causes" (Bollas, 2015, p. 181). In my view, trying to understand what leads to psychosis remains of central importance; if that were not always possible, it would still remain central to try and identify the causes, as this would help in finding better ways for recovery.

Bollas focused primarily on what happens to people when they become psychotic, and on how to help them come out of the condition and recover – to whatever degree is possible. In his book *Catch Them Before They Fall* (2013) he talked at length about how, by intervening before a complete breakdown occurs, it is possible to prevent deterioration and return to normal. He explained how if the analyst is present during a breakdown, and the patient in this condition is working at a deep unconscious level, this allows for more opportunities for integration and understanding, and consequently for 'healing'. Meaning could emerge from the 'madness' of a

breakdown. The psychotic experience will never be forgotten, but the person can heal and function in normal life. Bollas believed that,

> provided that the psychoanalyst has plenty of time to work with a psychotic person and provided the analyst firmly believes that all apparently odd behaviors contain a discernible logic, a way can be found to talk to psychotic people – on their own terms (Bollas, 2015, p. 73).

I think it is important to take into account this point of view of there being a logic in the behaviours of the psychotic person. Bollas does not view psychosis as madness: “Madness refers to the creation of a chaotic state of affairs driven by the acting out of unconscious fantasies” (Bollas, 2015, p. 36). There is therefore meaningfulness and not chaos in psychosis; it is more a question of deciphering and understanding what that meaning is.

Bollas explained how what occurs, regardless of its cause, is a split in the individual between a healthy part and another that loses reality: “Whatever the genesis of schizophrenia, the first distinctive outcome is a split in the self in which one part functions in an ordinary manner and another part develops a radically different way of perceiving, thinking, and relating” (Bollas, 2015, p. 181). Gradually there is a disintegration of the personality and of the mind of the individual. S/he projects more and more, as time goes on, the split-off parts of the self onto the external world. The world becomes strange, and experiences such as hearing voices may appear, which Bollas explained as projected split-off parts of the self that have not been accepted: “The voices do speak, for split-off parts of the self linked with important experiences that for one reason or another were banished from the mind” (Bollas, 2015, p. 109). The voices therefore are an expression of those split-off parts. Bollas described how, in allowing the individual to gradually reach an understanding of what the voice is saying and integrating its expression into the self, that is, helping the person to understand the voices, the voices diminish or disappear. He outlined how, in more extreme conditions, the senses like hearing or seeing can feel unsafe to have and the person projects them externally as a means of safekeeping. As more parts of the self are projected externally and as the world becomes stranger, the psychotic person starts to believe in an alternative reality, one that explains, for Bollas, what is happening to him/her. S/he alters her/his past and mythologizes it, and thereby a sense of one’s history and one’s sense of being is lost.

The 'I'[2] as a center of volition becomes lost, as if the psychotic person cannot hold a coherent center. Aspects of the self are split by this and projected into objects. The more advanced the condition, the more distant from the self the projections are, and therefore the more difficult to understand they become. Bollas described how an aggressive part of the self can be projected into a vacuum cleaner, suitable for this purpose because of its sucking properties. He stated that often people with schizophrenia lack the ability to even speak using the 'I' in talking. Speaking of Megan, a long-term patient of his, he said: "At the time I noticed that only rarely did she use the first person pronoun 'I', and it would be uttered in a rather surprising way, as if she were ejecting it" (Bollas, 2015, p. 69). Megan was quoted as saying: "I don't think I have been here all these years, just images and words and feelings passing through my mind. My mind was here but I was not." (Bollas, 2015, p.69)

In relating this to my own experience of psychosis, his understanding was that the person with schizophrenia does not lose his/her sense of existing; I am uncertain whether his explanation differs from my experience as I knew I existed, but I felt as if I did not exist. I did not feel my existence, my being. I understand this as the outcome of the process of disintegration and destruction of my self that occurred with my trauma, where I had been forced to deny my thinking and feeling and take in the aggressor's meaning. By doing so, I was obliged to deny myself and over time this internalization that I had to not be, deny myself, gradually became my feeling as if I did not exist. I felt like a thinking 'blob'. I could feel my body, but not my being, I could reason but not feel. I had lost touch with my true self which had become totally hidden to me.

Bollas explained how: "As the representative of the ego in consciousness, the 'I' occupies a unique position, in that it reflects the strengths and contradictions of one's unconscious organization (the ego) and one's unconscious thinking" (Bollas, 2015, p. 169). It is this part that becomes fragmented and projected outwardly. Bollas explained how the person with schizophrenia deals with the unwanted parts of himself by projecting them externally more and more, until s/ he becomes an empty shell. Projective identification does not work, however, and the person becomes unable to deal with life:

> Psychic disinhabitation is a form of identification with the aggressor, although in a most ironic way. In a psychotic twist of logic, one who empties *himself* into the environment

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[2] I will be distinguishing the 'I' as part of the theoretical explanation of Bollas's thought from the I when referring to myself.

> develops, over time, a belief that something or somebody, has robbed him of himself (Bollas, 2015, p. 137).

I think, however, that it may indeed be the case that something or someone has forced this disinhabitation by denying the true self and its reality, as in my case.

In explaining what happens to people who develop schizophrenia, Bollas stressed how certain behaviours, symptoms, psychological processes happen in some and not necessarily in all cases of schizophrenia. He described how some people with schizophrenia develop a meta-sexuality world. He understood this as a sexuality that transcends the separation of male/female, mother/father, animate/inanimate, whereby meta (beyond) equals a transcending sexuality. For children, it is difficult to accept the difference between the mother and father. In his view, “Schizophrenic metasexuality aims to eliminate the disturbing psychic effects of the primal scene by incorporating it, and all of its unconscious derivatives, thereby nullifying the reality of sexuality altogether” (Bollas, 2015, p. 97). The world becomes a we-world, in which opposites are united and sexual. In doing this, the person feels s/he has control, s/he can dominate the situation. There is, however, fear of retaliation that this world may rebel from her/his control. This is made worse by the fear that s/he has murdered the father and mother. For Bollas, by joining the opposites and transcending sexuality, s/he tries to find a solution to the Oedipus Complex: “By becoming both mother and father, through combining them and subsuming them into his own self, he triumphs over parental authority” (Bollas, 2015, p. 98).

For Lacan, the psychotic individual refuses the Symbolic order and enters the Imaginary (Lacan, 2009). For Bollas, the person with psychosis is working at a manic level trying to control both the Imaginary and the Symbolic order. Bollas saw the way a person with schizophrenia may use words, i.e., in a ‘word salad’[3], as an expression of trying to control both imagination and speech (Bollas, 2015). A person experiencing the various psychotic symptoms experiences a fear of annihilation, Bollas explained. As reality disappears, as the mind becomes more and more fragmented, split, projected outwardly, and invaded by psychotic perceptions, s/he becomes frightened and fears total annihilation (Bollas, 2015). Fear of annihilation as a **causal factor** in developing psychosis is not addressed by Bollas. When he talked about the feeling of specialness, of having special knowledge, which people with psychosis often experience, Bollas looked at this as happening because of the psychotic world s/he is in that makes him/her unable to communicate with others.

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[3] ‘a confused or unintelligible mixture of seemingly random words and phrases’ (https://en.m.wikipedia.org).

I understand my experience of feeling special, when psychotic, as being part of my trying, with my delusions, to repair and compensate for the extreme sense of dejection, guilt and shame I felt. Feeling I was a special human being, daughter of God, was reliving me from those inferior feelings I had been experiencing when not delusional. However, I understand that I could not really overcome the shame, guilt, inferiority, and these feelings were returning to me in my persecutory hallucinations.

Bollas described how there is a gradual destruction of the self. The individual becomes a shadow of his/her own being. More and more parts of the self are split off and projected externally: “By connecting the self to things, by thinking the self into an it rather than an I, by abandoning the symbolic order, the schizophrenic tries to evade the perils of thought and language” (Bollas, 2015, p. 143). For Bollas, the fear of annihilation is more a fantasy resulting from this gradual disintegration: “One aim of analysis, therefore is to ease the defences employed by the schizophrenic against the fantasy of annihilation and to replace them with nurturant realities that offset anxiety with assurances, both from the clinician and from the person own strengthened self” (Bollas, 2015, p. 172).

This approach is certainly important and relevant for helping towards a recovery from psychosis. I can recognize many of the symptoms described by Bollas in psychosis and compare them with my experience. To a lesser degree than that described by Bollas, I also have experienced the disintegration of my self, the disappearance of the ‘I’. I remember vividly how (during my first episode in particular), I felt as if I was fighting against someone who was destroying my mind, my ability to think, to remember. I came close to projecting these parts of myself externally; I did so in part, but I eventually understood that they were my projections and integrated them into myself and my understanding. My first few psychotic episodes were a fight against this ‘someone’. My resolution was to disappear, to not exist anymore, to feel an ‘it’ as Bollas’s account described. I know in myself that what led to this self-destructive and reality destroying force was the hidden trauma I had experienced. The destroying impulse came from the inner sense that I had to not be, which the trauma had made me think of as a means of survival and as the only way I could accept the understanding of reality the abuser was forcing upon me.

My mind had remained blocked in the thought processes of those terrible moments, which I was unable to resolve or overcome as they were hidden and not understood by me. The fear of annihilation, in my case, was a reality both physical and especially mental. My attacker had almost ‘annihilated’ me, physically he had in reality pulled me from a height and I could have been killed, while mentally he had made me unable to understand and forced me to accept

a meaning of reality that obliterated my mind. It was an expression of the reality as it existed in me, split, between an unprocessed experience of being forced by my abuser to deny my truth, and the consequent denial of my being. Not existing was the only form of 'reality' possible to me.

3.5.3 Why do we Develop Psychosis?

I suggest that the explanation of why we become psychotic may not be found in a specific factor like genetic, intra-uterine, trauma, childhood etc. For too long we have focused on a single factor. Now it is emerging more and more that trauma may lead to psychosis (Larkin and Read, 2008; Knafo, 2016; De Masi, 2020), but we do not always understand why or how this occurs. Maybe we need to focus on finding what may have forced someone to deny the truth of their true self and accept a false self as 'distortion of reality'. Whatever event, situation, or condition that may have led to this 'annihilating' force may be the factor in common to the causes of psychosis. Not whether there was rape, but how did the rape occur, which thought processes were particular to that trauma. Trauma on its own would not explain this. Suggestions made by people in the past may become useful in understanding the different dynamics that may have played a part. In 1959, Searles presented a paper 'The Effort to Drive the Other Person Crazy – An Element in the Aetiology and Psychotherapy of Schizophrenia' (Searles, 1959). In it he described how there is such an effort of driving one crazy (the one who later developed schizophrenia), this explained Searles, is done partly (unconsciously) to rid themselves of their own madness. Other theorists have come up with other suggestions, like Bateson (Bateson et al., 1956) and Laing (!990 [1960]) as mentioned earlier in Chapter Two. These theories can always be disputed, cannot be generalized, and they appear only accurate in a limited sense. Maybe what they have in common is experiences that forced the denial of the true self and imposed a distortion of truth. I think, therefore, that the fear of annihilation is a reality, not a fantasy, even though it appears more real and compounded after the onset of psychosis.

Bollas in his approach, as mentioned, started from the understanding that we do not know what causes schizophrenia. Consequently, he addressed ways to help the person by addressing the symptoms and behaviours from the point of view of the person. He tried to find ways to relate and communicate with him/her and gradually allow for the emergence of a centre like the 'I', enabling integration. According to him, narrating one's experience reinforces the 'I'. He showed how, understanding what the symptom is about and gradually helping the person to integrate the thought, feeling and emotion behind it, will eventually prevent that symptom from occurring, if combined with therapeutic work involving communicating with the patient in a way

s/he can understand. His approach and his understanding give hope of there being ways of helping even very serious conditions. He indicated, however, how factors like too much reliance on medication and lack of communication with the person with psychosis may lead to a deterioration that can make them almost impossible to heal or help.

3.5.4 Conclusion

While I value and respect Bollas's opinion, which is based on many years of experience and a deep knowledge of the subject of psychosis, that we may never find the cause of psychosis, I remain convinced that, as far as possible, we should try to reach an understanding of what led to the development of a psychosis. It may be that the causes may vary, and each case must be understood on its own. If it is found that a trauma is at the source, then gradually working through the trauma would be important in recovery. Equally, if fear of annihilation is causal, as Winnicott (1974) suggested, then what led to that fear would be central. If something caused a distortion of understanding of the reality experienced and forced a false-self compliance, unearthing the causes that led to this, and helping the individual to understand reality, thereby reinforcing the true self, become essential. With his approach, Bollas does reinforce the true self and provides the therapeutic psychoanalytic approach and understanding necessary to help the person experiencing psychosis, but more would be possible if we understand what caused the condition.

Chapter 4:

Methodology. What, How and Why: Autoethnography and Thematic Analysis Methods

4.1 Introduction

In this chapter I will introduce the main method I have used for my research, namely autoethnography. Autoethnography is a relatively recent development in the methodologies that are part of qualitative research projects. I will start with an explanation of why I have used this method, what it consists of, and how it is done. I will offer a brief historical review of how autoethnography developed as a form of writing and as a research method and outline some of the reasons why it has become widely used in more recent academic work.

I will consider what its limitations are and how they can be mitigated against in the research. I will give a description of how autoethnography applies specifically to my research and I will also briefly explain how I compared my 'case'[4] to that of two other people's autobiographical work and experience. I will briefly introduce the method of thematic analysis, which I have used to compare my case-history to that of these other two people.

Qualitative inquiry methods have shifted from previous beliefs that a skilled and qualified observer could objectively describe and understand the social world. We now understand that an overall objective understanding of 'truth' and explanation is impossible. We are all placed within a paradigm of understanding, we all belong to a class, gender, language, culture, ethnic community perspective, and each of these can affect the way we perceive, interpret and experience reality. As Denzin and Lincoln (2018) wrote: "There is no clear window into the life of an individual…There are no objective observations, only observations socially situated in the world of – and between – the observer and the observed" (Denzin and Lincoln, 2018, p.17). It is thus recognized that there cannot be total objectivity, or complete explanation of something, as we are always limited by our subjective understanding. Furthermore, "[a]ll research is interpretive" (Denzin and Lincoln, 2018, p.19): all research is based on particular beliefs and models of explanation.

Being self-reflective and critical is of crucial importance for this method in providing the best understanding of the subject. Within this process, the use of reflexivity is a key component. Reflexivity "is a conscious experiencing of the self as both inquirer and respondent, as teacher and learner, as the one coming to know the self within the process of research itself" (Lincoln *et al*., 2018, p. 143). The researcher is therefore needing to become aware of how s/he[5] is conditioned and limited by various factors in her life, and how these affect her understandings.

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[4] Mine is a case-study for it being an in-depth analysis of my experience of trauma.

[5] From this point I will be using she as a pronoun as I am writing of my experience of doing the research and being the subject of research. [I also identify as feminine, she/her].

In doing this self-reflection she comes to understand herself and the subject of her research better.

4.2 Why Autoethnography?

Initially I had considered to do my research through narrative interviews. I also looked at participatory action research and psychosis literature analysis, but I soon realised that autoethnography suited my question and quest best. As the main methodology for my research, I have therefore decided to use autoethnography. I wanted to utilize my own experience as I had not come across any research or studies that addressed the same experiences and psychoanalytic theory for looking into what had led to the formation of my psychotic symptoms. I knew the facts of my experience but no-one else, to my knowledge, had either addressed or recorded their intimate understanding of the link between trauma and the resulting psychosis. I also did not want to write an autobiography, where I would have just narrated my story. I wanted to analyse my experience using a scientific method. I wanted it to be academically rigorous, while, at the same time, allowing me to use myself both as subject and inquirer. The method that best allows this is that of autoethnography.

The word autoethnography can be broken into *auto* (self), *ethno* (people or culture), and *graphy* (writing or describing). In other words, it can be defined as the study of the self-history and its relation to other people or cultures. As a form of writing, it requires a boundary crossing between the personal, introspective narrative and the academic professional who is researching.

It is a study based on the autobiographical experience of the researcher utilised to compare, contrast, and shed light on other people's experiences. It therefore requires an analytical approach to highlight hidden areas or topics that can be applicable to others. Different styles of writing can be used as well as different creative mediums. Poetry, photographs, art can be utilised to convey in an evocative manner the feelings and understandings of a narrative, thus making the reader relate to the experience and feel the reality of it. While these evocative methods are not normally utilised in 'scientific' endeavours where the author is encouraged to maintain a traditionally distant neutrality, in autoethnography the evocative helps in providing better understanding. Conveying emotion is important for the reader and dissemination of the research to gain a lived experience. (Holman Jones, 2005).

Autoethnography developed out of ethnographic research, whereby during the early twentieth century researchers studied other so called 'primitive cultures' by researching in the field, living with the people they studied. As Reed-Danahay (1997) said: One of the earliest references to the term 'autoethnography' is dated 1975 in an article by Karl Heider. In the 1980s

anthropologists were questioning the way anthropology produced knowledge. Young anthropologists came to question how the fieldworker made claims about a people without giving them a voice, i.e., while keeping themselves as hidden experts. They realized how the perspective was colonialist and asymmetries of power were formed by traditional ethnographies.

Similar questions were being made in other disciplines, even by geographers, whose use of ethnography was central to their knowledge. Social sciences and humanities scholars were realizing how, by speaking on behalf of others, and not taking account of their own part in the production of knowledge they were not accounting for how knowledge is based on one's subjective position and understanding, and how political power is implicated in this (Butz & Besio, 2009). The problem was both epistemological and ontological. One of the approaches that developed as a solution to these problems was autoethnography and the adoption of "critical reflexivity" (Butz & Besio, 2009, p. 1662) on subjectivity as a source of knowledge: this approach is seeing autoethnography as a "self-critical sympathetic introspection and the self-conscious analytical scrutiny of the self as researcher" (England, 1994, p. 82).

When writing an autoethnography an important consideration is "who speaks and on behalf of whom" (Reed-Danahay, 1997, p. 3) as who is trying to represent not only the self but, whom will the writing give explanation of, or generalizing to whom will be central. In other words what is the autoethnography aiming to examine? As Svensson (1997) shows, the type of account given can be biased; for instance, she indicates how the biographical accounts given about prisoners can be focusing on the history of criminal acts rather than other aspects of the prisoners' life, thus leading to a slanted picture, in turn leading to a distorted understanding of the individual. The point of writing an autoethnography is of turning one's story into an explanation that can shed understanding on others or, as Motzafi-Haller (1997), in her anthropological exploration of the position of studying her country of Israel as a "native" or studying as an "outsider/foreign" (p.196) ethnographer in Africa, explained about her autoethnographic work: "I offer this narrative of self-understanding, this limited and temporal effort of making sense of the flow of my professional life, not for the dubious joy of making myself the center of attention, but because I hope that through the telling of my lived, direct experience I can tell best about existing power dynamics and the complex process of domination in my native land" (Motzafi-Haller, 1997, p. 217).

Honesty and integrity are crucial when writing autoethnography. The reader must be able to be convinced by what s/he reads and feel the truth of the words. The reader must be able to identify with the narrative and/or be able to recognize and understand others to whom the narrative applies. The writer is acting from 'heart and mind' (Ellis, 2007), unable to stand

externally to the subject of the study. Ellis is a major speaker proponent for autoethnography, and together with Bochner they have written widely on the subject (Ellis and Bochner, 2000; 2006; Ellis, Adams and Bochner, 2011). They, together with Adams, commented: “When researchers write autoethnographies, they seek to produce aesthetic and evocative thick descriptions of personal and interpersonal experience” (Ellis, Adams and Bochner, 2011, p. 5). It is this evocative aspect that can help the reader to enter the story and feel its truth, identify with it.

Anderson (2006), however, has argued for a less evocative autoethnography and a more analytically reflexive one. He argued for a visible researcher that focuses on reflexive analysis of the research based on a ‘realist’ ethnography, which is an ethnography that aims to achieve the more traditional positivistic principles like generalizability. Analytic autoethnography would aim at refining generalizability, developing theoretical understanding, and by “documenting and analyzing action as well as purposively engaging in it” (Anderson, 2006, p.380) His views are not shared by others like Denzin (2006) or Ellis & Bochner (2006) who value autoethnography exactly because it challenges traditional research and because it relies on emotion and evocative abilities.

While autoethnography partly stems from autobiography, it is not an autobiography. Autobiography is a narrative about one’s life; it is not used to shed light on others, and it is not about writing of oneself to illuminate on others’ experience as autoethnography does. It is also not about a self-analysis. While the self-reflexive aspect of autoethnography may utilize the skills and processes that are self-analytical, it is not the write up of a self-analysis. The narrated experience in this study is interpreted through psychoanalytic theory, and it is used to help to understand the experience of other people, contrasting one’s experience with others. It aims to give insight into other people’s lives that may otherwise be hidden and never come to focus. The psychoanalytic understanding that is used in this thesis, with its deep self-reflective and self-analytical investigation aims to explore undiscovered unconscious processes versus the conscious ones to provide insight into possible similar dynamics in other people. In this work the ethnographic, with its search for common values and understandings in other people and its research method of participant observing and field notes taking, and the psycho-analytical method with its in-depth analysis of unconscious versus conscious processes, converge to interpret and understand my experience. By narrating my experience, I hope that others can recognize themselves in my story and thus we can obtain better understandings (Ellis and Bochner, 2000).

4.3 Ethical Considerations

In the past, ethical principles were based on religious principles. Since the Enlightenment there has been a shift towards a value-free social science inquiry. In social science, there is still an expectation that the explanation of outcomes of research are value-free, that is being devoid of moral implications, (except not harming others remaining always important) (Christians, 2018). Now, we have come to realize how we cannot separate the subject or people that are studied from the community in which they live and how human existence must be the subject of considerations of ethical values (Christians, 2018). This new approach or 'ethics of being' values the community as a moral good. The restoration of justice becomes an ethical value that can be applied across communities and continents: "research ethics is accountable to the widely shared common good that orients the civil society in which they operate and by which they are given meaning" (Christians, 2018, p. 77).

The ethical approach lies in the values and intentions of the researcher as she decides on how the research is conducted. To conduct a good critical social science project one must address, question, and challenge the issues of power, oppression, and work towards social justice, also in terms of the individual power of the researcher. "Being critical requires a radical ethics, an ethics that is always/already concerned about power and oppression even as it avoids constructing 'power' as a new truth" (Cannella & Lincoln, 2018, p. 84). With this thesis I hope to contribute towards a better understanding of people who suffer from psychosis. I aim to diminish the stigma and prejudice towards all of us who experience this condition. My intention is also to facilitate an understanding of the humanity of those who commit criminal acts under their psychotic condition and give a compassionate view of their reasons. This process is to be applied at all stages of the research, from the research question to the methodology used and the inferences made. It is an approach that aims to give voice to the marginalized and "join with" rather than "know and save" (Cannella & Lincoln, 2018, p. 85), recognizing how historically groups of people have been discriminated against and not given a voice. The outcome should allow for multiple knowledge and ways of being, which reflect the diversity of life and the multiple realities there are. It would acknowledge the differences there may be between culture, understanding and people.

Autoethnography can resolve and address the ethical issues described above by having the researcher as both the object of the research and the one doing the research. In autoethnography there are also specific ethical issues to be addressed, such as getting the informed consent of the people that appear in the narrative, their right to privacy, respect of confidentiality, protecting people from harm, as well as the ethical considerations when someone discloses something harmful. There are also relational ethics involved. As Ellis

explained: it is all about “being true to one’s character and responsible for one’s actions and their consequences to others” (Ellis, 2007, p. 55). Dilemmas present themselves, for instance when writing about a family member, since writing one’s story will involve others. Ellis (2007) showed the dilemma of considering whether the work will be read by someone, or when someone has died. There remain ethical issues to be considered in such circumstances. Those involved may also be easily identified and it may be necessary to alter some details or, as Ellis said in her work about the ethics in writing about intimate relationships, when talking about a romantic partner who had died (Gene Weinstein, a sociologist) she wrote: “I considered what I needed to tell for myself, while honouring my implicit relational trust provision with Gene the best I could. This included protecting us together and individually, and other people in the story. Thus, I tried to tell a truthful account for readers, while I omitted things, occasionally changed details of a scene, and invented composite characters to protect identities” (Ellis, 2007, p. 16).

The writer will be exposed to the scrutiny of others and to the consequences, with the distance of time, of having disclosed personal history. Honesty and truthful accounts require displaying oneself with one’s faults and strengths, thus making oneself vulnerable. One other ethical issue can be that the writer becomes overindulgent in her writing. The writing should therefore remain within the scope of the research topic and not an opportunity to simply talk (write) uncritically about oneself.

4.4 Sensitivity to Context, Commitment and Rigour, Transparency and Coherence, Impact and Importance

The criteria for evaluating and doing quantitative research are different from those needed for qualitative research. Quantitative research relies on large numbers of subjects, statistical analysis, reliable measures etc. Qualitative research instead is usually about a small number of people, or even one single case study; furthermore, qualitative research starts from the principles that knowledge is subjective, formed by one’s ideas and beliefs, experiences, social and cultural background, relationships etc. This creates a situation where the definition of truth and knowledge can be complex and can vary according to the perspective being used.

Yardley (2000), a professor of Health Psychology, wrote on the criteria to be used in qualitative research. As the methods used of qualitative research can vary i.e., the investigation may be from a phenomenological perspective, or can use a linguistic analysis, or draw on social theory, etc. The criteria suggested by Yardley are applicable to any of the qualitative research approach used, however, they do allow for flexibility and variations. They are as follows: sensitivity to context, commitment and rigour, transparency and coherence, impact and importance (Yardley, 2000).

Sensitivity to context refers to the knowledge of existing theory on the topic being investigated. The researcher must know what others have written about it, must know the socio-cultural settings, the political settings, the language used. The entire background pertinent to the topic should be known, while remaining sensitive to the data. The process used throughout the research should be made explicit. The subjectivity of the researcher also should be reflected upon and presented. Any conflict with existing knowledge, or with the view of the researcher should be sought and explained. Commitment and rigour are about the expertise of the researcher in dealing with the topic, which requires a deep and prolonged immersion into it. There should be an aim to explore all the possible variations of interpretations or influences. The complexities must be looked at and addressed. Transparency and coherence are about the clarity and persuasiveness of the argument. The readers must be able to recognize themselves in it. Transparency is achieved by presenting all the data, by in-depth use of reflexivity on the part of the researcher and by clearly evidencing this.

In autoethnography, starting from the awareness that the definition of ‘truth’ may vary depending on the approach used to define it, i.e., fiction, non-fiction, scientific writing, memoir, history, it is recognized also that memory is fallible, and that different people may recall the same experience differently, people may occasionally even remember events that did not happen (Zelinsky, Gilewski and Anthony-Bergstone, 1990; Abadie and Camos, 2019). Autoethnography takes account of all this. Ellis, Adams, and Bochner (2011) relating to more traditional values, explained how the concepts of reliability, validity, and generalizability can be understood in autoethnography. Reliability, they wrote, is about the credibility of the author. Can the story she tells really represent what happened? Is the evidence corroborating this? Has there been too much ‘literary license’ taken? The validity is similarly dependent on whether the writing leads the reader to relate to the story, making her feel it is believable, lifelike, and coherent. An autoethnography is also considered on its promoting understanding and communication of others. It is in making the story useful by allowing the reader to recognise his/her experience in relation or contrast to the story narrated.

Generalizing, as can be done in quantitative methods, is not possible in qualitative ones as the subjects involved in the research are always of a limited number. It is possible though to reach a more common understanding formed by the readers when they can learn from the story about themselves and about other people, when the story sheds understanding on social and cultural issues. On this factor Ellis wrote: “Our lives are particular, but they also are typical and generalizable, since we all participate in a limited number of cultures and institutions. We want to convey both in our stories” (Ellis and Bochner, 2000, p. 751).

The use of single case-studies has been considered by Freud, others, and more recent authors as good ways of finding causal factors in an investigation (Midgley, 2006). They also give insight on possible mechanisms intervening in a situation which, while they may not be generalizable in all circumstances, they "do teach us what is possible" (Midgley, 2006, p. 138).

4.5 Criticism of Autoethnography

Of course, there is the possible criticism that in personal narrative any truth described depends on what cultural, social, individual, linguistic, psychological meaning we make (Ellis and Bochner, 2000) and that an ultimate truth cannot be reached. Since we do not have an objective truth which is out there to be found we can look at our narrative as meaningful research once we use our life experience with deep insight, introspection and continuous self-checking regarding awareness and acknowledgement of self-limitations, ambivalences, confusion, mixed feelings (Ellis and Bochner, 2000).

Due to its being partly an autobiography and partly an ethnography, autoethnography is the subject of criticism from both sides, either for being too artistic and lacking scientific rigour, or being too scientific and lacking the artistic ability required to write. As an ethnography it is criticized for being about only one person and not covering a group of people. As Ellis commented, these differences are not issues that must be reconciled but rather "differences to be lived with" (Ellis, Adams and Bochner, 2011, p. 284), since there are so many different methodologies that to reconcile everything becomes an impossibility.

4.6 Reflexivity and the Ethics and Potential Vulnerability of Using My Own Narrative

In the narrative, I used my own process of self-analysis together with the work and insight I have been doing over the years – initially with an analytical psychologist, where I did three years of intense, frequent analysis, which was followed by other introspective work with different therapists or counsellors, and the more recent work of several years with a clinical psychologist. My history of schizophrenia made me potentially vulnerable to the process of introspection that the self-analysis work required. I found that the previous analytical and therapeutic work I had done had prepared me for this and given me some mental health protection. The on-going work with the psychologist also provided a safeguard against the possible awakening of hidden problem areas. In terms of the actual research, a definite help was provided by my supervisors, who followed me throughout my journey, giving me insights on the understandings of my material. What I have disclosed was ground I was familiar with, and thus felt able to face; not only what I knew, but also possible unexpected insights that may have triggered an internal conflict.

By using a Thematic Analysis method, I have utilized, compared, and related my autoethnography to two other people's autobiographical work of their own psychosis: Marie

Cardinal and Renee. Alongside these accounts, I have read and considered the insight given on these biographies, in one case (Marie Cardinal) from the comments made by an analyst afterwards and in the other (Renee) by the therapist. I have also looked at other people's analyses and comments on the two cases I had chosen. Autoethnography does require this going in and out of the self-history and relating to research and knowledge in general. This was done by giving a detailed description as much as possible to make the data self-evident. As Midgley pointed out: "Many case studies are written in such a way as to persuade others of the validity of a particular point of view" (Midgley, 2006, p. 131). This depends on the thorough methodology of analysis, with its description, as well as on addressing the limitations and relying on an honest representation of the experience that is as accurate as possible.

A criticism of my self-analysis would be that one cannot see the whole and that factors like one's prejudices, repression, motivations, may blind the investigator to the objective truth (if ever such a truth is possible to state). I think these obstacles are mitigated by a twofold strategy: 1) By giving evidence of psychotic symptoms disappearing after reaching the understanding of what was their cause, and after dealing with the emotional and psychological consequences of what led to the symptoms' formation. Therefore, giving evidence of improved mental health; 2) by giving a coherent and as truthful as possible account.

4.7 The Thematic Analysis Method

Thematic Analysis (TA) is a relatively new method of gathering and analysing qualitative data within the human and social sciences and its existence goes back to around the 1980s. Braun & Clarke (2022) have suggested that the process was used even earlier; for instance, musicologists used the term in the 1930s. Thematic Analysis has become a commonly used method in qualitative research projects for systematically identifying and organizing data and giving it meanings. In the process outlined by Braun and Clark (2021) the data is gradually grouped into sets of meanings that can cover general and specific categories and themes which address the original research question and provide some understanding of people's experience(s). After an initial breaking down of the material into codes, the codes are grouped into the sets of meanings (clusters) that may give insights into the data (experiences) and/or develop understanding on what is being researched (Braun & Clarke, 2021).

Thematic Analysis is a method of doing an analysis in research and its versatility makes it useful with different theoretical frameworks. (It would be an impossibility to be atheoretical in doing research). The theoretical approach underpinning my Thematic Analysis investigation has been psychoanalytical. I wanted to find out what themes were emerging from my data and see where the differences were between my experience and those of Marie Cardinal and Renee. I

was also trying to see if there were common unconscious dynamics in their psychosis and mine and whether the themes emerging were giving similar clusters of understanding. By being psychoanalytical, I was utilising my new understanding of myself to look at what Renée and Marie Cardinal explained and described. I was working with the knowledge that unconscious elements are always hidden from us, but as the researcher I could also be in the position to see what was hidden from them in my own 'countertransference' to them. This unconscious 'not knowing' was, of course, also my limitation, which I have tried to be aware of throughout.

Braun & Clarke (2021) distinguish between three types of thematic analysis. First, there is the Coding Reliability method, which uses a codebook and a coding agreement between researchers. It is a neo-positivist approach which seeks 'objective' and 'unbiased' coding. Second, the Codebook method is more qualitative than Coding Reliability. It relies on a structured coding framework but does not require coding agreement. Third, there is the Reflexive Thematic Analysis, which uses more qualitative research values and principles and reliance on the researcher's subjective awareness and introspection. The Reflexive coding that is used in Reflexive Thematic Analysis is more organic, less restrictive, recognizing the skills, thinking, values, and experience the researcher brings to the process of doing research. I used the Reflexive Thematic Analysis in analysing my two published cases of psychosis of Marie Cardinal and Renée. Reflexive Thematic Analysis recognizes that the researcher will always be biased and that subjectivity is a contributor to the research: "[W]ho we are, and what we bring to the research, ranging from our personal identities and values, through to our disciplinary perspectives – is an integral part of the analysis" (Braun & Clarke, 2022, p.13) and one must interrogate that subjectivity and reflect on the assumptions, expectations, and choices that one makes (Finlay & Gough, 2003). The researcher's role with its perspectives and ideas brings meaning and interpretation to the data. It is a fluid and creative process, not a structured and confined method. It does not rely on finding 'the truth' but rather the meaning from the limited perspective used. I chose the Reflexive Thematic Analysis method, because of its flexibility. It allowed me to reflect and interpret the data through the psychoanalytic theoretical lens I wanted to use, as well as my own perspective. I could answer my questions and use a way to be systematic and thorough and aim to produce trustworthy research. As a method, it allowed me to be creative and make the best use of my data while, at the same time, being scientifically rigorous.

The main question I tried to answer from my two case studies was 'Is there a distortion of understanding of reality at the source of the psychotic symptoms?'. To establish whether there was a distortion I further asked, 'What led to such distortion?'. I initially familiarised myself with the data. I then divided it into codes and tried to see what themes I could extrapolate. I repeated

the process twice, refining my thinking and understanding and my selection of codes each time. I did a similar process by grouping the codes together and interpreting them into themes that aimed to provide the evidence and answers to my questions. I worked at being systematic and thorough and not disregarding any relevant data. In the final process, I decided which data, codes, and themes I needed to discard. The whole process was organic and repetitive, and I went back and forth several times to complete it. The interpretation I made of the data was, as mentioned, based on existing psychoanalytic theory which I had already explored for the autoethnographic aspect of the research. I also used my own experience and understanding of psychosis.

The use of my experience and understanding had a twofold implication. My analysis was facilitated by the in-depth understanding I had already achieved of my experience. This, however, may have blinded me from other ways I could have looked at the two cases. I could look at the unconscious impact these two people's experiences had on them and interpret their experience by using my existing knowledge. My already having a point of view of looking at things meant I could more easily find the unconscious processes that had developed in their life. If that meant I was skewed in my understanding I have nonetheless tried, with the themes presented from the data, to give the evidence corroborating my analysis.

I selected Cardinal's and Renée's cases because they provided me with a historical background of their life. I had read several accounts of psychosis before selecting these two cases, but none of those I read had given the background information I needed, as none had given their explanation as to why they had developed their psychosis. This choice may be considered biased as I selected them because they provided answers. This, I consider not to be necessarily a problem as I was not making a generalisable claim, but rather I was making a claim that was possibly transferable to other cases. I did use my own experience and understanding of my psychosis to make sense of theirs. I have tried to be aware of my limitations and biases by constantly reflecting on my motivations and thinking, but implicit in the entire research is the recognition that I cannot ever entirely escape them.

4.8 Conclusion

Autoethnography is a work that can be therapeutic for the writer. When done properly, it can be a way of encompassing some of the epistemological and methodological limitations that any research work can have, as no theory of knowledge can ever hope of reaching a complete understanding and no methodology can exist without limitations. All things considered, autoethnography can be as close to life as possible, and as such it can get a glimpse of something that can be meaningful both to the academic and the non-academic. Because of the self-analysis I did for many years and the diary I kept throughout; I realised that the diary was a rich source of

data for my research and utilised it in examining my case. Thematic analysis combined with my own perspective and theoretical approach complemented my autoethnographic exploration. It has had similar limitations to autoethnography in that I could not claim to have reached the truth, yet I found that the two approaches provided valuable insight into one another.

Chapter 5:
My Journey in and out of Madness

5.1 Introduction

In this chapter I will use my experience drawn from the diary notes I have been taking since the 1990s. I will attempt to show how, by allowing the truth of the traumatic experience to emerge, by overcoming the psychological violence that had forced the distortion in my thinking, and by 'experiencing' the whole experience, I have found a resolution to my psychosis. I have been able to eliminate the psychotic symptoms which have been part of my condition and have returned to experiencing feelings and emotions which where only faintly possible for many years after the trauma. Alongside this has come the perception of my 'true' being, my sense of existing in the world, which I had lost for many years when I did not perceive I had a self or a sense of self.

I will present my life narrative starting from my childhood and continual formation background, and then focussing especially on my developing an understanding of the major trauma I suffered at the age of twenty. I will structure the narration chronologically, from childhood to the present day, trying to show what formed my psychosis, and how I gradually reached an understanding of its impact on my psyche and my current wellbeing through a painful resolution of the past trauma. A full account of my trauma can be found in other publications, such as Franco (2013), Franco and Nicholls (2021) and Franco and Nicholls (2023). In this chapter, I refer to these briefly, but the full insight gained emerges through the diary entries and analysis used in this work.

5.2 Looking Through Time (1955 – 2023)

I come from a working-class family from Veneto, in Northern Italy. I am the eldest of seven children (one died at two days old). I was given a Roman Catholic, religious upbringing. During my childhood my father was often absent for work, and my mother managed our care with a strict and, at times, severe discipline; her corporal punishment for misbehaviour was frequent. As the eldest, I was often asked to do chores or look after my younger siblings and was told I had to give a 'good example' to them. We lived in a small, financially prosperous, and growing town. The main source of income for the town was the flourishing industry of shoe making. The society we lived in was provincial, conservative and, as I grew up, I found it to be quite bigoted in its outlook on things. As a teenager I joined more feminist and politically active groups, where I found people with whom to share my principles and ideas. I became quite rebellious, especially towards my family, and as soon as I turned nineteen, which had become the adult legal age, I left the family home and started to live with my then boyfriend and another friend. One of the areas I felt rebellious about was sexuality. I felt my society was too repressive and living with a boyfriend, not being married, was not common for women of my age in my

hometown. At the time, I did not know anyone else doing so. With the distance of years, I have reflected that where I thought myself to be a principled feminist young woman, I was at times not as assertive towards some dominant males as I would have liked to be. At the time I thought I was acting with what were feminist ideas, but I see them now as not being in my best interests, or what I really wanted. I had thought that having a sexual relationship with my boyfriends was part of being a 'liberated' feminist, but in truth it conflicted with my moral upbringing and with my unpreparedness for the physical reality of a sexual relationship.

In 1975 I had become discontented with my work. At the time I was a receptionist in an office and my relationship with my boyfriend was not going well, so when a new friend suggested she wanted to travel to India I decided to join her. I left my job and with this friend and another male, who was also in a similar situation of wanting to change things in his life, we started out on our venture to India. We reached India travelling by land (train or bus) and once in India we found we had different ideas of where to go and what to visit, so we parted, and I started travelling with another male I had met on the journey. This behaviour was part of the 'hippy-like' culture I saw myself as belonging to. As such, it was still relatively uncommon.

A few months later, in 1976, I suffered from a very severe traumatic experience. When this happened, I did not have any close friends with me, was away from home, my travelling companion then was a female friend whom I had met on the journey, but she certainly was not close to me[6]. The trauma involved someone, who I considered a friend, who attacked me, and made me fear for my life. This was followed by a behaviour on his part that acted like violence to my mind and led to my not understanding anymore what was happening and brought me into thinking that his raping me was me choosing 'to make love' to him. After the event, I briefly reflected I had been raped but, at my not feeling anything, concluded it had no effect on me. Later, thinking again, I changed my mind and decided it had been my choice. My journey of recovery from psychosis has been about understanding what happened that day, retrieving memories repressed and lost from the event and allowing the real violence that had occurred to become conscious, visible, and finally 'experienced'.

A few hours after the trauma, i.e., on the same day, I experienced for the first-time paranoid perceptions or 'ideas of reference'[7]. I was with a group of people, some were friends, others were other travellers, and I kept hearing them talking as if with denigration about me. It

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[6] The full and detailed account of the event has been published in Franco, 2013.

[7] These terms are often used to create diagnostic categories for Mental Health clients. They come from the DSM-5 and to some extent they describe the 'symptoms' but they do not explain the causes.

was not so much hearing voices, I understand now, but rather catching snippets of conversations and thinking they repeatedly referred to me. I started feeling confused about myself, about my identity. I felt I was not being myself anymore. I had a sense of 'not knowing', like there was a not knowing on my part and others knew. This felt like an existential, exoteric feeling which I did not understand, in that I did not know exactly what it was about. Years later, in April 1993, while reflecting on things, I wrote in my diary:

> *" Those that are completely (I think) are also those that know. And those that know cannot say it",* and *"It all feels very primordial", "It is as if it is a primordial explanation of what reality is 'magical'".*

Here I was referring to what felt like a magical reality. Reality felt, for a long time, not understood by me and everything had become strange and difficult. In the following months, after the trauma, I started to examine myself and in trying to be the real me, I started to feel guilty about various things I had done. I thought I was not kind enough and I was selfish. I became hypercritical of my actions and thoughts. I felt especially a sense of guilt for my sexuality and how I had behaved sexually. In general, my whole life seemed suddenly to be filled with guilt. In feeling guilty, however, I felt more real, more in touch with myself. I therefore sought the guilt and reinforced it. Guilt became a form of self-flagellation with which to guide my life. My religious and moral education inspired me and things of faith I had abandoned were now important to me.

Four months later, I returned to Italy and my family home, but living there felt wrong to me. I thought I had to pursue this cleansing of myself to be the real me. I travelled to London with a young male friend from my town and once in London we soon started living in different places and with other new friends. Gradually I became more and more unwell and started being more actively psychotic; the confusion about reality and the intolerable guilt had driven me to full 'mental illness'. The trauma had happened in 1976, when I was twenty years old. By 1981, five years later, I ended up being sectioned and diagnosed with paranoid schizophrenia. I had developed, during that time, a delusional world in which I was the daughter of God, who had a mission to save humanity from perdition. I was not divine like Jesus but, in my case, I was very special. The delusional ideas were accompanied by strong persecutory hallucinations. I had entirely isolated myself from others. I had left my country and my family and had been living alone in a rented room in London. One of the most painful hallucinations was of a man attacking

me with his penis and repeatedly behaving as if raping me, although to me it felt more like an attack, a sort of punishment at the same time.

The hospitalisation was followed by years (from January 1981 to October 1986) in which I avoided friends and people of my age and lived and mixed with much older people, as that helped me to reduce my paranoid perceptions and provided the sense of penance that I felt I needed in order to be again a real and good human being, as opposed to a false and sinful one. I truly believed myself to have been an immoral being. It is only now that I can clearly see how it was the outcome of the trauma that made me feel that way, rather than a real 'immorality' (i.e., the guilt and fear of being sinful). In narrating this account of my life, I hope the transformation from the false thinking that occurred because of my trauma, to my clearer rational understanding and true self emerging, will become clearer in the following sections.

By March 1985 I had become acutely psychotic and again was sectioned in England. Between 1986 and 1990, while struggling with my constant mental health problems of paranoid perceptions and fears, I studied at university and obtained a Psychology degree. During that period, I was still living with much older people, but I was in contact and mixing with other students of my age and gradually felt able to spend more time with them.

In September 1990, after achieving a psychology degree, I started seeing a Jungian analyst and that's when I started to keep a diary. With analysis, I could be guided and work more constructively on my problems. This felt like being able to do something about them as opposed to the hospitalisation and medication I was given that controlled the symptoms, but it did not make them go away, or resolve them, and gave me many very distressing side-effects.

In March 1993 I wrote of having:

> *"problems of wanting to vomit, it is like something strangling me."*

I felt these feelings, but I did not know what they meant. I know now this was a physical response to the attempt on my life that had occurred and the consequence of the whole trauma, this will become clearer when I narrate the whole trauma later in this Chapter. It was as if something was suffocating my true self, my real being and the trauma was forcing me into a distorted reality.

In May 1993 I wrote about feeling fear:

"That fear had remained in me at one level, telling me that there is something that I don't understand. I am stupid. Is it possible that there is a reality entirely separate from the real reality? What is reality? Does it exist? There is described there the whole psychotic/schizophrenic fear that I have lived."

Here I was questioning things. I did not know yet the dual understanding of reality that was in me, but I sensed that the fear about what reality consisted of was at the crux of my psychosis. It was an inner perception of the dilemmas that develop with psychosis about the understanding of reality. They were also the existential questions, that having different understandings of my experience, were creating in me. I now consider this a 'split' in my mind/being. Even though I did not know such a division was in me, these questions are evidence of how my innermost true self had the knowledge and could guide towards insights and healing.

May 1993:

"I see that the complex pushes me, in compensation, towards megalomania." "That in fact, at this point, there is something to which the true memory is missing to make the meaning alternative to the megalomaniac one true."

In these notes I was clearly realising that I missed a memory of whatever was affecting me. I was also understanding how my grandiosity ideas were compensating for the bad feelings formed with the trauma and replacing the missing memory.

In a psychotic episode which occurred between January 1993, and January 1994 I had the hallucination of having been the spouse of Lucifer. I was sectioned in January 1994, and this was followed by a long period where I was just struggling to recover and return to normal life. On June 1995, having returned to work on the psychological understanding of myself, on the fragmented memory I had of the trauma I wrote:

"It was not rape, it had all abuse on it, but my behaviour altered that."

I realise now that both the hallucination and my sense of responsibility about the trauma came from the distortion of understanding I had of what had happened and my feelings of guilt from the event. Thinking as I had that I had chosen to ‘make love’ to my attacker was making me identify, in my hallucination, with being the spouse of the devil. For a long time, I struggled switching in my understanding of whether I was raped or not. I later reached a point where I remembered sufficiently about what happened to cognitively understand that indeed the event had amounted to my being raped, but I still struggled because my feelings and emotions about it denied this and made me feel guilty of having chosen the act. It took many years to retrieve the whole memory, and to understand and process the psychological and physical violence that had taken place.

One of the great difficulties I had in resolving what had happened in 1976 was that each therapist, analyst, and psychiatrist I saw—and over the years I saw several—either denied it had been rape or was not interested in pursuing the issue in any depth. It was only in later years, since 2015, that I found a Clinical Psychologist who has spent a lot of time with me going over the various feelings and thoughts I had. This was made possible by the fact that, by this time, I had worked a lot in self-analysis and had retrieved an almost complete memory of the event. I had also become more certain in myself of the meaning and impact it had had on me, so I could be more assertive in wanting to talk about it. This being able to talk about the trauma and being taken seriously, helped in my understanding, and meant that it allowed me to regain a sense of reality about the events. Slowly I was becoming more integrated and whole as I worked through the reality of the event. I did this by remembering, seeing where I had taken a distorted meaning and gradually understanding more and more of what had occurred and its impact on me. It was a painful, lengthy process.

To do this I also needed to resist the internalised violence that kept forcing the distortion of my feeling guilty and culpable in what had occurred. My transference of feelings and emotions to my psychologist, and his countertransference, which is his emotional response and involvement in my narrative, were crucial in enabling me to do this, contributing to give a perception of reality of the event and overcoming the distortion of it having been my choice.

Soon after the trauma, within the following year and half, I found myself, on a few occasions, having sexual encounters with men that did not make sense to me, and which contributed greatly to my sense of being immoral, as well as a strong sense of confusion on my feminist and previous religious beliefs. It was as if I was switching from a chaste/religious being to a wanton/sexual being, who was morally depraved. I could not understand myself. Was I

being a feminist who had lost any sense of morality or was I a ‘liberated’ feminist? Thinking about one particular sexual encounter I had had; I wrote in June 1995:

> *“X is the focus of something important. I realise that my feeling of affection for him is entirely false.” ” Entirely my creation to give meaning to what happened.”*

I had a sexual encounter but, not only did it not make sense again, while there had been no violence there had been an initial aggressive act on the part of the man and I accepted the sexual act. In retrospect I now consider how it had been like another rape experience for me. After many years of inner work, I understood how these sexual encounters were part of the false self the trauma had created in me. My having internalised that I had to obey my attacker, my having identified as a sexually wanton woman, was making me react to men who were not respectful in approaching me sexually by automatically complying as if obeying, repeating what I had learned during the trauma. I see this also as the compulsion to repeat postulated by Freud (1920). Freud argued how the compulsion to repeat and re-enact a traumatic experience is an attempt to resolve the conflicts created for the individual by the trauma itself.

I now understand that this internalised violence may explain other people’s psychotic behaviour when they act in a manner that is in contradiction with what they would do if not psychotic. I wonder how much of this type of inner split and imposed distortion may contribute to explain even the acts of violence perpetrated at times by people with psychosis. I will discuss this further in Chapter Seven.

In June 1995 I wrote:

> *“What a relief in my heart not to care for him, to cut off this invented feeling.” “From here I see my recent confusion in feelings. From here I see my question about creating feelings.” “How do we feel? How does it look in our heart?”*

These were questions I had been asking myself out of the fact that for a long time I had felt feelings of obligation towards this second aggressor, but I realised that they came from a false reality. As a result of this, I started to understand that it is possible to experience feelings based on a falseness, on a psychological distortion.

August 1995:

> *"My horribleness, my guilt, my inferiority."*

This statement is a testament to how low I was feeling at that time. I felt myself to be a horrible person. My sense of guilt seemed to have no boundaries. I felt the lowest of human beings.

October 1995:

> *"The image of God, the Perfection, seems to get superimposed by the phallic image, as if the most sacred and the most profane have something in common",* later: "*I don't think the image of God is entirely healthy, in this image I have fear of punishment as perception of the Father."*

During my psychotic episodes I always had a strong perception of God communicating directly with me. In the periods of non-active psychosis, I still had strong religious feelings, but at this point I found that, with the image of the sacred, phallic images were superimposing in my mind. I realised that, in my faith, my feelings towards God had an unhealthy quality by being driven by a sense of fear of punishment. In October 1995 I questioned then:

> *"How does this relate to my guilt? My sexual guilt?"*

I gradually started to question my underlying thoughts and become more aware of them.

November 1995:

> *"It feels preposterous that my guilt should have reached such evolution of its existence."*
> November 1995, *"I can exist only guilty*."

It seems that here I am starting to realise that my guilt is irrational. By this time and following on work I had done with the analyst I blamed mainly my mother and my religious upbringing as the cause and origin of my guilt[8].

One problem I had with the analyst is that when I mentioned, early in the analytic relationship (around 1991), having been raped, his reaction was that that was “not rape”. I could not talk of it anymore. I cannot entirely blame him as, at the time, my memory of the event was fragmented, and it contained the distortion of understanding that had taken hold of me. I do think, however, that if a person says, ‘I have been raped’, this should always be listened to and followed and not dismissed, as I suspect others may consider, as a psychotic delusion or a refusal of responsibility. Many years of suffering could have been spared if I had been able to explore further, at the time, my feelings, and thoughts about the trauma.

Concerning the rape, by December 1995 I asked:

> *“Why did I accept it? Why did I even participate? There at this point enters the blankness and follows the guilt. I seem to have no emotion about this whole thing.”*

By 1995/96 I was actively working towards trying to bring to reality what I had concluded had been rape, but my memory of it was still fragmented. My original conviction that it had been rape had come from the knowledge that was in me, that I did not want the sexual act to happen, that I did not like the man in any sense, including sexually. He had been a superficial friend with whom I had exchanged friendly conversations, but never any sexual communications had taken place between us.

I have not recorded what my memory of the event was, but I know initially I had completely forgotten the physical attack that had happened at the beginning with its threat to my life. By December 1995, I remembered I had been pulled by the ankle down to the rocks below, this had been followed by a skirmish and my thinking he wanted to kill me. As I started shaking with fear, he became very agitated in rubbing my arms as if to reassure me, I remember feeling his worried agitation, this was followed by the sexual act. When talking to my psychiatrist at the time about this memory, he had commented that he was a kind rapist. Again, the person who was supposed to help me was making it impossible for me to resolve and understand things.

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[8] I will discuss this need to blame my parents later.

How can a rapist be kind in raping? I had felt upset by this comment as I was struggling to understand this incongruous act.

I realised that the feeling I had of being like a prostitute, came from my thinking of having participated in the abuse. I knew I had been a victim, I was more and more certain of this, but it continued to feel as if this was not so. When I tried to get in touch with the abusive aspect I found, in December 1995:

> *"It all feels false and yet I know it to be reality. It is as if the guilt and the pain of it distort everything making me feel a hypocrite."* Later I wrote, in December 1995: "*I still feel falseness, that strange laughter, like sensations accusing me when I think of the abuse.*

I find it difficult to describe here what I call 'a sense of laughter'. It was a feeling that tortured me for a long time: something ridiculing reality or anything that was serious or important. I experienced it as a sense of laughter coming over me, but an imposed sense of laughter, not something coming from the real me. I understand this as my psychological reality of the false self-distortion that was negating, ridiculing the truth of the true self. I think it is part of the psychological awareness in oneself of the existence of conflictual realities and as such an unconscious awareness of not being real and therefore of feeling somehow ridiculous. This feeling did not go away until I had been able to recall the complete reality of the event, until my true self found expression. I have often observed this sense of laughter and of being ridiculous in people who suffer from psychosis. It was for me a cause of deep inner suffering. I was realising how I lacked an understanding of the trauma and how it was this that was causing the raw pain I felt. I knew by then that the understanding and integration of the trauma could lead to a resolution of my mental health problems.

In my recovery journey I found that elements that had been cut off from my consciousness were being healed and I felt a sense of improvement as I was able to recall each detail of the event and integrate them into my knowledge. Often, however, I reached the cognitive understanding long before I could fully feel the reality of something and experience its feelings and emotions. To experience these elements as reality continued to be a difficult and lengthy process, partly because I was doing this mainly on my own as nobody was helping or willing to help me. Professionals, whose help I was offered then, did not want to support me in this; mostly they wanted me to look at my family and childhood. Being so unwell also meant that I could not hold responsible, well-paid jobs; consequently, I could not afford to pay privately for professional help.

From an original feeling where I had been struggling to overcome a sense of not being myself anymore, this feeling became more a perception of a falseness existing in me. December 1995:

> *"This knob of falseness seems to affect me enormously; it gives a feeling of falseness to the whole of me. As if I could not be taken seriously by myself, even before than by others."* I later wrote:" I *wonder, I feel that this pain existing with entire lack of differentiation, understanding, must be at the root of psychosis, this inability to see reality in the events." "It exists as a pain, not as something I am able to deal with. As it is it cannot be understood."*

I started to think that the idea that I had chosen the sexual act in the trauma was due to my trying to think with an internal honesty (perhaps a moral integrity) and that this feeling about my actions was wrong and misplaced. I did not, however, understand the real reason for my sense of responsibility and, at the time, all I could remember was that I had thought I was making love to a friend, but that this had not been my choice.

March 1996:

> *"My heart gives me a constant clear feeling of overwhelming fear, paralysing emotion and I know it to have been present then (though hidden)." "It's fear as if for my life, my survival."* Later: *"It's as if I want to give it (the violence) a tiny significance." "Why? Why does my heart refuse so strongly to understand reality? Why is it so difficult? I see it's the prostitute that says so."* Later I wrote: "*I think it's important from the point of view of aetiology and development of psychosis to see that in my psyche there is a total denial and obliteration of what happened."*

Even though I was able to remember the violence that had taken place, I could not understand why I still felt as if it meant nothing. I could not feel any grieving pain, nor did I have a feeling of reality about it even though my memory was certain. I could not understand why this was so, although I was starting to think that my sense of guilt and punishment was causing this. I did have, however, an emerging sense of identity and an emerging sense of self that I had lost before.

Talking of my perception of myself as a prostitute, April 1996:

> *"I feel it outside of me or almost like another identity within me, something independent that is in my heart." "I cannot see the root of it, and I cannot logically see its reason for existing."" Almost a dual self."*

I realised that I had two different understandings in me of what had happened.

May 1996:

> *"It is as if I have two memories of the fact."*

In one, I was responsible for an insignificant sexual encounter, whereas in the other I was the victim of violence.

Once I had started to understand and work on the trauma, I found that in each of the following psychotic episodes I had, often resulting in compulsory hospitalisation and medication, I was able to integrate the reality of the trauma more. This had not happened during the first two episodes of psychosis. During these latter episodes I, on each occasion, spent time thinking about the trauma's violence and abuse. Some healing was made more possible by the stirring up of hidden feelings and memories that a psychotic episode facilitated. To my understanding, the delusional ideation formed in each psychotic episode had a symbolic content that related to aspects of the trauma and, by stirring the emotions and feelings pertaining to the trauma, I was able to integrate parts of its reality.

June 1996:

> *"I by now remember enough of the trauma and yet I cannot feel it's reality and I am not understanding why I am not feeling it."*

Once in analysis I had a dream of myself being like Hercules cleaning the Augean stables, a heroic act. In the dream, with the dung, I was also throwing away pieces of chicken (roast chicken was one of the special foods my mother would obtain from a rotisserie in town when she had been too busy to cook; as children we loved it and considered it a treat). My analyst had commented on how I was throwing away also the good things about my mother (I had been complaining about my mother a lot in that period as I blamed her mainly for my problems). By then, in 1996, I was able to understand more about the trauma and I was able to

remember more of the good and caring aspects of my mother. In general, I had stopped feeling anger towards my parents; I had stopped blaming them and started being able to feel the love and security they had both given me. They had given me a good start in life, and I understood more how my problems were originating from the trauma and not from my childhood.

I realized how blaming my parents at the beginning was tantamount to giving my pain to those who most loved me and whom I trusted. It had been a way of coping, but as such it could not give healing as it had been not the real source of my psychosis.

I often referred to the part of me that felt so bad as a monster, December 1996:

> *"It is as if the monster is also a critical part of me, (the Superego?). I think I ought to recognise in it the Superego thinking. A Superego that has been exacerbated, more critical, with guilt." "Thinking how the complex is there but is not me anymore."*

I started to feel less possessed by the complex created by the trauma.

Between 1996 and 1998 I was having difficulty finding work. I was trying to settle again in Italy near my family, but I discovered I had become used to a different way of living and struggled to cope with my daily life. While I continued to think about my experience, and try to understand it, my working on the trauma was less intense. In 1998/99 I had another compulsory hospitalisation in Italy for a psychotic episode.

On October 1999 I wrote:

> "*There is an energy powerful and destroying everything. Destroying, distorting feeling, reality. It is made by the annihilating force of what happened."*

I was here realising that there was a psychological force coming from the trauma that was behind the distortion and annihilation of reality and feeling. This energy, October 1999:

> *"Still strong enough to not allow feeling, to give this painful agitation and pressure of having to do something, a something that has no definition but has especially been in me as an obedience to God, a god I have to obey to cleanse myself."*

December 1999:

"I find that the point where there seems to be now the greatest distortion is where I cannot contain even the emotional reality. It is as if there is a whirlpool that I cannot resist (of emotion). I cannot even hold concentration at that point. The fear so intense becomes guilt for my evilness towards him, but what remains is a compulsion of guilt that I cannot resist. I must even not be me but what he wants. The thought of reality vanishes, in its place something else masking the reality."

I was clearly seeing here how my guilt originated from a distortion and displacement of fear which had become guilt.

In the two following years I gradually understood how this emotion-distorting reality was crucial in my psychosis. I identified how I was split between two realities: one was a reality of abuse and fear and the other a perception of responsibility and guilt. I started questioning why I had thought I was making love to a friend. Wondering whether I had had a twisted mind or whether there was a reason for this.

July 2002:

"Feeling a little paranoid. What I have realised is that there is a part of me that enters and judges harshly all of me, in doing so my self disappears. I don't perceive my being anymore, and except for the thinking faculty, I am left in the hands of this severe, judgemental, critical force. It is the aspect that in psychosis forces me to religious fanaticism and delusions."

October 2002:

"*I had internalised guilt for what happened almost as if I was the rapist, I did violence. Somewhere I am guilty of the atrocity without knowing exactly what the atrocity is. I know that by not allowing myself to think evil of Y, I had internalised the prohibition to do so in my mind. I was forbidden from thinking freely, I always had to put first others or my guilt."*

In this last point I was understanding how after the trauma I had ended up feeling forbidden from thinking freely (I identify my attacker with the letter Y as it lends itself to my question ‘why?’).

November 2002:

> *“I don’t know for certain, but I seem forbidden to be angry with Y.”* Later, November 2002: *“I had this dream of my slowly turning, something happened in slow motion, and I changed identity and became someone else.”*

The dream was telling me what had happened to me during the trauma. The feeling of not being myself, of being someone else, was with me for a long time, diminishing slowly as I understood and integrated reality. Only recently, in 2022, has it disappeared completely.

March 2003:

> *“Getting in touch with the me that was trying to survive meant getting in touch with a strong primordial force in me.”*

I started to understand that a survival instinct had intervened during the violence.

Dream, March 2003:

> *“I was surrounded by men, and one was doing something harmful to me (don’t know what), I managed to resolve the difficulty by flying a metre above the ground and somehow I was defending myself.”*

I now understand this as the dream telling me how to defend myself from danger. I had turned to something unreal, like the distortion of understanding was. For many years, I often dreamt of flying and this distressed me, as I felt it meaning that I still had a delusional aspect in me or, in other words, that the distortion still had power.

April 2003:

> *"When I integrate or resolve something, I often go through paranoid or/and hallucinatory perceptions. There is a resistance to the truth that exists as guilt accusing me which manifests itself in sexual hallucinations fighting the truth. I think these hallucinations are the distortion of the truth as it exists inside of me, I cannot feel the pain of the rape so I have this absurd perception of imposed sexual guilt, perpetrated on me, as if caused by others; forced on me. That is in fact the reality as it exists in my psyche, on one level I am sexually and morally guilty and on the other I am obeying violence, forced on me, therefore the hallucination."*

I learned over the years not to be frightened of hallucinating when trying to integrate an understanding. I found that the internalised psychological violence I had experienced was still affecting me very much and to accept the truth each time meant challenging this internalised violence I had previously 'obeyed'. This violence had caused the distortion of understanding; in challenging it, I was challenging my psychosis and that is what I learned was causing psychotic symptoms when integrating the truth. Each time, however, it took me great courage to persist and believe in myself as I feared becoming psychotic, yet in doing this my true self was strengthening.

August 2003:

> *"I have seen how not being allowed to be myself led to the destruction of my self and choosing the identity of the aggressor, hence I am a man, I am the aggressor, the rapist. This identity exists as a non-sensical truth something that doesn't seem to make sense like the reality not understood. I believe that it is this illogical, undigested reality, at the base of my psychosis as well as the prohibition to be myself, the destruction of my self."*

I was here realizing how I had identified with my aggressor, and clearly understanding the importance of the true self perception and how being denied it and the consequent distortion of reality were the cause of my psychosis.

November 2004:

> *"I saw how (and felt) there is the prohibition to accuse him of rape or punishment death. There seems to be a lot of fear, fear all over. The fear goes when struck with guilt, beyond fear of death, fear for my soul as the outcome, hence the perception of my evil self."*

It was becoming clearer that it was fear that had stopped me from accusing my attacker, a fear that had turned into guilt. In my religious education, I had often been warned of the eternal damnation that would befall those being mortally sinful at death. With the underlying fear of death, the guilt had therefore become a guilt and fear for the survival of my soul. I was thus understanding why I was perceiving myself as evil.

November 2004, talking of compulsory medication and treatment:

> *"The compulsory treatment has positives, but it also reinforces psychologically the destruction of my being and will i.e., a repetition of the violence."*

I view that being sectioned and medicated set a boundary to contain and control the psychosis, but at the same time it was for me more violence to my mind, reinforcing obedience to external authority, and as such more psychologically damaging, as described in the diary extract below.

November 2004:

> *"It feels like hate over me, and it hurts a lot but in a strange manner as I cannot give expression to that hurt. It is like being tied down. In it there was guilt, but I realised then the sense of being tied in a 'straitjacket'. I just find it significant that that is what is used in psychiatry to handle extreme psychotics. Like the medication it allows for the violence to continue to have its power."*

I view compulsory hospitalisation and medication to be a form of violence. It is a treatment of psychiatry used in some more acute psychotic conditions, but because of its being forced on the patient, it becomes, I understand, a reinforcement of the original violence that may have caused the psychosis in the first place, as I know happened in my case, where I had been

forced to accept an imposition to my being and mind. The psychiatric treatment was repeating the same violence, albeit with different intentions and purposes.

November 2004:

> "*Slowly what seemed to be non-psychotic revealed itself to be the most psychotic, i.e., distorted and split off part. I knew it was the original source. Slowly I realised that in it there was the image of him (Y) God and eventually I allowed myself to explore and allow expression to what I feared most. "The profanation of God's image". I followed the thought of the guilt that I internalised, and its energy took life of its own and I am guilty of profanity to God, but the hallucination that comes is really God or Jesus profaning me. In this distorted reality, irreconcilable reality, God's image was at the same time profaned by me, but I also was being profaned by it, as God was profaning (raping) me. So, in this crazy scenario this is the self that becomes split into an external projection of God but a God that is also identified with Y, the rapist, and hence a God that profanes."*

I understood how my delusional world of God speaking to me while having constant persecutory sexual hallucinations was about the inner distorted reality. The rapist was the God to be obeyed and yet my sexual abuser.

December 2004:

> *"The thought 'I have to be guilty in order to survive'."*

Here I found this thought in me. I realized how guilt meant survival as it allowed me to believe him being innocent, as he wanted. I needed to feel guilty so that my attacker could be perceived as a 'good' person.

April 2005:

> *"It's clear that the 'I' is forbidden to be, so the whole psyche has an alternative way of being, that is 'being without the inner sense of self'."*

This being without an inner sense of self led to my feeling I did not exist, which I felt for many years.

April 2005:

> *"Today (with a synchronistic sense of things during the day) I find old fantasies trying to take control. My whole psyche is in turmoil, the collective unconscious is powerfully present, and the self keeps narrating different old versions of truth that it has created to explain and deal with the reality that cannot be."*

In May 2005 I was once again sectioned, in England, after developing a psychotic episode. I think what I was getting in touch with was causing me a lot of distress and I could not deal on my own with the thoughts that were emerging. I had also stopped the medication as I was thinking I knew now what the problem was. July 2005:

June 2006:

> *"I am again on medication and sanity, reason has returned."*

> *"This guilt (and fear) is so powerful, when it comes it distorts reality as I know it and makes the guilty thoughts appear real."*

I was cognitively certain that the entire event had happened because of the physical, psychological, and sexual violence that had taken place, but I still could not feel its reality. And when guilt (coupled with fear) was taking over, it all looked different.

July 2006:

> *" something that distorts reason, making appear real what isn't."*

5.3 The Event Revisited

By this point, I had clearly remembered how, when he reassured me and became agitated at my not calming down, I had experienced that as a blow to my heart and mind. I could not understand how he could become agitated if he meant to kill me. It felt as if he was worried about me. I did not want to listen to this, but I thought I had to. I forced myself to reconsider whether I had been wrong in understanding. I still would not trust him and would not calm down, however. He kept a respectful distance, as I started feeling reassured, he touched my arm, I

worried again. He withdrew, I calmed down. He touched my arm again, I worried again. He withdrew again and so on for a while. I could not understand anymore. I remember vividly how I feared going mad; it felt like a fear of total annihilation. I had to decide and at the same time it did not make sense that he would want to kill me. I asked him with my facial expression whether to believe him. He initially showed anger in his eyes then, understanding my silent question, nodded reassurance. I decided to trust him, but I still could not. I therefore forced myself, through an act of will, to trust him and imagined how he was a kind friend like my father was kind. He had always been kind up till then.

As I thought this, the intense fear became blinding guilt. Guilt for having accused an innocent man, a 'kind friend'. The whole event changed meaning. Somehow, I could not think any more about how he had attacked me. When I calmed down, thinking I was safe, he took me by the hand and lay me down. I could not react anymore. I dimly thought that that was what he wanted, to have sex. I was still trapped into the memory of the fear of madness and annihilation I had experienced moments before.

I relinquished understanding and relied on him to provide the meaning to what was happening. That is how I thought I was making love to a friend. I overlooked the fact that I thought that was wrong. I just accepted passively and almost in a dreamlike state what happened. As he raped me, I was physically paralysed. My body knew the fear, but my mind was still trapped in the distortion of guilt that had formed earlier. I, feeling guilty at my not being able to participate in the act, imagined in my head that I was participating. Somewhere by this point in 2006, during my recovery journey I had also become aware of how behind the guilt there was the intense fear that was trying to find a way to survive, driving me mindlessly.

December 2006:

> *"There is a point where I am paralyzed, I cannot think, I cannot turn anywhere. In that is absurdity and I am being hurt and raped, but I cannot accuse, I need to take that as my due and just reward."* December 2006: *"as if my ego was thrown away in those moments and in its place an obedient, compliant puppet took over."*

Here I was remembering and understanding more and more what had really happened.

January 2007:

"Where I am unable to perceive the reality of the rape, there is a core from which fantasy springs. It is as if at that point wishful thinking tries to take over, i.e. I find myself having thoughts and feelings of something nice happening or imagining that the reality is not that which I am living."

Here is, in my view, what explains an aspect of psychotic symptoms. When the perception of reality is denied in its place, the mind tries to resolve the psychological pain that the lost reality causes. In my understanding, psychotic symptoms are an expression of the forbidden reality and a fantasy trying to compensate for feelings that have formed with the trauma.

May 2008:

"His 'reassurance' his calming me down, and what followed, were really strong psychological violence. Gradually I've been able to see how much of it was really the worst violence, the one that drove me mad. I have understood how with his agitatedly rubbing my arms I had been forced to stop in my track, to consider both out of integrity and out of the possibility (which wasn't hope yet) that I was wrong. To consider this meant stopping my entire being. It was violence to my heart and mind. What I realised was that it was also guided by fear, although I couldn't feel it as it started being hidden then, because preceded by the rational thought 'I am wrong'. I've seen how with his repeated reassurance gesture i.e., being respectful then touching my arm and so on, I internalised that I could not be. Basically, I got to the point where the violence was forcing me, as the only hope and direction, to renounce to be. I had to not be, be nothing, which eventually is what I took. I did give all the power to him, thus becoming like a baby is towards her mother."

I was understanding how the psychological violence I had undergone had forced me into renunciation of my being, my mind, and how, in doing so, I was trusting him like a baby trusts her mother.

Between 2008 and 2012 I continued working in self-analysis, coping with life, and doing voluntary work.

September 2012:

"It is so clear that there is a him (Y) over me, frightening me and forcing me to think in a certain manner."

By this point, I was cognitively very aware of most of what had occurred, but I still could not feel the reality of the whole event.

November 2012:

"The physical violence and the sexual violence, although terrible, are almost nothing compared to the psychological violence to me."

I was still feeling under the power of the psychological violence, and this was preventing me from experiencing my reality.

January 2013:

"*A psychotic symptom is a bit of the split reality where the truth is unintegrated."*

This is my understanding of what a psychotic symptom is.

March 2013:

"When I split into two my consciousness and mind, one factor that made me repress even more the fear was my principles. My consciousness could not and would have never accepted my succumbing to fear. In my idealistic way of being and thinking it would have been intolerable to accept his violence, his sexual violence and even more to participate in it. By this mechanism I was forced even more to deny the fear, to split into two. This aspect has been a difficult thing to deal with throughout, fighting between the guilt that would try to see me only negatively and trying to see whether I chose somewhere to have sex with him. I find no true evidence of this. I can only find I could accept his violence because of the false understanding I had been under. Yes, fear was guiding me and somewhere I was acting and thinking through that fear, but with the fear there was the guilt distortion, but still guilt, that was making me think the wrong way."

I was here understanding how I had become divided in myself in thought between an unconscious fear and a conscious acceptance of the sexual act. I could see how the guilty

thoughts I felt were preventing me from perceiving the underlying fear. Maintaining the guilt meant survival, but this maintained the split that kept the fear hidden.

June 2015:

"Just earlier I could feel and see clearly how I was forced into the sexual identity (of wanton prostitute). I could feel that disgusting sexuality pushed into my being and made it into a part of me, a part created by him. I could see how I had been forced into the sexual act in thought and was made to feel guilty for it. Guilty for the violence I suffered".

By this time, it had become clear in my mind how the 'wanton, immoral being' I felt myself to have become, was formed through the distortion created by the violence.

April 2016:

"I asked my psychologist to help me try and understand how someone who tried, or better say, frightened me to think he wanted to kill me, how could he become agitated in reassuring me, as if worried about me, and then still rape me. My mind seemed trapped in that violence, unable to think and fully resolve the puzzle, the question. He said that he thought the rapist justified in himself his action to make it right. This comment led me to say that he, therefore, was mad, which I had thought for a long time. There was something imbalanced in him. In fact, understanding better this, allowed me to accept something like that, that distortion was what he wanted, not my failure. A shift has occurred by understanding that. Some violence inside me was overcome."

By seeing how I had been forced into wrong understanding and how my attacker had done this, I was able to feel less responsible and more able to see Y's responsibility. This integration was helped also by the psychologist with his words acknowledging how I had been a victim of this 'mad' man.

April 2016:

"Psychosis is not about misunderstanding, it is about the true self's understanding being forced to be denied and being made to accept a distortion, a lie. There must be this split, if there is simple misunderstanding, there would be no problem. Some sort of violence to the true self has to be there."

Reflecting on my experience, I thought how psychosis cannot be just about wrong understanding, but a wrong understanding that represses the true self and its perceptions.

At the end of 2016 and the beginning of 2017, I had another psychotic episode following serious physical illness. I was sectioned for a month in January 2017. Present day knowledge does not give a certain link between a psychological and a psychosomatic symptom. At the time I felt myself blocked into being unable to remove the psychological violence that was still preventing me from fully experiencing the thoughts, feelings and emotions that belonged to the trauma. When I started to become physically ill (I developed heart failure) I was feeling in my heart the pain and fear for my life I had experienced at the time of the trauma and I felt I needed to resolve what was preventing me from going beyond that, to feeling my anger and sense of injustice and feeling I had been a victim which I could not feel yet. I felt the emotional pain in my heart being the same as the physical pain in my failing heart. The two were one. I think that the psychological paralysis, the blockage, may have been part of what caused my heart failure. To which extent, I do not know. The psychotic episode that followed allowed for the final shift I needed to resolve things.

September 2017:

"Guilt is diminished in general, and my sense of sanity is with me".

Things started to improve more.

June 2019:

"I get more and more reality pieces being put together, integrated". "I see clearly how the guilt/fear paralysed my thinking. I understand better myself, and the laughter loses power". "the entire reality is establishing itself and the distortion almost completely gone. Still some fear imposing guilt and denial of truth, but much less powerful."

With the last psychotic episode and following it I found that I kept going over things, integrating gradually more and more the reality as things were getting clearer and clearer and my understanding increased.

December 2019:

> *"I saw the psychologist and spoke of how that around the actual rape I still had no reality. I still was a little psychotic around it."*

February 2020:

> *"I realized that surrounding the psychological violence I still had unclear elements, not resolved. My psychologist voiced how the attacker forced me, frightened me into thinking the wrong way. These words awakened in me an awareness I didn't have, the awareness that I had been scared into thinking the wrong way."*

I had had for a long while the memory of not participating in the sexual act; my body at the time was paralyzed with fear, fear of which I was not aware. My mind imagined participating in the act, being driven by the guilt I felt. Underneath it all was a desperate attempt to survive. I knew that cognitively Y's irrational behaviour had paralyzed my mind into an inability to understand, but the psychologist also made the fear conscious and with this I felt less stupid for my thinking.

By this point I was struggling with my psychologist's claim that I had also chosen unconsciously to believe my attacker when he claimed being innocent. It was what he wanted and, with the threat to my life he had initially made, it was a choice between life and death. When I finally was able to overcome the guilt at the thought of my (unconscious) responsibility for my distorted understanding, I felt a strong feeling of compassion for myself. I had chosen to survive; that had been my choice.

My entire psychosis had originated from the distortion of thought and understanding that had been caused by the trauma. I had been unable to entirely accept myself in my 'stupidity' feeling that I was to be blamed, asking myself what was wrong with me, feeling that denying my true self was the worst possible crime. Accepting and understanding entirely how it had happened was an important shift in resolving my inner split between the distortion and the truth of the event. My true self could be trusted.

5.4 The Layers of Guilt, Consolidating

I could finally understand now how my guilt had had different layers. There was the layer for thinking I had participated in a sexual act with the man who was raping me. This guilt was

confused; it was the outcome from the distorted understanding of what had happened which had made me identify with being a prostitute. A deeper layer of guilt was about my having had the fantasy of participating in the act. There was also the guilt for having relinquished my mind by obeying him. My guilt was also of having unconsciously chosen to survive when faced with the dilemma of whether to believe his innocence or his guilt. All this guilt was gradually resolved as I understood my thinking, the emotions, and what had really happened. The final guilt that I discovered in myself was a guilt that was protecting me from feeling the powerlessness I had felt after I had ended up believing his innocence. Removing this guilt allowed me to fully feel I was not responsible, to grieve for the violence I had experienced, and to understand and feel compassion for myself.

The two years, since February 2020, have been about going over and over the same material and thoughts, finding new depths of understanding, discovering still some resistances to the truth, the distortions from the past still affecting my thinking and my way of resolving it by finding and understanding it. An important discovery was when I realized that I did not know my true feelings when being raped. I knew the guilt, the fantasy, the truth, but I did not know what the actual physical act felt to me. I had an image about it, what felt like a subliminal fantasy. I eventually realised that that fantasy was my real feeling. When I was able, after some time, to trust what felt unreal and believe my mind, I was finally able to know my distress and pain which I had not lived through consciously ever, but which had existed in hidden form all along.

Gradually, I was able to understand and feel the reality of the extent of the violence I had experienced. I could understand the threat to my life I had been under, the psychological violence that he had inflicted on me, and the sexual violence he had perpetrated. I could understand why I had become so confused and why my life had changed so much for me after that. I had needed the work I had done exploring my childhood and adolescence. It had been necessary to be clear on my psychology before the trauma, to then understand how that had affected me with the trauma. I could distinguish, for instance, guilt coming from moral or religious upbringing and how it impacted on the guilt from the trauma and how and when it differed.

I saw how I identified with what he had been projecting into me, by denying his own guilt, and by forcing me to accept his actions, thus making me compliant in his sexual act. I had identified with the entire meaning of reality as it was projected by him in his “insanity”. I could clearly see how it was not a childhood trauma that had caused my psychosis but this experience. To this can be added the identification to the projections coming from socio-psychological situation I had found myself in at the time. The seventies were years of cultural,

political, sexual, religious, feminist changes. These changes were contrasting greatly with the Indian culture. The community of travellers in which I found myself was made of people with different beliefs. All these elements can be seen as danger to society's rules, danger made more so by the transitional state of things as Douglas (1985 [1966]) indicated. I, a single, feminist, young woman, travelling on her own represented such danger. All had contributed to my internalisation of guilt and shame.

5.5 Conclusion

Writing this chapter has been the most difficult and, at the same time, the most exciting, motivating, and therapeutic aspect of the whole thesis. Going through my diaries and selecting passages as well as reflecting and thinking through everything always quickly brought me to a feeling of exhaustion. I could only do a small piece of work at a time and then rest. Also, reading what I had written had to be done in stages. I understand this to be caused by the memories that were reactivated by the work, forcing me to think through aspects of the trauma I had been protecting myself from. Doing this, however, also meant to have been able to process the thoughts, to master the feelings and finally being able to store them into a memory of the past as opposed to a present reality. It has therefore been a most healing, albeit difficult process. I still need to read it slowly, but I am now able to be more serene about what I describe, and I can read it as a whole.

Doing my research while still working on my problems meant that the research itself contributed to my inner discoveries and resolutions. Knowing the theory and work of Bion (1991 [1962)], especially around how thought processes are formed, was helping me in understanding what had been happening and was happening to me. One clear theory guide had been Winnicott's work (1965) on the true and false self and his thinking on his final paper Fear of a Breakdown (1974) and the need to 'remember' and experience for the first time a 'not lived traumatic experience', not lived because of the ego being too immature to encompass it (according to Winnicott, 1974). I had thought at one point that I could not retrieve the experience regarding the sexual act. As mentioned above, I found it in what I thought was a subliminal fantasy. Other people's work also helped even if, at times, I did not agree with it. I wished I had known all those years ago of Bollas's (2013) contemporary work with people in their early stages of psychosis, as his understanding is so much in line with mine, this will be explored further in Chapter Five.

My work with my supervisors also contributed to my resolutions and understanding. The comments they both made over time on my work facilitated this. Two comments I found crucial. One was when my main supervisor listened to my explaining the irrational behaviour of my

attacker and how that had paralyzed my mind, and then commented of how that entailed a process of ‘raping my mind’. I realized how that was giving me reality; it contributed to my understanding greatly and to the acceptance of myself. Equally when the other supervisor, on one occasion, had tears in her eyes while understanding and commenting on my being able to experience emotions and feelings again, this made me feel deeply understood. I had felt separated from others and never understood about my mental illness. I never felt, until then, that people like my psychiatrists ever understood when I explained improvements I had been making. Both supervisors were very tactful in dealing with my sensitive work and this encouraged and allowed me to explore and continue correcting and re-assessing things as I went along.

I have not had any psychotic symptoms for over four years. We are now in 2024. I am still working integrating more my real understanding of the experience and I have hopes to resolve completely any remaining guilt or fears I developed from my trauma. I expect I will re-visit things every now and then and, hopefully, will continue to improve and consolidate my understanding of the trauma. I have now concluded my work with the Clinical Psychologist, and I am in the process of gradually reducing my, already low, dose of anti-psychotic medication. I am fully aware of the risks in doing so, however, all the evidence I have is that I am completing the resolution of my psychosis. Only time will confirm this.

Chapter 6:
The Case Studies of Marie Cardinal and Renee

6.1 Introduction

What follows is the presentation, analysis, and observations of the two case studies of Marie Cardinal (1984) and Renee (Sechehaye, 1994 [1951a]; 1970 [1951b]). I have selected these two cases because they provided background knowledge of their life and development. While they both provided an understanding of their psychological and psychoanalytical reasons for their developing symptoms (which in the case of Marie Cardinal were only in part psychotic, while Renee's psychosis was much more florid and evident) I could look at the information they provided and, using the Reflexive Thematic Analysis method, make my own interpretation.

Marie Cardinal did extensive work with an analyst and her entirely autobiographical book about her experience was written with the understanding she achieved through her psychoanalytic work. Renee's narrative of her story was only in part autobiography narrated by her and was in part written by her psychoanalyst/psychotherapist Sechehaye. My understanding does not negate theirs, but I will try to indicate what about their experience led to psychosis as viewed from a different perspective. I hope my understanding complements theirs.

6.2 The case of Marie Cardinal. Background.

In her autobiographical book (*The Words to Say It*, 1984) Marie Cardinal (born in Algeria, 1929-2001) gave an account of her mental illness, her clinical work of seven years with a psychoanalyst and how she came to understand what had made her ill and how this insight had helped her find a resolution to her condition. To draw parallels and try to show how I think the causes of her 'madness' contribute to my thinking on trauma as leading to psychosis, I will try to show how her trauma stems from her mother's rejection of her and her mother's death wish for her before she was born. With this, I will give a description of her mother's control of her to the point that Cardinal's true self was almost entirely squashed and repressed, making her like a 'puppet' in her mother's hands. By giving the evidence, she provided of what caused her symptoms I will try to show what led to her psychosis and where the distortion lies. I will look at Elliot's (1987) analysis of her case and at Bettelheim's comments on her identification with her mother, which occurs at the end of the autobiographical book. However, I will mainly focus on Cardinal's words as they so clearly explain most of what happened to her and what consequences this had.

Marie Cardinal came from a middle-class family of landowners, originally from France, living in Algeria. Her environment was very religious and 'proper' with strict moral principles. Women were not supposed to have a professional career and were very repressed and confined within the family and charitable work. She had had an older sister who had died when very young. There was an older brother who was barely mentioned by her and seemed to have

played little part in her life. Her father, a Frenchman from a well-to-do family, had left his family and had gone to work as a labourer. He obtained an engineering qualification by going to evening classes. During the war he had developed tuberculosis, a fact that Cardinal's mother did not know at the time she had married him. He died when Cardinal was an adolescent. Her parents had started divorce proceedings when her mother discovered she was pregnant with her. As a child, Cardinal was aware that some of her problems were connected to her parents fighting each other and her being caught in the middle. She was brought up by her mother, her grandmother, a maid, nuns, and there were no men in her life. At the time she entered analysis she was married with children. Even though her financial situation was at times dire, she managed to support herself, her children and pay for analysis by doing small part-time jobs, minor secretarial work, proofreading, documentation, journalism. She had already written a few books by the time she published '*Les Mots pour le dire'* (*The words to say it*) in 1974. The book became a bestseller and was made into a film 'Les Mots pour le dire' in 1983. It was also performed as a play in Paris between September 2018 and April 2019. The book provoked a lot of interest for its feminist views, its account of a psychoanalysis, and the post-colonial understandings of French Algeria.

6.2.1 My application of the Reflexive Thematic Analysis Method

As mentioned in Chapter Four, after having examined in depth the story of Marie Cardinal and Renee, I decided to ask the questions: 'Is there a distortion of reality understanding at the source of the psychotic symptoms?', and 'What led to such distortion?'. This was how I tried to extrapolate the information I sought from my data. After twice coding the data and looking at it carefully I grouped the codes and divided them into themes. Regarding Marie Cardinal my final themes were as follows: The blood; Psychosis, The thing, the eye; Her mother and the unrequited love for her; The bad girl of conflict; Reaching understanding and healing.

'The blood' was selected because it represented her original mental health problems. I saw this to contain aspects of Cardinal's condition that needed to be explored and understood. I focussed on 'Psychosis, the thing, the eye' for representing what was at the origin of her psychosis and her symptoms. The theme here was based on the more psychotic symptoms and it still needed interpretation and Cardinal's explanations to explain these symptoms, as well as allowing me the possibility of my own interpretation. 'Her mother and the unrequited love for her' I saw as the core psychological theme indicating where the source of the symptoms and their main cause lay. 'The bad girl of conflict' and 'Reaching understanding and healing' were two separate themes that I joined together in the writing, as I viewed them as final aspects for

complementing the analysis. ‘The bad girl of conflict’ I understood as providing a more rounded view of Cardinal’s psychology, while ‘Reaching understanding and healing’ could address and consider Cardinal’s view of what caused her mental health problems and how she resolved them, while allowing me to give my own interpretation. Throughout I will add the quotations from the original book that I considered to be more relevant, and which could provide evidence for the themes.

What will follow the themes will be my reflections and thinking about Marie Cardinal’s story. ‘About the mother’ did not emerge as a theme but I considered it relevant in trying to understand Cardinal’s mother’s psychology. Throughout this process I have used reflexivity about my choices, from the coding to the writing up, to ensure, as best as I could, that I was not blinding myself to other relevant aspects of the narrative, and to try and maintain objectivity to the best of my abilities.

6.2.2 The Blood

In the book she described how she decided to enter analysis. Her presenting issue for starting analysis, with a Freudian analyst, was a continuous menstrual flow of blood of which the cause had not been found by any specialist (she had seen many). A doctor had finally recommended she had her uterus removed as a remedy, at that point she refused to have the operation and, although she felt unconvinced of the efficacy of analysis, she sought an analyst. On hearing her deep distress about the uninterrupted blood flow, which was life threatening, her analyst replied by saying: “Those are psychosomatic disorders. That doesn’t interest me. Speak about something else.’ (Cardinal, 1984, p. 30). To Cardinal’s surprise the flow of blood permanently stopped, returning only for her regular menstrual periods.

6.2.3 Psychosis, the Thing, the Eye

Cardinal gradually became able to talk about the ‘Thing’, as she called the persecutory feeling and perception in her. Eventually, she understood how by surrendering “to the blood I was misrepresenting myself. I was concealing the Thing” (Cardinal, 1984, p. 30). The constant flow of blood had almost killed her, when she brought to light the secret fear and feelings of persecution that were at the source of her condition and were the real psychological problems she had, the psychosomatic expression of those feelings and fear became resolved, allowing for the return to a normal functioning of her body. She could now look at her real psychological issues without searching for the non-existent physical condition.

She explained the Thing as anxiety, as her feeling of being mad. It was something that made her feel fear and terror, which tried to control and possess her and ultimately kill her. She said:

> What really counted was the struggle with the Thing that had rooted in my mind, this filthy hag whose two enormous buttocks were the lobes of my brain……..She made the icy air circulate, and then started to run, terrorized, hallucinating, incapable of screaming, incapable of speaking, incapable of expressing herself in any way, until drenched in cold sweat, trembling throughout her entire body, she was able to find some clean, dark place to curl up in like a foetus (Cardinal, 1984, pp. 34-5).

She felt caught in a constant struggle against this persecuting Thing. Through analysis she came to realize how the blood flow had been caused by this Thing. She said: “I was convinced, the Thing had been there since earliest childhood. It made itself known every time I displeased my mother or thought I did” (Cardinal, 1984, p. 107). She also suffered from a recurring hallucination of an eye that terrorized her: “In certain moments, the presence of a living eye, looking at me, really there, but existing only for me (that I knew), seemed to me to be the evidence of genuine insanity” (Cardinal, 1984, p. 16).

6.2.4 Her Mother and the Unrequited Love for Her

Her mother is a central figure in Cardinal’s life and, to Cardinal’s account, the main source of her psychological difficulties. Cardinal’s mother is described by her as a very righteous, self-sacrificing woman. She did a lot of charitable work and used her considerable medical knowledge in the care of the poor in Algeria. She was very religious and highly principled saying to Cardinal things like: “Nothing in the world should make us stray from the Lord, who died for us on the cross” (Cardinal, 1984, p. 94). After having lost her first child, she had been unable to overcome the grief for her loss and throughout Cardinal’s childhood and adolescence her grieving was a main factor in her life.

As a child Cardinal had loved her mother ‘to distraction’ (Cardinal, 1984, p. 54) and found herself unable to feel loved in return. At one point Cardinal is told by her mother about the loss of her child and the anger she felt at her husband (Cardinal’s father) having had tuberculosis without her knowing it (the child had died of tuberculosis). Cardinal understood her pain thus: “I was crazy. My love for my mother was in danger because it was not equal to that level of pain. What could I do? How was it possible to take the weight off her?... ‘Mama, you mustn’t hurt yourself’. Mother: ‘Ah! You don’t have any idea, you didn’t know her. She was an extraordinary child.”’ (Cardinal, 1984, p. 93). At times, Cardinal would hear her mother in her room crying for the lost baby. She described going to the cemetery and seeing the loving way her mother took care of her little sister’s grave and how “at those moments I would have loved to be the stone, and by extension, to be dead. Then maybe she would love me as much as she did this little girl…” (Cardinal, 1984, p. 145). Cardinal felt she could not reach the level of

perfection of her mother, as she then saw her mother, which she felt to be how her mother wanted her to be. She said: “She had achieved such a level of self-sacrifice and generosity of spirit that it was impossible for me to keep up with her. Her goodness, the sacrifices she made every day of her life, raised her so far up above me that it was discouraging.” (Cardinal, 1984, p. 70). Her mother was perceived as constantly criticizing her and feeling exasperated with her.

Cardinal narrated an incident which particularly describes what her mother could be like at times. She was given to eat a vegetable soup which she felt disgusted by. To make her eat it she had been frightened by her uncle that she would be taken away by an old clothes man that used to come along. Frightened by her mother pretending to be the man behind the door she ate it but ended up vomiting it. “Then, all by myself, I ate the vomit of my soup, and I did so not to please her, but because I felt in her something dangerous, sick, something stronger than she was and stronger than I was, something even more horrible than the old clothes man” (Cardinal, 1984, p. 133).

Her mother was generally judged by others as “stern, but just” (Cardinal, 1984, p. 133). Cardinal felt loved by her mother only when she was sick in bed. She told how she often used to vomit as a child and then fall asleep. She would later feel her mother caringly cleaning and changing her and she would feel very contented then. She described an occasion when she was sick with tonsillitis and her mother lovingly saying: “‘Now you are going to sleep, my darling little girl.’ She spoke to me as I had heard her speak to her child in the tomb at the cemetery. … I did have her love then” (Cardinal, 1984, p. 135).

Everything shows how Cardinal had entered the dilemma of never being able to reach the perfection that she understood to be the way to achieve her mother’s love. Her mother’s love was beyond reach, she could not be the dead child, and she was not perfect. She felt bad about herself for not being as good, as religious as her mother had taught her. She did her best to lead a ‘truly religious life’ (Cardinal, 1984, p. 63). She said: “I never stopped hoping that one day I would find something that would take away this lack of understanding between us, my inability – I never knew why – to satisfy her completely” (Cardinal, 1984, p. 67).

One day, while they were walking on the street, her mother told her how, when she had become pregnant with her, she, not wanting the pregnancy, had tried everything to abort her. She said: “I went to find my bicycle, …. and I pedalled off into the fields, into the land being cultivated, everywhere. Nothing. I rode horseback for hours: jumping, trotting. Nothing happened, believe me. Nothing. When I was through with my bicycle I got down off my horse, I went to play tennis in the hottest part of the day. Nothing. I swallowed quinine and aspirin by the bottle. Nothing” (Cardinal, 1984, p. 102). She then narrated how she had to resign herself and

how when Cardinal was born, she felt punished since the delivery was painful and difficult. Cardinal commented on how bad she felt at the time for being told this: “There on the street, in a few sentences, she put out my eyes, pierced my eardrums, scalped me, cut off my hands, shattered my kneecaps, tortured my stomach, and mutilated my genitals” (Cardinal, 1984, p. 102). She described how after that she went from her “ridiculous and heavy plough” (Cardinal, 1984, p. 104) of her love for her mother to an “infinite expanse of arid desert, heartbreaking and featureless” (ibid., p.104), which later turned into hatred. A hatred, however, which remained repressed until she entered analysis.

6.2.5 The Bad Girl of Conflict. Reaching Understanding and Healing

There was another side to Cardinal that was unable to achieve the perfection she felt was demanded of her. She had her own personality, which conflicted with the submissive, religious personality she aimed to be. She narrated how she liked to go to a woman who narrated fantastic stories she liked and gave her nice cakes to eat. She was reprimanded for her repeatedly going there. She commented how: “Unable to sleep, keeping track of my sins, got on my nerves. Then, carried along by an evil current, I would do worse” (Cardinal, 1984, p. 76). She then discovered masturbation while trying to urinate like a boy. After feelings of “extraordinary joy that frightened me” (Cardinal, 1984, p.78), this was followed by a sense of shame, guilt, and unfulfilled promises to Jesus not to do it again. In analysis she understood how “since she had not known how to die in order to please her mother” (Cardinal, 1984, p. 130) she had at her mother’s gestures requiring submission “taken refuge in imbecility, docility, or the sort of whining which exasperated her” (ibid., p. 148). She also entered the world of sexuality at the age of twenty by a way that was against the principles she had been educated to. She asked a boy to have intercourse with her as she had heard he was experienced and would, therefore, have been able to initiate her.

As mentioned, Cardinal narrated how she used to suffer from a hallucination of an eye looking at her. The eye was scrutinizing and watching her through a tube all the time. It was an icy and cruel eye.

> The eye makes me sweat because the look it fixes on me is very severe, though it is not really provoking. It is a cold severity, with shades of contempt and indifference. It never leaves me for a second……It can go on for a long time, several minutes even, and then it disappears as suddenly as it came. After I start to tremble I have an attack. I experience an enormous feeling of shame. I suffer more shame from the eye than from all the other manifestations of my illness (Cardinal, 1984, pp. 109-10).

In analysis she came to understand how that had come about and what it was telling her. She remembered two significant childhood events. The first was one of her father filming her while she was urinating. She had become very angry at the time and had started hitting her father. She was severely reprimanded, and she then felt very ashamed of herself. The other incident is, similarly, about her needing to urinate when on a train with her mother and her nanny. She had become frightened when looking into the toilet and had been unable to urinate, which had made her mother angry.

She realized, after talking at length to her analyst, that the eye looking at her represented her mother: “My mother’s eye, which I confused with the eye of God (and unconsciously with the eye of the movie camera) was always there, looking at me, assessing the way I moved, the way I thought even, never letting anything slip by unnoticed” (Cardinal, 1984, p. 118). After narrating the events that related to the hallucination and understanding how they represented the way she felt always under the scrutiny of her mother, the hallucination stopped. She had, by this point, a clear awareness of how much power her mother had over her, how much she had been under her control, while she had always been trying to obtain the love, she felt she could never obtain, the perfection she could never reach.

Cardinal described how she succeeded to resolve her psychological difficulties by gradually being able to understand how much she had been conditioned by her environment, especially her mother. She understood how her love for her mother and her mother’s teachings, examples and expectations had made her be under the complete power of her mother. She was thus able to give expression to her repressed hatred of her. She came to understand how in place of understanding and rejecting her mother’s lack of love she had internalized herself as being bad and had erased, repressed from her mind the “forbidden by my mother”, “abandoned by my mother” (Cardinal, 1984, p. 108).

She gradually discovered her true self with its violence and its “vitality, gaiety, generosity” (Cardinal, 1984, p. 156). She explained how she realized how her hidden violence (therefore an aspect of her repressed true self, from my point of view) was “the greatest source of nourishment for the Thing” (Cardinal, 1984, p. 155). When her mother died, she did not attend the funeral, she had had no time for her mother over the last period of her life. It was only after some time that she was able to go to her mother’s grave and reconcile with her there. She then told her how much she loved her and how she could see she was also a victim.

6.2.6 About the Mother

We are made to understand how Cardinal’s mother had been herself a victim of her society and of the events in her life. She had been medically very knowledgeable, but she could

not work as a doctor since, being a woman, her environment did not permit women to work professionally. As Bettelheim commented (in Cardinal, 1984), Cardinal's mother felt guilty for the attempted abortion and this explains why she tried to make her daughter perfect, as if to confirm to herself she had not damaged her. Her own middle class demands for charitable works and her religious background did become the way she tried to cope with her guilty feelings and her situation as a divorced woman who could not re-marry (due to her religion). She was a very unhappy woman. She, like Cardinal, had not been able to express and realize her true nature. Towards the end of her life, she had started taking less care of herself and drinking a lot of alcohol. Her life ended after she had taken an overdose of alcohol. She had committed suicide by drinking what she would have known was a lethal amount of alcohol.

6.2.7 Some Considerations, Final Analysis of Cardinal, and Conclusion

Cardinal commented how she had been partly aware of incongruities in what she was being taught; and there were aspects of her true self existing in her refusal and inability to be as perfect as her mother wanted. These aspects though were sources of further guilt rather than emerging as true expressions. I think that this partial awareness may explain why she had only some psychotic symptoms. Aspects of her problems were psychosomatic (i.e., the bleeding), or neurotic, where, to my understanding, she was repressing a conflict without entirely splitting it off from consciousness as I suggest happens in psychosis.

In her writings Cardinal refers to her condition as a neurosis, whereas Bettelheim defines it a psychosis (Bettelheim, in Cardinal, 1984). These facts highlight the reality of how diagnostic criteria are not so clear cut. The boundaries between neurosis and psychosis especially become more blurred in Cardinal's case. The DSM 5 (Diagnostic and Statistical Manual of Mental Disorders, 2020) put "Schizophrenia Spectrum and Other Psychotic Disorders… defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms" (DSM 5, 2020, p. 101). Cardinal had some psychotic symptoms and, I argue, she had a distorted understanding of her mother and herself; these, however, did not limit otherwise her perception of reality.

Another aspect to consider regarding her experience is that, like Renee, she did not experience any form of sexual abuse or trauma. Her case shows how trauma can be very different and can take many forms, often forms that can remain hidden to various people, professionals and even to the victims of trauma. I believe that this factor may often be the reason why the causes or sources of a psychosis are not found, which in turn leads to

speculations on genetic or biological causes which, if untrue, can only damage and further prevent possible resolution of the problem.

We are clearly shown how Cardinal had developed a strong false self and how her finding her true self with its truth about reality was the crucial factor that allowed recovery from her mental distress. I would argue that her false self had an understanding of reality that was distorted, in that she felt she had to be as expected of her, with its duties, good behaviour and religiosity. She had internalised her perceived lack of her mother's love towards her and her own inability to be the perfect daughter as her failure. She thought of herself as bad, unlovable, wicked, crazy. Like Renée, the distortion was in this negative sense of herself, and her seeing her mother as perfect. This was opposed to the true self's understanding she reached when she could more clearly see her mother's failures and her own right to be her true self. Then, she no longer thought that her true, spontaneous nature was at fault. Aspects of this kind of thinking are part of the normal growing up to maturity when we all understand more clearly our parents and society's failures and when we develop more our own individual way of being and thinking. What is different, here, is that the distortion goes much deeper. It is not a typical idealizing of one's parents; in this case, we are shown an overpowering of Cardinal's true self. As Bettelheim said:

> This woman was forced by her internalization to act like a puppet whose strings were pulled, against her conscious will, by unconscious processes working deep within her; thus she felt as if she were in the power of an unknowable and terrifying 'Thing' (Bettelheim, in Cardinal, 1984, p. 218).

Her mother's inability to give her love, her mother's wish not to have her as a child with her attempted abortion, her constant grief for the loss of her first child, all were constant sources of trauma for Cardinal, from the moment she was born. As Bettelheim noted, Cardinal had identified with her mother. Her bleeding was evidence of this and had been an unconscious repeated attempt to kill herself to satisfy her mother's wish. The constant bleeding had started at the age of twenty-seven, which is the age when her mother had become pregnant with her. As Ferenczi (1933) explained, a child identifies with its aggressor when experiencing trauma, as a way of coping and trying to preserve a good image, in this case, of the parent.

Elliot, (a Canada based writer of psychoanalytic, feminist, gender, transgender issues) argued that the conflict between the "internalized judging consciousness" (Elliot, 1987, p. 79) and her "humanly flawed" self, is what is repressed and therefore crucial for Cardinal. While I agree with this perspective, I think that the distortion of understanding created in this conflict and the identification with the mother formed a stronger false self and this, in my view, explains

the psychotic symptoms. Elliot looked at how, with the Oedipus Complex and its incest taboo, the child separates from the mother. For her, Cardinal's "inability to either love or hate her mother was related to her inability to distinguish between self and other" (Elliot, 1987, p. 81). This would therefore suggest an unresolved Oedipus Complex. We certainly know that there were no males in her life. However, I think that the inability to distinguish between self and other is more related to her identification with her mother. This, I think, leads to the self becoming confused with the other. This is similar to an aspect I lived through after my trauma. Having myself identified with my aggressor, what followed was a confusion where I could not separate my being and will from that of other people.

The fear Cardinal said she used to feel can be understood not as fear for her life, but as the fear of annihilation that Winnicott described as being felt in the 'not lived' experience (Winnicott, 1974). She knew of her mother's attempted abortion, but she needed to live through what the entire trauma of her life was to resolve the deeper aspect of her fear. When she was finally able to give free expression to her love for her mother at her grave, she was not only emotionally reconciling herself with her mother, her love and hate, but she was also doing the final reconciliation with the part of herself that had become mad and psychotic. The final resolution was thus possible. I have looked at her case study because, as shown, it contributes to the understanding of what dynamics are present for psychosis to form. The extent of the distortion of understanding of the reality experienced, and the extent of the split between the (unconscious) subjective truth of that experienced and the internalized (conscious) distortion, I suggest, may determine how much psychosis can develop.

6.3 The Case of Renee. Introduction

The case of Renee appears in the book '*Autobiography of a schizophrenic girl. The true story of Renee'*, which was first published in 1951 (Sechehaye, 1994 [1951a]). The book described the experience of Renee's psychosis as it unfolded over the years, and the therapeutic journey she took with the help of her psychotherapist Sechehaye, which brought her to full recovery from her psychosis. Sechehaye was a Swiss psychotherapist, she treated her patients with a psychoanalytic approach. Sechehaye had been referred Renee by a psychiatrist, after several psychiatrists had diagnosed Renee with "a fatal prognosis" (Sechehaye, 1970 [1951b], p.19) going from "schizophrenia, evolutionary hebephrenia, dementia praecox, dementia praecox of a paranoid type, schizophrenia with neuropathic beginning "(ibid). There was little hope of recovery.

After some initial treatment through psychoanalysis Renee's condition kept deteriorating; this brought Sechehaye to devise a new method for a therapeutic approach for early onset

schizophrenia, which she termed symbolic realization. This approach relied on the use of symbolic metaphor to provide the psychological nourishment needed where it had been lacking. Renee's treatment took place from 1930 to 1938 after which she completely recovered from her psychotic symptoms, even though, according to Sechehaye, she retained some schizoid traits that Sechehaye considered were part of her innate personality. She was finally adopted by the Sechehayes. She studied biology, obtained a diploma and won a prize for her studies. Later she developed a career as a psychoanalyst and published books on children's psychoanalysis.

At the time it was believed there was no cure for schizophrenia. The success of Renee's treatment brought Sechehaye to publish the autobiographical book (Sechehaye, 1994 [1951a]) of Renee's written notes and diary notes made by Renee during treatment, and from her own detailed observation and analysis. The book is divided in two parts, the initial written by Renee, the second part by Sechehaye analysis. Sechehaye also published the book "*Symbolic Realization, a new method of psychotherapy applied to a case of schizophrenia*" (1970 [1951]) where she explained further her method and her findings.

The case of Renee became an important source of shift in psychiatry and for the understanding of psychosis. The antipsychiatry movement took a lead from this case. For example, Laing, an important figure in the antipsychiatry movement referred to her books several times in his work '*The Divided Self*' (1990 [1960]). Her case provided the understanding that recovery through therapy was possible, whereas before it was thought that these cases were deemed only to further deterioration and disintegration. Her approach was addressed for treatment at the Chestnut Lodge where people like Fromm-Reichmann was inspired by Sechehaye's methods, as Fromm-Reichmann wrote: "I have received a great deal of meaningful stimulation from studying M[ada]me Sechehaye's book and her patient autobiography" (Fromm-Reichmann, 1953, pp.429-430). I selected Renee's story for my research because it provided an extensive amount of information on the background and history of her life. It also allowed me to explore the differences between trauma that occurred in early childhood and compare this to my experience of trauma as an adult. I have therefore been able to explore the differences and commonalities between the two cases.

In her autobiography Renee described when she first started having the perception of unreality. She continued by describing how her psychosis developed over the years, and the treatment she underwent with her analyst and therapist M. A. Sechehaye. Renee's account did not give an explanation of why she became ill, nor why the treatment she received worked. However, she clearly conveyed her responses to the therapy she was given. She made clear how her relationship with her analyst, and her analyst's eventual ability to relate to her in a

manner she could understand, provided relief from the deep-seated pains and fears and led to her final complete recovery.

Sechehaye on her part, besides giving an account of the early traumas experienced by Renee, also formulated the therapeutic approach she used, and her understanding of Renee. To examine and analyse Renee's case I will present her life history before the treatment and briefly what she did after her recovery. I will then look at her recovery journey and present Sechehaye's analysis of what was happening. I will attempt to show how my own perspective adds to the understanding of what were the psychological processes and the curative factors.

6.3.1 My application of the Reflexive Thematic Analysis Method

As mentioned earlier in this Chapter, I applied to Renee's case the same method as I did for Cardinal's and went through the same process to do so. The themes that I found emerging from Renee's story were: The treatment with her psychoanalyst; Guilt and death wish; Dual reality – true and false self; Symbolism. With Renee's case I could utilise the point of view of Sechehaye, the therapist, I therefore will point to areas of interest in relation to what Sechehaye understood and add my own perspective.' The treatment with her psychoanalyst' was selected for its highlighting Renee's experience of psychosis. 'Guilt and death wish' I considered it relevant especially for indicating in the guilt an element, that I think is often present in psychosis, and that I understand to be formed by the denial of one's truth and the presence of, what I call, the 'lie', or distortion of reality coming from the trauma. 'Dual reality – true and false self' are what I found central themes of her psychosis. Finally, I chose 'Symbolism' as evidence of the effects on the mind from the distortion of truth created by the denying the true self expression, thus having been impinged upon. Throughout I will give quotations from the two original books, by Sechehaye (1994 [1951a]; 1970 [1951b]) of this case, to show how I formed my opinions and arrived at my conclusions.

6.3.2 Life History of Renee

Sechehaye gave an account of Renee's history and background from information she obtained from Renee, her mother, and her brothers and sisters. Renee's (real name Louise Duess-Sechehaye) mother came from an old aristocratic family from Southern France. Her father, younger than the mother, was a Swedish industrialist. They are described by Sechehaye as having been a young married couple who "lived in a dream world" (Sechehaye, 1970 [1951b], p.21) and who were disappointed by the immediate pregnancy, after marrying, which prevented a planned journey to Japan.

When Renee was born, while she was seen as healthy and beautiful by the nurses, the mother saw her as ugly and was unable to breastfeed her. The mother kept giving Renee the

milk bottle to feed her, but this was too diluted with water. At the baby's crying and refusing the milk it was erroneously decided, by the doctor, to dilute it even further, thinking that the baby had a weak stomach. This, reported Sechehaye, made Renee "detest the bottle more and more" (1970 [1951b,] p.22). It was only later that the grandmother, who realised what was happening, started feeding the baby appropriately, otherwise she would have died of starvation. Unfortunately, the grandmother suddenly left Renee when she was eleven months old. "This was a terrible shock to Renee: she cried, hit her head and looked everywhere for her grandmother" (Sechehaye, 1970 [1951b], p.22). Both her father and mother were failing to understand Renee and her needs. They kept refusing to respond to her demands to be fed, making her wait and calling her 'little tyrant'. The father is described by Sechehaye (1970 [1951b]) also as having been a little sadistic towards Renee. At the age of fourteen months, she witnessed her father killing a white rabbit that she adored. According to Sechehaye, these events all contributed to emotional shock and distress for Renee. More siblings were born and the relationship between the mother and father eventually broke down. The father then abandoned the family, leaving them in poverty. Renee took it as her responsibility, as the oldest, to care for the family. This was at an excessively early age to undertake such a responsibility. At the age of eleven, she was filled with religious zealousness and obsession, to the point that she got up at five am to go to mass, visited cemeteries and wanted "to die and go to heaven" (Sechehaye, 1970 [1951b], p.26).

When Renee was thirteen years old, her mother told her that she had not wanted her as a baby and that she had found her hideous. Her mother also frequently criticised Renee for not loving her enough. Sechehaye described all this as causing the development of 'violently rebellious strivings in the girl's unconscious' (Sechehaye, 1970 [1951b], p.27) which were repressed. In general, she was a very neglected baby and child. This was not necessarily done deliberately, but rather out of unawareness of her needs. At school she showed she was an intelligent child but, as she grew up, she developed more problems and started showing difficulties and regression in her schoolwork. For instance, she could not draw with perspective or depth.

In her autobiography, Renee described experiencing her first feelings of unreality at the age of five:

> Suddenly, as I was passing the school, I heard a German song; the children were having a singing lesson. I stopped to listen, and at that instant a strange feeling came over me, a feeling hard to analyse but akin to something I was to know too well later – a disturbing sense of unreality. It seemed to me that I no longer recognized the school, it had

> become as large as a barracks; the singing children were prisoners, compelled to sing (Renee, 1994 [1951a], p. 21-22).

These perceptions, which Renee referred to as “feelings of unreality” (Renee, 1994 [1951a], p.21), I understand to be the beginning of her loosing perception of reality. I see here that the distortion of understanding of reality had already started to develop. Gradually she became more and more disturbed with psychotic delusions. She had this idea of a ‘System’ that could blow up the world. The feelings of unreality gradually became more and more pervasive, and her behaviour increasingly more bizarre. By the time she started seeing Sechehaye she was almost eighteen years old and had been seen by fifteen different psychiatrists, who all agreed on a diagnosis of schizophrenia. Sechehaye reported the referring doctor saying: ‘This is the beginning of a schizophrenia …; there is not much one can do, she is headed for the expected disintegration typical of these cases.’ (Sechehaye, 1970 [1951b], p.32).

6.3.3 The Treatment With her Psychoanalyst

By the time she started work with Sechehaye Renee had often been experiencing the disturbing perception of unreality. Talking of these perceptions, she described how:

> These crises, far from abating, seemed rather to increase. One day, while I was in the principal’s office, suddenly the room became enormous, illuminated by a dreadful electric light that cast false shadows…pupils and teachers were puppets revolving without cause, without objective…It was as though reality, attenuated, had slipped away from all these things and these people. Profound dread overwhelmed me.... (Renee, 1994 [1951a], p.26).

She experienced this unreality, and she called it the land of Enlightenment. The initial two years with Sechehaye were about combating her deep fear and the Enlightenment that to her represented “Unreality”. She wrote:

> I did not believe I was ill. It was rather a country, opposed to Reality, where reigned an implacable light, blinding, leaving no place for shadow; an immense space without boundary, limitless, flat; a mineral, lunar country, cold as the wastes of the North Pole (Renee, 1994 [1951a], p.44).

Soon after the start of analysis, she became aware that her fear was coming from her profound sense of guilt, “a guilt infinite and awful” (Renee, 1994 [1951a], p.47). It was a guilt that demanded punishment. Her relationship with Sechehaye meant that she was able to feel reassured and safe only when she was near her. By this point she had started to refer to Sechehaye as Mama. “It was only when I was near Mama, my analyst, that I felt a little better.” (Renee, 1994 [1951a], p.49). Near Mama she could feel less the unreality.

She was seeing other people as if they had “lost their soul”, she felt that the System “was going to get” her (Renee, 1994 [1951a], p.49). The System was now giving her orders, which she tried to resist. The orders were self-harming and destructive to her. Eventually she ended up in hospital. There she was eating very little, as the orders from the System were forbidding her to eat. With the help of Sechehaye she gradually was able to come out of hospital but went into a state of apathy. During this time, she continued to see Sechehaye. She described to Sechehaye how she was seeing water that was rising and was trying to engulf her. She was seeing this as representing the torpor that was overwhelming her. Her contact with Sechehaye, however, helped her to cope a little amongst these distressing feelings and the continuous underlying perception of unreality. She felt “rejected by the world, on the outside of life, a spectator of a chaotic film unrolling ceaselessly before my eyes, in which I would never have a part.” (Renee, 1994 [1951a], p.84). With these perceptions, there was also anger and “bitter vexation” (Renee, 1994 [1951a], p.84) and she felt annoyed towards her brothers and sisters.

Later Sechehaye took her to the seaside. There, unfortunately, she ended up perceiving her analyst less as Mama and more as an extraneous person and she became more suicidal. She wrote: “The orders grew more pressing; I was to throw myself into the sea; I was to open a vein. But more urgently, I was to find my way to the water’s bottom.” (Renee, 1994 [1951a], p.90). She returned to hospital. In trying to describe this “Persecutor” she perceived, “the System”, or “Antipiol” (Renee, 1994 [1951a], p.92) as she also called it, she wrote:

> Actually, in all honesty, I saw no one. I heard no voice. Yet there it was, not an emptiness, not a silence. There was a considerable difference between this part of the room and the others. The corner at the right was alive, personalised; there was someone very real there, empty though it was (Renee, 1994 [1951a], p.92).

She had to be prevented from harming herself. She described how she felt with the following words:

> An inconceivable urge to destruction rose in me, an urge to annihilate myself at all costs. And I was profoundly guilty, a guilt vast and horrible, unbearable, remorseless: of what I knew not, yet deeply, immeasurably guilty. I would not eat; by any means I tried to destroy myself. Only Mama was able to prevent it (Renee, 1994 [1951a], p. 93).

She was later placed in a nurse’s home and there she returned to a state of apathy where instead of the voices she felt: “there was the desert, the cold within me, the vastness without limit, a country of infinite desolation and despair.” (Renee, 1994 [1951a], p. 96)

When the analyst returned, after having been away for a few weeks, she brought a toy monkey. Renee became afraid in seeing the raised arms of the monkey, because she thought it would harm and attack her. The analyst started reacting by speaking to the monkey saying: “Mama’s little monkey, Mama asks you always to keep your arms down to comfort Renee. Then Renee will not be afraid of you, do you see?” (Renee, 1994 [1951a], p.97). Renee commented that she could see in the eyes of the monkey that it agreed. She added: “It is hard to express how relieved I was that Mama made him take this position. At any rate, from that moment, the impulse to self-harm left me abruptly.” (Renee, 1994 [1951a], p. 97).

Renee identified with this monkey. She felt it was unhappy because it had nothing to eat. She took apples from a nearby orchard and ate them. The owner one day reprimanded her, after seeing her do so; the result was an overwhelming sense of guilt. She felt the System wanted to reduce her to nothing. She became very angry with the owner but also felt extremely guilty, hearing self-destructive voices. Mama kept bringing Renee apples, but Renee would not eat them.

Sechehaye asked one day why she would not eat them. Renee replied: “Because the apples you buy are food for grown-ups and I want real apples. Mama’s apples, like those she said pointing to Mama’s breast.” (Renee, 1994 [1951a], p.104-5). At this point, Sechehaye cut a piece of apple and gave it to Renee, saying:” ‘Now, Mama is going to feed her little Renee. It is time to drink the good milk from Mama’s apples’” (Sechehaye, 1994 [1951a] p. 105). Renee described feeling a “nameless felicity” (Renee, 1994 [1951a], p.105) and relieved from all her distress. She wrote that at this time: “my perception of things had completely changed. Instead of infinite space, unreal, where everything was cut off, naked and isolated, I saw Reality, marvellous Reality, for the first time.” (Renee, 1994 [1951a], p. 105). People were now real, not automata anymore.

This treatment continued and gradually Renee was able to eat milk and porridge. She started caring for her body. This was, however, happening as if under the will of the analyst rather than her own. When one day she was made to feel as if it were she who cared for herself, she again became overwhelmed with guilt and lost her sense of reality. She gradually became more unwell, regressing, with persecutory voices and feeling she was guilty of the “crime of Cain” (Renee, 1994 [1951a], p.115). At her analyst’s failure to understand what her need was, Renee reacted each time with loss of reality and a return to deep self-destructive perceptions and overwhelming guilt. She regressed to a stage where she would even speak in meaningless syllables, eventually retreating into autism. At the time Sechehaye brought a baby doll, which Renee named Ezekiel. Sechehaye took care of it while with Renee, giving it love and attention.

Renee identified with this doll and, in seeing Mama care for it, she felt she had the right to live and gradually came out of her lethargy, started again to eat, bathe, and dress. Guilt was, however, persisting.

When she became very ill with pyelonephritis, she saw this as confirmation of her guilt. Unfortunately, at the time, Sechehaye became seriously ill too, and Renee was unable to understand this but rather saw this as proof that she was to die. One day Sechehaye returned and declared to Renee that she was going to banish the torturing voices. Renee was given a sedative hypodermic injection; the green curtains that were there were drawn. The whole situation made Renee feel that the room was green:

> green as the sea, quite like being in Mama's body … I thought, she is willing to take me into her body. An immense relief flowed into me; I was in Paradise, in the maternal bosom. … That she had received me into herself, that she had acceded to my fondest wish filled me with happiness and proved without doubt that she loved me, that I was loved. (Renee, 1994 [1951a], p. 125).

With the use of the green light of the curtains and the continued care by Sechehaye of Ezekiel, Renee gradually progressed and improved more and more. She had her bad moments of crises now and then, but Sechehaye had learned better how to help her and through this continuous 'symbolic realization' gradually Renee started to adapt more to reality, perceive it and understand it. In the end she described how Sechehaye became someone she could see and love in her own right. She was eventually able to disagree with her or cope with Sechehaye's occasional reprimands or anger. In the whole process Renee had regressed even to a "foetal stage" (Sechehaye, 1994 [1951a], p.157) moving then forward during the recovery, and it was by adapting to each developmental stage that her treatment had to be applied, that is in a manner she could relate to and understand at the time.

6.3.4 Sechehaye Treatment of Symbolic Realization

After the initial psychoanalytical treatment Sechehaye understood that Renee had regressed too much psychologically to be able to process and understand rational explanations. Renee had a fixation at the weaning period, the oral phase, when her feeding problems had occurred. She eventually regressed to the pre-oedipal level of understanding; her mind, as mentioned, at one point was functioning at a "foetal stage of regression" (Sechehaye, 1994 [1951a], p.157). Sechehaye understood she had to find a way to relate to Renee and communicate to her in a way she could manage.

Sechehaye devised presenting symbols that she adapted to the stage of regression and therefore understanding. Sechehaye could only gradually understand how and which symbols to

present, guided by her understanding of Renee's needs and her responses. It was at times a trial-and-error approach. By using symbols appropriate to the stage of regression she could make Renee understand and fill the need that had not been fulfilled in infancy and which was the cause of the fixation. This then allowed Renee to psychologically develop and go to a further stage of mental development. For instance, fulfilment of the need to feel cared for and fed, which she had experienced early in life, had to be achieved with the presentation of apples as if coming from the mother's breast.

6.3.5 Guilt and Death Wish

Renee's guilt knew no boundaries. As she described it, it was:" a guilt infinite and awful" (Renee, 1994 [1951a], p. 47). She did not know the source of her guilt; she did not know what she was guilty of. It took repeated efforts on the part of the analyst to help her remove that guilt by repeatedly giving her permission to do things, using the symbolic realization treatment, by making her feel, with the use of puppets, she had the right to live and eventually enjoy life. Sechehaye stated that the reason or cause for all this guilt stemmed from the fact that she "could not love herself since her mother had refused to nourish her, hence love, her" (Sechehaye, 1994 [1951a], p. 149). She continued by arguing that the lack of introjection of maternal love in the ego induces the ego to become invaded by destructive forces. This invasion by destructive forces is therefore, for Sechehaye, a consequence of that original trauma and its significance of lack of love on the part of the mother.

In the process of therapy Sechehaye showed how, when Renee took her analyst's behaviour as a refusal to give her what was her 'primal need' (Sechehaye, 1994 [1951a], p.152), e.g. when she did not understand what the apples represented for Renee and kept her wanting to eat the apples that she brought, this caused a break in the "affective contact" (Sechehaye, 1994 [1951a], p.143). That is, she could not feel the love and care of her analyst, which in turn led to violent aggression.

According to Sechehaye, Renee was unable to turn this aggression against the mother and thus she turned it against the self in the form of guilt and self-destruction: "the ego conditions a strong sense of guilt inherent in the affective realism." (Sechehaye, 1994 [1951a], p. 143). While I agree with Sechehaye's understanding that it was indeed this unconscious dynamic that caused the guilt, I interpret the significance of the extreme guilt and death wish, evidenced by Renee's repeated attempts to destroy herself, as evidence that her understanding of reality was faulty.

From Winnicott's theory (1989[1968]), it can be understood that Renee's true self never fully developed. Here the extreme symptom of guilt indicated to me that the potential true self had become completely hidden, overpowered; in its place was the false self perception, with its

distortion of understanding that made her think she had no right to live, to exist. Her sense of guilt had taken over from reality. We know the psychological reason why such thinking developed: her entire early life experience with her mother and her upbringing had led her to believe she was guilty and had no right to live. I understand this as an extreme compliance that denied the true self, impinged on it. Renee had never been able to have a self that could feel outraged or angry for what had happened to her. I would argue that the anger described by Sechehaye was more an instinctual anger, that it was never an anger with any understanding. The reality of her trauma was hidden to her. Some trace of unconscious instinctual understanding was giving her the angry feelings, but those feelings had no meaning for her.

As mentioned earlier, Briere and Scott (2015) define as traumatic events that are extremely upsetting for the individual and result in lasting psychological symptoms. In light of this definition, it can be seen that her experience of not having been adequately fed as a baby, her grandmother departure, her father's attitude towards her and his killing of the rabbit, her siblings, all contributed in being extremely upsetting and, from Sechehaye's analysis, led to lasting psychological symptoms. It seems to me that the guilt points to the dual reality in Renee, with its distortion, her psychotic symptoms and ideation; referring to herself, she wrote "You wretch, you have no right to live; you criminal, you have committed the crime of Cain." (Renee, 1994 [1951a], p. 115). This indicates what her false self understood as reality. This can be compared to how my false self had internalised a perception of extreme guilt, I felt guilt a priori.

Renee was not able to understand her mother's original mistake in feeding her, like she was unable to understand her analyst's mistakes, when for instance she tried too soon to make her be independent of her. What she understood was that what she wanted and needed was wrong and that she, therefore, had no right to want, and therefore to live. This is in fact not all that different from Sechehaye's point of view, but I think that there the true self is split off from the false self and the true self is denied expression. There is here, in my opinion, a split between the hidden truth, of needing food and love and the hurt that the lack of these factors should have caused, and the distortion that says: 'you must not live, you are guilty'.

Frieda Fromm-Reichmann (1953) in a review of the book, questions whether the feelings of guilt are caused by the 'repressed desire' for the care and love of her mother or motivated by anger for such absence of care. In my understanding, the anger suggested by Fromm-Reichman would have required some level of understanding of the trauma of her mother's early failure in feeding her. The truth of the true self would not be overpowered by the distortion if this were the case. There would have had to be some perception or understanding of her mother having failed her, instead she was only able to think she herself was wrong and should not live. To explain, I

think that in the unconscious of the not lived experiences (Winnicott, 1974) there would have been the reality of her traumas. This reality, however, by not being ever processed or registered consciously, could allow only an anger with no direction, no purpose. It found its purpose by latching on to the conscious meaning Renee had made of her traumatic reality, that is, on the guilt and no right to live. It would require bringing to consciousness that experience, only then I think the anger could be constructive and take the appropriate direction.

I understand both Sechehaye and Fromm-Reichmann could be right, in that I think eventually Renee would have been experiencing the various aspects of anger they mentioned, but their explanation applies theoretical understanding that does not consider the not-lived experience which I think Renee had had. Her early trauma of lack of feeding would have left her completely traumatized, whereby dissociation would have happened. Her understanding of reality was not developed yet. In her case, frustration, by not being contained, would have overwhelmed her, and would have led not to thought forming and reality understanding (Freud, 1911), but to psychosis (Bion, 1993 [1967]).

It is common in psychosis, in my experience of myself, my knowledge of other people with psychosis, and in other cases like that of Renee and Marie Cardinal, for a level of guilt to be well above any rational sense of guilt. In these cases, guilt is typically of a very profound depth and, as a tendency, it appears to the sufferer as if for an unknown reason. It seems irrational. Its apparent irrationality stems from the fact that its source, in this case lack of food and love, is hidden and not understood, not processed. In my view, the denial to be oneself, that I am suggesting occurs in psychosis, leads to such strong feelings of guilt, as if one is guilty for being alive. The split that this causes prevents the understanding of why the mind has internalised the lack of nourishment as an indication of guilt and as a feeling of not being entitled to live. Similarly, in my case, the distortion of reality, split off from the actual reality, was preventing my understanding of the truth.

During the therapy, after there had been some improvements, Renee could still reverse to deep crises of guilt and self-destruction. Sechehaye looked at these as caused by the fact that, for Renee, to live and enjoy life was forbidden by the internalisation she had, whereby her sense was that what the mother gave was good, and what she forbad was bad. Consequently, the desire to be loved was forbidden and thus inherently bad. Sechehaye argued that the unaccepted lack of nourishment made Renee want that even more and that this led to anger and resentment, which in turn led to what Sechehaye termed “affective realism” (Sechehaye, 1994 [1951a], p.143). She was feeling guilty both for her anger and for wanting.

I understand here that with the work that Renee had done with Sechehaye, some understanding of the reality of her trauma was developing, but it was still incomplete. This is explained by her shifting from improvement and then turning to guilt. Her anger here, I understand to be, perhaps, more constructive albeit still with the distortion; by constructive I intend that her anger had started to have some direction. Somehow reality had started to emerge. Sechehaye considered that Renee had to have the desire realised, but that, since she could not return to being a baby, this could be achieved only through symbols that were able to deal with the repressed wish and satisfy it. This, wrote Sechehaye, was in line with the primitive thought stage in which Renee was living. While I agree with Sechehaye's analysis, I feel that the split between the truth of need and its lack of fulfilment, which had not been processed by Renee, and the distortion in the false self, were kept apart.

From a therapeutic point of view, the symbolic feeding was crucial, in that it could provide healing to the wound by compensating and replenishing in a manner she could relate to, understanding what had been lacking. However, from the point of view of there being two separate realities, one which is not understood and one which is a distortion, she can be understood as needing to bring to consciousness the reality of the entire truth of the trauma to resolve the guilt. The truth in the true self needed to emerge in place of the compliant false self, which was accepting the distorted meaning of guilt.

6.3.6 Dual Reality – True and False Self

In Sechehaye's view the causative main trauma suffered by Renee, with her mother's lack of feeding, occurred before the development of the ego. Consequently, there was early damage in the development of the ego. I think there is a crucial difference between myself, where the trauma leading to the psychosis occurred at the age of twenty, where I had already, what I consider, a healthy ego and psychological development in general, and the early damage experienced by Renee, which clearly prevented healthy psychological and personality development. Based on both Winnicott's and Bion's theories Renee could not develop healthily.

From Winnicott's thought (1989 [1968]) we can interpret that the early not good-enough mothering had led to the formation of a strong false self, as a way of protecting herself from the impingement from the environment. This can be taken further: Renee's need to annihilate herself can be viewed as her experiencing the fear of unthinkable anxiety, the primitive agony she experienced of separation from the mother, which would have led to the fear of annihilation of the true self and the disintegration that followed (Winnicott, 1965). From Bion's (1993 [1967]) theory, it can be seen how the mother had not contained Renee's anxieties and frustrations and this

would have prevented the development of a healthy thinking apparatus, which according to Bion typically occurs in psychosis.

Where my psychosis relates to Renee's is that in both cases the trauma experienced led to the defence formation of a strong false self, and I argue a denial of the true self. The true self not allowed expression meant that in Renee's case it had never fully developed either. In both cases, thinking became faulty. I think, however, that the way Renee's thought was affected was different. Her regression brought her to speaking in meaningless syllables and in total confusion between herself and external objects and others. This regression was to the age when she had experienced her first trauma, when she had not yet developed language or spatial understanding, or ego differentiation.

In my case, while there were cognitive difficulties and confusion, they affected me in terms of the meaning the trauma had for me, rather than eliciting a regression to early forms of thought. I did have a sense of magical thinking, which Sechehaye refers to as being part of the primitive mind or early formation, but I view this more as the consequence of my having, with the trauma, the perception of reality as divided. The truth was hidden from me, and my split mis-understood reality provided a sense as if there were new meanings I could not understand. My mind was trying to make sense and understand what was happening to me. It may have also meant a reversing to earlier infantile thinking, (as I mentioned, during my trauma, I had ended up trusting my attacker like a child trusts an adult to provide meaning to reality), but this was rather less so than Renee, and mainly appearing as some vague sense rather than becoming my thought. I had occasionally the feeling as if the ground or the walls were moving. I understand this as the shift in perception of what reality was in me.

Looking at it from another angle, Sechehaye commented on how "Renee no longer retains awareness of her subjectivity" (Sechehaye, 1994 [1951a], p.144). She was here referring to the symptom of regression, experienced by Renee, whereby she could not feel herself experiencing things, but felt her experiences as if coming from the outside, from the inanimate objects surrounding her. This projection, for Sechehaye, is caused by the primary drives of fear and aggression that frighten Renee's ego, which is no longer able to cope with those feelings. From my point of view, she was overwhelmed by her guilt and fear caused by the trauma. The symbolic capacity for thinking had become 'real' or concrete for her; there was no inner or outer. The distinction between inner recognition and outer reality is part of 'play' (for Winnicott (2005 [1971]) and the ability to have a rich internal life. That would be by not feeling persecuted by it, but Renee was very much persecuted by it.

Her subjective truth would lead to anger, but she could not tolerate her anger because she was too overwhelmed with guilt and fear. Therefore, she projected externally the only true self expression of anger she had. In that anger, I view, was her true self drive for survival. It was not yet an understood anger, still not processed. It was not against the injustice suffered, also because it led to further guilt, as explained by Sechehaye. It was not the healthy expression of anger. Renee's lack of subjectivity was not only an expression of the early non-formed ego initially mentioned but is to me evidence of suppression of the true self. This may appear as if I am stating the same as Sechehaye when she wrote that Renee's ego was overwhelmed, but I see the defensive, reactive aggression in the murderous act of projection, which is at the same time satisfying the impulse not to be. There the self continues to exist, but she was totally unaware of it. In a sense, death is achieved. Ultimately, the real death and destruction of the true self remain impossible unless caused by actual physical death.

Renee wrote "I had, too, the conviction that my behaviour was deceitful. In reality I wasn't anything of the kind. I was deeply sincere" (Renee, 1994 [1951a], p. 58). Here she was referring to the fact that if she obeyed the System, she was deceitful, and she felt equally deceitful if she disobeyed and protected herself. I think these feelings are coming from the true self's perception of the presence of the false self and its distortion of truth. Only in more recent times have I been able to free myself from these feelings of deceitfulness about me. These feelings were often with me, even when I knew myself to be sincere. It was only after I fully established my truth of the trauma that I finally resolved these feelings. Similarly, Sechehaye described how these feelings indicate "a dissociation translated into a painful area of comedy.…This dualism will not disappear until the ego in its entirety has substituted an imaginary world for actual reality." (Sechehaye, 1994 [1951a], p.147).

The false self carried the distortion of reality that contained the meaning that she had no right to live, that she was guilty of an execrable crime. She could not understand what the guilt was about, nor why she was so guilty because, in my view, she could not resolve the early trauma. She could not process what had happened to her, and the split between the truth and the distortion, which is also the split between the true and false self, was too deep, as if separate. The true self was only finding expression when, for instance, in dreams, and in waking life she imagined a machine that could destroy the earth, or in the anger and aggression she could feel. Her true self would have needed that anger to defend her, to react to the perceived injustice, but this was prevented by the dominant distortion of guilt that was in the false self. It is the true self that enabled Renee to say, in a symbolic language, to Mama that she wanted the apple's milk of her bosom,

and it is the true self that could speak of the return inside her Mama's body. She had not yet entirely processed those emotions, but her truth was emerging.

Sechehaye viewed what I call the split between the true and false self as dissociation. In my view, this is more than dissociation; there is an actual split between the two realities. I distinguish dissociation as indicating a less marked separation between the two states of mind, conscious and unconscious, than the word split. Renee's early damage meant that she could not understand what was making her feel so dreadful. It took me a long time as well to start to understand, and the difficulties I think lie primarily in the dominant distortion of reality and the truth being hidden behind feelings of shame and guilt.

6.3.7 Symbolism

Renee's account of what she felt, i.e., "the desert, the cold within me, the vastness without limit, a country of infinite desolation and despair" (Renee, 1994 [1951a], p. 96), appears very much as the symbolic images of the inner reality trying to find expression and telling her what her feelings of reality were. Similarly, when she wrote: "in the street people were struck mad, moved around without reason, encountered each other and things which had become more real than they." (Renee, 1994 [1951a], p. 57), I see this as her mind telling her how her madness was. She also described: "a country, opposed to Reality, where reigned an implacable light, blinding, leaving no space for shadow…. I am lost in it, isolated, cold, stripped, purposeless under the light" (Renee, 1994 [1951a, p. 44). I understand her as clearly describing her distorted reality without love and her feeling under the power of what she had internalised as the will of the perceived abuse.[9] In the delusion, her mind was telling her what had happened. Her mind was trying to give the understanding which she lacked, as my mind was explaining to me what my trauma was with my delusion of being a daughter of God and being persecuted by humanity.

The psychotic delusional symptom can be understood as a symbolic language representing the underlying trauma. As a symptom, however, it is unintelligible. It does not provide healing, as true understanding of the trauma, I consider, is needed to achieve this. It is therefore a language that can give us clues as to the problem, but it does not provide answers on its own. The 'land of Enlightenment' is how the distortion appears to reason. It is as if something is trying to show a meaning that goes beyond that which is rational; only one fails to see that it is a lie, a distortion. To me, in my psychosis, I also often perceived the light to be more blinding than usual, and I used to feel as if I was in the process of achieving new, deeper, vaster, frightening insights.

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[9] She may be saying the same as what Judge Schreber (2000 [1903]) described when he wrote of "soul murder".

Reality suddenly was acquiring new meanings which I could not grasp. I understand this as me trying to reach understanding of what had happened and what was happening at a deeper unconscious level. Without a full understanding of the trauma, I could not do so, but my mind was being affected by the sense that the distortion had a meaning that was not part of me, as if of another sense of reality and yet, at a deeper level, I understand this as my seeking the truth that was beyond reach.

The delusional world I entered during my psychotic episodes was like trying to achieve more and more resolution of the deep sense of guilt and inferiority the trauma had given me. This would suggest it provided some comfort, and it would have been so if it were not for the fact that, at the same time, as I had the ideation of being the daughter of God spoken to by God, the persecutory hallucinations and ideations would become more intense, more humiliating, and vivid. There was no possibility of escaping the distorted meaning of the trauma, however much my mind tried to. Seeking refuge by escaping into the delusional world was, for me, always failing in its intent as I could never escape, nor overcome, nor resolve, the destructive meanings, given by the trauma. I see Renee as equally unable to escape the destructive forces of her trauma through her psychotic symptoms.

There seem to be other cases of people who experienced psychosis who did manage to spontaneously recover, seemingly after experiencing a delusional world for a period. One such case is that of Barbara O'Brien (2011 [1958]) who under this pseudonym published a book about her own case of schizophrenia. She wrote about her delusion of Operators controlling her mind and eventually telling her what to do. She left her home, work and environment and travelled around for a while. She said that she recovered spontaneously, without treatment, after six months. She explained how she had been conditioned in her thinking before by having adapted to her original environment without expressing her true personality. She saw herself having recovered, because guided by her unconscious telling her to leave home and do all she ended up doing. She understood her unconscious resolving her inner difficulties through the delusional ideation she had. I view this as a reality of the mind always trying to resolve the inner conflicts, but I would argue that her case, for instance, may have been able to find a solution to her problem because the traumatic harm was, possibly, not as grievous or marked as in my case or Renee's. The mind, in my opinion, will always try to find solutions, but when the separation between the true and false self is a chasm, a split between the true self's reality and the imposed false self reality distortion that is too deep, spontaneous healing may not be possible.

6.3.8 The Healing Process

Renee's account indicates clearly how it was her work with Sechehaye that allowed for the healing process. Renee described how the relationship, the language and symbolism used by Sechehaye were what allowed her to achieve reality. She did not provide the explanation, rather, she let the reader understand through her account of her thoughts and emotions during the eight-year therapeutic work with her analyst. The fact that, early on, she started referring to Sechehaye as Mama, is a clear indication of how important the caring and loving relationship had become, and what an integral part it played. The way she described her reactions to the various puppets and dolls utilised by Sechehaye during the therapy shows us how she identified with them and how this enabled her to gradually start to overcome the overwhelming feelings of guilt, and with this, overcome her death wish. We get the understanding that it was her loving relationship, her feeling loved, that connected her to reality, as opposed to the land of Enlightenment, which represented her false self understanding. When she told us of the beautiful reality she experienced after receiving the apple's milk from Mama, or the perfect reality after her perception of having returned to that original first place of safety, Mama's body, we can see how, with those symbolic treatments, she was able to heal the original wound created by the early feeding trauma.

After that early trauma, in her life, Renee had repeated experiences of trauma, with her grandmother's early departure, with her father's relationship with her, with her mother's inability to understand her, with the birth of all her siblings, as each of these negative experiences compounded with the initial mistakes in feeding her. There had never been the possibility of healing from the tragic original trauma. It can be said that her trauma was in fact being reinforced rather than healed by her experiences. In the book it is never explicitly explained nor addressed by either Renee nor Sechehaye, how Renee was able not only to understand and accept the symbolic meanings and therefore compensate what she lacked, but also to process her traumas, and therefore understand their reality and what they meant to her. Maybe, had the focus of the writers been on this aspect, more evidence could have been given to corroborate this point. After all, we are not told about every single conversation that took place between Sechehaye and Renee.

Growing up Renee had been devoted to her mother, but inside her was the feeling, perception, not understood, not processed, that she was not loved, not wanted. As Sechehaye said, she could not love herself, because she had perceived she was not loved by her mother. The entire therapeutic process enabled Renee to fill that lack of love and perceive herself as a loved being, a whole. Instead of destruction, she could now feel inside herself what Klein (1962) termed a 'good internal object', that could then make her face the world while being able to not

only survive, but also enjoy its reality and deal with all the emotions and feelings, positive and negative, with the difficulties and joys that are part of reality.

Leader (2012) talked of how various commentators thought that the reason why Renee improved so much and recovered from her psychosis was due to the loving care, dedication and commitment given to her by Sechehaye. Josselyn (1952), commenting on the book, stated:" The author describes convincingly how the treatment permitted the patient to gain gratification at the fetal stage of regression and emphasises the importance of this" (Josselyn, 1952, p.857). According to this critic, the crucial point of the healing process was then the symbolic return to the womb and the fulfilment of that deep wish experienced by Renee. Balbuena (2014) instead stresses the importance, learned from the case, of the patients relating 'their own case histories'. Santana (2014) agrees with Leader's (2012) view that it was by introducing Renee 'to the function of the symbolic' that Sechehaye succeeded.

6.3.9 Leader's Lacanian Analysis

Following the theoretical explanation of psychosis as given by Lacan which I presented in Chapter Two I here will expand on Lacan's views by utilising Leader's (2012) application of Lacan's theory to Renee's narrative. Leader (2012) looked at the case of Renee starting from Lacan's view that we develop and reach an understanding and perception of reality through the co-working of the Imaginary (that is, the image we have of our body), the Symbolic (with its establishment of the Law of society which comes first through the process of the Oedipus Complex), and the Real (that is, the body with its excitations and perceptions, in Freudian terms the libido).

To explain further, by looking at the Symbolic, we make sense of ourselves and who we are by learning, through our family and others, about our parents and our background; for instance, by being put in a context with others and other things, e.g., a mother saying, 'you have the eyes of your father'. Through the use of language, we learn to place ourselves in the world and this is achieved by the symbolic meaning that language gives between a sign, 'the eyes', and a signifier, 'you are like your father'. This however also entails integrating the Law. By Law Lacan was referring to what he called the establishment of the Name of the Father, that is, the symbolic meaning of order of the law of society, of life, that is accepted with the resolution of the Oedipus Complex. Lacan's understanding of the Oedipus Complex is in part different from Freud's. In Lacan's view we have from the beginning a difficult relationship with the mother, our first love object. We understand her to be the giver of love (food) and the withholder of this (she disappears, she comes and go). She thus appears all-powerful. We eventually question what makes her disappear and here comes the concept that there is an 'Other' that the mother

desires other than the child. This Other is the Father. The fact that the mother desires this Father indicates that he is the all-powerful figure. This Father is not the real father but rather the symbolic Father. This process of naming the desire of the mother introduces the infant into a third element. The infant is not anymore caught in the two-way relation of him and the mother, but a third figure can thus enter symbolically into his world. In this process the child understands that his original wish to be the lover of the mother cannot be fulfilled; both boys and girls must accept that there is the father, they both have to adjust their understanding. As Leader wrote:

> In analytic terms, the child must renounce trying to be the *phallus* for the mother – at the imaginary level – and accept *having* or *receiving* it at the symbolic one: for the boy, as a promise for future virility, for the girl as a hope for future maternity, with her baby unconsciously equated with a phallus (Leader, 2012, p.61)

With this resolution, our bodies also become inscribed by the Law. We learn what are the limits and what is allowed. For Lacan in psychosis the Name of the Father has never been established, it has been Foreclosed, refused. In its place there is an emptiness which, especially when confronted, leads to psychosis.

A crucial aspect of the initial phase when the infant is completely caught in the one-to-one relationship with the mother, with its inherent difficulties indicated, is that there needs to be a basic trust in the mother. This is a trust in the symbolic order that parents care for their children. At times, however, this trust does not take place and Leader indicates this happening to Renee, where he highlights how in her memoirs, she remembers that her mother would say things whereby she was declaring her complete power over Renee. Renee, therefore, was prevented from getting to the stage of naming the desire of the mother: the Name of the Father was foreclosed.

Leader viewed the reason why the therapy of Renee was successful as being less due to the nourishing and caring, and more to Renee being introduced and made to understand the symbolic. As he wrote: “What the treatment did was introduce Renee less to breast milk or the possibilities of oral satisfaction or maternal love than those of symbolic functioning.” (Leader, 2012, p.215-6). This is evidenced, in his opinion, by the fact that in the treatment a make-believe was taking place, i.e., by preceding the feeding with the apple etc. with the ritual as if coming from the breast. This was making the treatment valuable for its symbolic meaning. “The whole treatment was conducted as a form of play – a deadly serious one – yet one which reintroduced Renee to the function of the symbolic.” (Leader, 2012, p. 215). Sechehaye commented on how she did not need to address the Oedipus complex issues with Renee. She explained this by the fact that

Renee's area where her complex had formed occurred before the formation of the Oedipus Complex, so it was not a problematic area for Renee.

In my view it was not the foreclosure of the Name of the Father that determined the psychosis, but the fact that there was a trauma that forced a distorted understanding of reality. I am not denying that the Name of the Father and the Law it represents may not have been established, this is also a possible interpretation. It is undeniable that Renee had for instance difficulties in her relating to others and things, as if distinguishing between herself and other people and things was difficult. As Leader pointed out, with Sechehaye she had to relate as Mama and Renee rather than I and you, or dolls had to be used for her to identify with rather than identifying herself as subject. This does indeed indicate a lack of differentiation between herself, people, and things, a lack of perception of reality, and suggests that she was being overwhelmed by the all-powerful mother. I am not certain, however, that the Oedipus complex explains psychosis, or at least, I am arguing that in other cases there are other factors to be considered. To look at the factors in common between my case and Renee's: first, there is an overpowering of the (true) self which Leader would see as part of that lack of basic trust at the beginning. The distortion of understanding of reality comes, in my view, from the imposed perception of the abuse.

Leader would see an emptiness of meaning, a vacuum created by the absence of the Name of the Father, which gets filled, compensated, by the delusional world and the psychotic symptoms. This, however, can be equally explained by a split created between the hidden truth, unprocessed, and the distortion between the true self and the false self. A distinction between the true and false self that normally occurs in health, becomes in psychosis a split between two realities. Undoubtedly Renee had difficulties early on in life and the fact that Sechehaye did not find issues needing resolving with the Oedipus complex does not deny what argued by Leader, that with the introduction of the symbolic function Renee was able to resolve the factors that may have led to the foreclosure of the Name of the Father. With developing the understanding of the Symbolic through language, the rules of the Law could be established and understood. In my view, the symbolic language enabled Renee to understand and process what had happened to her, and to compensate and heal the deep chasm that had formed between the true and false self made by the perceived abuse, which had led to the internalised distortion of a guilty self.

The early damage experienced by Renee generates a complex picture, whereby it is difficult to isolate the direct impact of the trauma and its consequences from the developmental difficulties this created. It becomes necessary to consider all these aspects for therapy and healing to take place.

What Sechehaye did provided healing for the damaged area of the psyche of Renee. The healing needed by me was provided by the psychologist's help in containing my fear and anxiety. I did not need a method of symbolic realization because I was not regressed to the early stage of life like Renee. My difficulties in thinking and understanding my trauma were created by the fear and the imposed distortion of meaning; the psychologist's believing me, the repeatedly going over what I had experienced, were what helped me process, digest and internalize reality. Each trauma a person experiences will have different consequences depending on the various circumstances. The therapy needed to heal the possible damage caused by a trauma will have to vary according to each case, as my case and Renee's show.

Both Leader's and Sechehaye's explanations of what led to Renee's psychosis can become thus correct, nevertheless, in my view, they do not provide the complete explanation, nor one suitable for other psychoses. The difficulties were different in my case because I had to understand myself entirely on what I had experienced before my trauma and what I brought to it. It would be an impossibility in all cases to separate a trauma from other aspects intervening in the psychology of an individual, everything would always have to be considered, meaning that the entire life history will always have an impact on the psyche's way of reacting to a trauma, a trauma would never be an entirely isolated, separate incident, not even a not-lived trauma.

For Sechehaye. the devotion, dedication and love she had given to Renee would not have been enough to heal her condition. What also was needed was the use of the symbols, in the manner she used them, to allow, through them, the realisation of reality: "I believe that 'maternal love' without symbolic satisfactions would have been useless for the cure." (Sechehaye, 1970 [1951b], p.131). I understand this symbolic satisfaction as meaning that at the same time as giving and filling what had been missing, she was enabling, by the language of these symbols, to make Renee understand and process the action, thereby internalising its satisfying meaning. As mentioned, she called her method "symbolic realization", whereby a real person talks and deals with the patient in a language and with the signs that the patient can understand. I think that at the same time as understanding the action and filling the lack of love, she could understand what had been lacking, she could understand her trauma.

Sechehaye viewed that, as the damage to Renee's psyche had occurred before the learning of language and the development of the ego, it was useless to say to Renee that her mother did love her and that it was a lack of understanding on her mother's part that had made her mistake and had thus created the problem. Renee could not understand this. Also, reasoning with the delirious ideation was not possible; this only reinforced the ideation. I find that often in psychosis it is not possible to reason with the person about the (distorted) delirious understanding

and, as in my case, it would not always be due to the early damage but more because of the resistance of the imposed distorted meaning. She needed relating to her via a symbolic magical thinking, more typical, says Sechehaye, of a primitive mind, in Renee's case an undeveloped mind. Sechehaye wrote: "I succeeded in using this method of symbolic realization because the symbols were reality for Renee, that is to say, presymbolic magical participation" (Sechehaye, 1970 [1951b], p. 100). After providing the symbolic realization method, she had to provide the strengthening of the ego by repeatedly commenting on how she was good, her body beautiful etc. She also employed a nurse, living with Renee, who understood psychoanalytic symbols. The nurse was given detailed instructions on how to deal with Renee. The explanation of what constituted the therapy for Renee is, therefore, giving value to the "maternal love" and the analyst's care and dedication as well as the necessity to reach the patient and communicate with her through this symbolic realization. Accompanying all of this was the reinforcement of the achieved results and continued reassurance.

Sechehaye's accounts also considered (like Leader) the relation between the sign and the symbol and how this enabled understanding. She looked at how, one day, Renee pressed Ezekiel against the analyst's breast and watched for the reaction. Sechehaye explained: "By the gesture she established a more intimate relationship between her ego and its symbol, between what was signified and its sign." (Sechehaye,1994 [1951a], p.161-162) After this, in seeing Ezekiel regularly fed, she was then able to feed herself and continue to do so. Sechehaye viewed the source of Renee's guilt in the understanding of there being an internalisation of her mother's lack of feeding as a reason for having no right to live, and her wanting food (and the love it entailed) as further cause of guilt itself. She wrote: "We knew that a violent unfulfilled desire, provoked by unaccepted deeds, can create a delirium which serves four ends: it compensates pain and inferiority, relieves anger and feelings of guilt." (Sechehaye, 1970 [1951b], p. 135). This, therefore, would be the explanation for the delusions or delirium as Sechehaye termed it.

I agree entirely with the compensation the delusions provide to those feelings, but what I attempt to argue is that the reason why she was delusional, and psychotic is by the fact that the reality experienced by the victim of psychosis is split and dominated by the distorted understanding. The truth that lies in the true self is hidden, repressed, and it filters through a reality distortion that is more manifest and present in the false self, which is now in control. This is because the victim is denied expression of his/her true being and is forced instead to be what is understood as the will of the (in this case perceived) abuser. This view is, I think, supported by the fact that a violent trauma or 'a violent unfulfilled desire' does not always lead to psychosis. Yet we do not know the reason why; I suggest that the answer may lie here. It is also possible to

consider that part of the reason why negative experiences may lead to a distorted understanding may be more found in the inability on the part of the person's psyche to understand and process the event(s) which can thus become traumatic, or, as Winnicott (1974) postulated, due to immaturity of the ego.

From my research, I suggest that it may be when a trauma forces its significance to not be understood, not processed, not registered, to be unconscious, thus causing a distorted understanding in consciousness. The two meanings (the truth and the distortion) having become entirely split and separated, appearing in consciousness only in the distorted, symbolic images of the psychotic symptoms. As Winnicott postulated, the trauma would have caused the true self to be impinged upon and forced to the defence of the false self formation. In my case, the work needed to recover from my psychosis has been more explicitly directed to trying to find the truth; both Renee and I had to overcome and resolve the distortion. I reached the understanding by being able to retrieve the hidden memory and emotions, process the thoughts and feelings of what happened to me. The way Renee achieved this was through the therapeutic means of the symbolic realization utilised by her analyst.

For me, just reasoning that I had been raped was not sufficient to resolve things. I had to understand myself, reach my real emotions and fear. Once understanding started, I could give expression, tentatively at first, to the true self perception of harm, anger, and to the grieving needed to heal the wound. We are not told about Renee's grieving, but I am certain that with the understanding of her trauma she finally achieved she must have given voice to her true self's expression of woundedness and grief. In her case, feeling the loving care of the analyst was needed. She needed the symbolic and real psychological feeding she had not originally received. She had to regress to that original trauma. In my case, I needed to understand my feelings, thoughts and emotions which preceded the trauma, my life history, as I brought them to how the psychosis causing trauma affected me. There was no need for such regression. I did, however, need the skills of an analyst initially to get me to understand myself, my childhood, education, growing up and experiences before the trauma, but this did not resolve my psychotic symptoms. It was when a therapist (my psychologist) started listening. When he paid attention and stopped following the established model of thinking about psychosis, to which each therapist, analyst, psychiatrist had insisted until then: being believed, being taken seriously, being helped in processing what had happened, and, therefore, being contained in my fear. No one had done that before.

I still do some of the in-depth psychoanalytic work on my own. My approach is different to that of my psychologist who was not an analyst. The mental health services do not give the

possibility of frequent sessions nor of in-depth analysis. I know myself to be fortunate in having had his help for a few years. In the relationship with him I was able to assert my view and where he may have made suggestions that differed from mine. When I insisted on pursuing further on new links with the trauma, he paid attention. This led to me developing trust where I had lost it with the previous therapists and, in the first place, with the trauma. The difficulties I encountered between my approach and his became less important and sometimes even contributed to my ability to believe in myself. With this help I started taking leaps in my recovery journey. I could trust myself more, I could challenge the distortion that my trauma had led to because of my abuser's behaviour. This, I think, is similar to the ego reinforcement that Sechehaye gave to Renee. The therapeutic value of being taken seriously is also like the therapeutic value of the care Sechehaye gave to Renee. In both cases, what had gone missing was provided; what had led to distortion was replaced. My abuser had made me not trust my reasoning and take in something that was not my true self's meaning. On my own I had been able to do a lot of work in understanding and retrieving what was hidden to my consciousness with the trauma, but I also needed the help of someone believing me and in me.

6.3.10 Conclusion

The idea that a trauma can lead to psychosis is confirmed in a case like that of Renee. Superficially, it could look as if it takes early damage for psychosis to develop, maybe something to do with the undeveloped psyche. It could look as if early damage could explain the difficulties in thinking and understanding, and in Renee's case it is so, but I hope I have been able to show how the understanding of Sechehaye does not completely explain Renee's psychosis. I have tried to show how the distortion of understanding of a trauma may be the cause of a psychosis, and I have tried to show how my experience can provide some evidence for my thought. I have tried to show and argue, by utilising Sechehaye's analysis, how Renee's early damage affected her differently from me.

For Sechehaye, there is a similarity between the work needed to form a child's ego and the re-construction of a psychotic ego. I here argue that the age at which the causative trauma occurs is more likely to explain and indicate the work needed to help the psychotic condition. While areas of the personality will always be affected and thinking impaired, the similarities found by Sechehaye may not be so when the trauma occurred at a different stage of growth and/or at an older age, as it happened to me. The core difference between Sechehaye's view and mine lies in the fact that I see the distortion of the understanding of reality as crucial to explain why the psychosis forms.

For Sechehaye, the unsatisfied need was the source of Renee's psychotic condition. In my opinion, this unsatisfied need also led to the distortion of understanding, allowed for the formation of a strong false self, and hid the true self and its meaning of reality. The true reality was hidden, unprocessed, unformed; it existed as a complex with no clear perception or meaning. As Winnicott (1974) would argue, Renee needed to 'remember' her trauma, for the first time going through it and its reality, as I did. The repressed trauma needed to become manifest in both cases.

Chapter 7:
Discussion: What Trauma Can Do, Doing This Research

7.1 Introduction

In this chapter I will outline my main findings and explore further where the research could have a useful input on knowledge and treatment. From looking at trauma I will utilize Ferenczi's understanding to give my contributing explanation of how an 'alien will' can be the reason why certain uncharacteristic and, at times, violent behaviours can occur from people with psychosis. I will explore how Winnicott's thought on trauma in psychosis found a complementary explanation from my thoughts on the presence of 'distorted understanding' in psychosis. I will re-visit Bollas and how with his insights, and the possible uncovering of distorted understanding of traumatic experience, recovery is made more possible. I will look at how both Marie Cardinal's and Renée's cases can jointly support my thesis.

Looking at my experience of doing this research, I will then address the initial feared risks to mental health that nearly prevented this study from being undertaken and how instead it has been beneficial for me. I will look at how Winnicott's and Bion's theory have helped me in this research and in my recovery journey. Following this, I will then give my reflections on how going over repeatedly the traumatic material was necessary for me to discover and establish the truth of my traumatic experience, and I will look at what are the possible implications of this for other people; and how others may need this repeated going over their traumatic 'distorted' memory to establish the truth. I will suggest some recommendations both in terms of the dangers I have found that exist in exploring a causal trauma, and what I consider is needed to be looked at when trying to seek healing from a psychosis coming out of a distorted understanding of trauma. Finally in this Chapter, I will look at the limitations and problems of the research.

7.2 Trauma and Psychosis

As discussed earlier in the thesis, trauma can take many forms and the consequences may vary. The severity of the consequences of trauma may depend on different factors, for example the support one has around the time of the trauma, or afterwards; other life circumstances which create precarity; or previous life experiences. I presented earlier how in Winnicott's theory the "good enough mothering" (caring) (Winnicott, 1989[1968]), or in Bion's theory the mother's capacity for 'reverie' (Bion, 1993[1967]) can both be protective factors in the development of the child's psyche. "Not all people react to trauma in exactly the same way" (Van Der Kolk, 2015, p.82) I argue that one of the aspects to be considered for these different responses to trauma, besides the possible protective factors and different life experiences, may well depend on the particular thinking and emotional reactions the trauma caused. My narrative and analysis brought me to the conclusion that the trauma I experienced led to my developing a

psychosis because the trauma forced me into not understanding what was happening and accepting an imposed meaning.

In this research, I have suggested that a trauma can lead to psychosis when it forces the individual experiencing it to deny the truth of oneself and accept an imposed meaning of the trauma itself coming from the perpetrator of the trauma. As Winnicott postulated, the 'True self' normally asserts itself when threatened; a trauma that prevents this from happening as described here, forces the 'False' self to form and act as a defence to protect the True Self (Winnicott, 1989 [1968]). The False self is powerfully present in psychosis according to Winnicott (Winnicott, 1965). By perpetrator I do not necessarily intend a specific abuser/aggressor, but whatever caused the trauma, it is possible to envisage other environmental factors as causal of trauma.

This perspective has become clearer when I have applied Bion's (1897-1979) theory of thought on trauma and psychosis. As described by Brown (2012), Bion suggested that the experience of trauma leads to difficulties in thinking and processing the event and causes symptoms akin to psychosis. Bion (1991[1962]) postulated Beta elements of experience become alpha elements, that is digested thoughts, through the real life and sense experience, i.e., through the perceived emotions of life. In the traumatic experience those thoughts have difficulty to formulate to the point of causing symptoms akin to psychosis (Brown 2012). My hypothesis seems to provide further understanding of why and how it can become a psychosis. An experience not understood cannot be transformed into the thinking of alpha function that enables the learning from experience necessary to live a healthy life.

In the work of Ferenczi (1933) with its relevance on the importance of trauma and the impact of sexual trauma on children I have found further support for my thinking. Freud (1963) wrote of the compulsion to repeat that people enact as an attempt to find meaning and resolution to their trauma. From my experience and analysis, a further reason to repeat the trauma could be a case of an imposed 'distortion of understanding', an imposed 'false self' aspect. That imposed understanding can re-activate when circumstances, possibly akin to the original traumatic situation, trigger it. As mentioned in Chapter Five on My Journey in and out of Madness, following my trauma, I had a few sexual encounters with men that were uncharacteristic, against my moral principles and very distressing to me. I eventually understood how these sexual encounters were the direct consequence of the internalized distortion of understanding that had formed with the trauma, a form of repetition compulsion but triggered by the fear and the distortion of thinking that the trauma had created. I had felt threatened by these men, the fear was originating principally from the trauma experience, this had caused me to

accept the sexual act without questioning, unable to refuse it. The men in question had not used violence, however they were perceived by me as aggressive, partly due to my learned fear. As Ferenczi (1932) said of some of his patients, an ‘alien will’ and not the will of the patient makes them act, this explanation mirrored my analysis of some of my earlier behaviour with men. I was behaving as if I had to submit to the will of my aggressor while thinking/believing I was choosing to do so.

As a result of my research after analysing my experiences I have come to understand that when the will of an individual is entirely overcome, as happened to me, what is left is the imposed will of the abuser, and that imposed will can be triggered and reactivated by whichever circumstances in one’s life impinge on the hidden trauma. As R.N. (Elisabeth Severn) said, she was not a murderer although she fired the shots. (Ferenczi, 1932). I have explored this issue elsewhere (Franco & Nicholls, 2023). This theory may provide an explanation, at least in part, of why uncharacteristic behaviour can happen to people with psychosis. I do not know, however, if the will of a person can be so ‘possessed’ as to commit an extreme act, like murder for instance, and the individual be entirely innocent of this. It remains something to be considered and explored further. Typically, the individuals who commit a criminal act driven by psychotic thoughts, perceptions, voices, feels compelled by those thoughts to do the crime i.e., the voices are telling them to do so. They feel ‘possessed’ by those voices, thoughts, which they must obey. From my experience I have understood that those actions are driven by the individuals’ projected feelings, or complexes i.e., guilt, fear, or something else internalised in life with their traumatic experiences (Bollas, 2015), and the distortion of thinking that the trauma(s) had created.

The more ancient understanding people had of psychotic conditions, where people thought the individual was ‘possessed’ by an evil spirit (Taylor, 1978) seems to me an apt way of explaining if someone is forced to internalize as their being the thinking imposed by an abuser, and gives intelligibility to the perceptions of those who after committing a crime say they were compelled to do so. It may be that indeed they are not the real perpetrators of the crime but the victims of crime themselves.

Winnicott’s paper on ‘Fear of breakdown’ (1974), discussed the resolution to the psychosis by experiencing, for the first time, the ‘not lived’ experience. I have found that my understanding can complement his thought on this. I think it possible to envisage that those people who are kept in criminal psychiatric hospitals and prisons may be offered hope of resolution if a trauma is found, understood, processed in its distortion creating, thus allowing a possible return to sanity and freedom. If, as I suggested, the individual who became psychotic

had been forced to ‘not understand anymore’ what was happening to him/her and accept the imposed meaning of an abuser, this implicitly would mean that s/he would have not lived through the reality of the experience. The awareness of the event would exist only in that place that Ogden (2014) called the unconscious of the not lived experiences.

The trauma, by not being experienced, leads to fear of unthinkable anxiety; loss of the early perception of the “mother infant tie” (Ogden, 2014, p.213) that would have provided security. The individual in this situation is unable to feel whole. As Winnicott wrote: “the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experiences and into omnipotent control now” (Winnicott, 1974, p.104). Without memory or understanding of the trauma it cannot be encompassed by the psyche, fear ensues, and psychosis is the outcome. The resolution of the psychosis would indeed be, as postulated by Winnicott, by experiencing for the first time the event, or, in my words, the reality of the event. This has been confirmed by much of my experience. To allow this experiencing the thinking processes that failed during the trauma would have to be made, and this would require the careful work of support of overcoming and resolving of the psychological and emotional impact of the trauma.

Bion becomes particularly relevant in showing how the process by which beta elements can become alpha thought: “Beta-elements are stored but differ from alpha-elements in that they are not so much memories as undigested facts, whereas the alpha-elements have been digested by alpha-function and thus made available for thought” (Bion, 1991 [1962] p.7). For thought to become something meaningful it requires the alpha function. As Brown wrote in explanation of Bion’s thought: “conscious experience must be subjected to dream-work in order for it to become personalised: conscious experience remains an ‘undigested fact’ until it is processed by dream-work and turned into a memory that may be linked with other memories in an individual’s self-narrative”” (Brown, 2012, p.236). In my experience, the thinking that had not been possible during the trauma needed to be made in the therapeutic relationship with an analyst or a therapist.

Reflecting more on this ‘Fear of breakdown’ mentioned by Winnicott (1974) I can say that in my case fear was an underlying feeling behind all my psychosis. The first fear I recognised was the fear for my life once I remembered it from the trauma. The fear of the sexual act that happened remained hidden for many years long after I identified the fear for survival, it had been kept hidden by the distortion of meaning. I also had an underlying fear, which I felt at the core of my being, with it was also as if my inner thoughts were being watched that I now know being my perception of the internalised attacker in my psychotic perception of the

unprocessed reality. To understand these feelings of fear, I looked at the fear of annihilation I experienced during the trauma after my attacker had become agitated while reassuring me and the skirmish that had followed. I knew that it was that ultimate fear which had forced me to reconsider my understanding and ask him silently whether he could be trusted.

Exploring that fear I realised how, at the time, it had felt worse than the then fear of death; I understand it as being the primitive agony mentioned by Winnicott. In describing it, he wrote of feelings of: “1. A return to an unintegrated state. 2. Falling for ever. 3. Loss of psychosomatic collusion, failure of indwelling. 4. Loss of sense of real. ... And so on.” (Winnicott, 1974, p.105). As mentioned in Chapter Five it felt I was being annihilated, I felt then I had to choose and obey him, there was no other choice to prevent this total mind destruction.
As mentioned in ‘My Journey in and out of Madness’ Chapter Five, by trusting him I had to renounce myself. I had returned to a state akin to the infant totally dependent on the adult, yet in this complete trust there was also total fear. The minutes that followed were lived by me into this dual state of which the conscious one of total submission felt like a dream while my real psychological reality of violence, fear and abuse registered mainly in that unconscious that Winnicott (1974) spoke of in his paper.

I understand these unconscious memories to have contributed to creating my psychotic symptoms afterwards, as memories that were seeking to be made conscious, recognized, processed, and understood. The perception of my thoughts being watched, clearly a psychotic symptom, was the unconscious memory of how close my attacker had entered and controlled my psyche in those moments. It was also showing me how his violence was still affecting me and still having control of (some) of my thinking. To put that trust like an infant in a rapist meant he had raped my mind, he had penetrated it as he had penetrated my body. That unprocessed memory kept appearing symbolically as a psychotic perception.

I now understand that the fear of breakdown, I often have experienced, to have been at one and the same time arising from the feelings connected to this original breakdown that happened that day, and not simply fearing having a breakdown approaching as I thought at the time. It was not, as postulated by Winnicott (1974), an infancy breakdown, it was my breakdown as a twenty-year-old woman. My experience of fear of breakdown corresponds and confirms to the fear described by Winnicott and allows this understanding to include later traumas than in infancy. I am left wondering if a trauma that brings a person to the fear of annihilation, as myself, may be at the origin of the ‘possession’ by another that I have here described as happening in my psychosis. That controlling of my mind just described I see it as ‘possession’ of my mind.

Bollas (2015) has shown how the seemingly incomprehensible psychotic symptoms have meaning and can be understood. This work is difficult both for the analyst and the patient, but it is possible. I have found that if the knowledge of an existing causal trauma is sought and acquired, the work becomes much more intelligible. My journey of recovery became much more focused, and my symptoms acquired more meaning, pertinence, and direction once I started to be able to understand that the causes of my psychosis were originating from that distortedly understood trauma. Bollas (2013) intensive work with patients when in a crisis holds a promise of prevention of a total breakdown leading to hospitalisation that could bring no return to sanity, and instead allowing recovery. A trauma not understood and internalised with a false meaning would be unwanted by the psyche and would be projected outwardly, as Bollas (2015) described happening in psychosis. These external projections, when understood, can become the way by which to reach the distortion of meaning and find the truth of the individual.

The intensive work at the start of a breakdown would allow the healthy and the psychotic parts of the psyche to collaborate in facilitating the understanding needed. This work undertaken with the guidance of an analyst who could act as container (Bion, 1993 [1967]) of the fears and anxieties that would emerge, and who could help the analysand re-integrate the projections with a ‘true’ meaning.

7.3 Renee, Marie Cardinal, and Me

By exploring the two cases of psychosis, as described in the published autobiographies of Renee (Sechehaye, 1994 [1951a]) and Marie Cardinal (1984), I found many similarities and illuminations of my own experiences when analysing their histories. As described in Chapter Six, in Renee’s case it was shown how much more severe a trauma and its consequences can be whereas in Marie Cardinal the evidence pointed to a different impact on her psyche from her experience. It appeared that many of Cardinal’s symptoms were only in part psychotic, and most would be considered neurotic in character. Whether that is seen as more severe may then depend on how severity is defined. I have used the idea of severity as depending on the degree of cognitive functioning, for instance the ability to be aware of reality, or the ability to speak coherently can be indications of more or less impaired cognitive functioning and the impact on one’s daily life tasks and relationships. From this perspective I have judged Renee’s case much more severe as she became unable to take care of herself several times and often lost touch almost completely with reality, whereas Marie Cardinal managed to continue to provide for her family and herself throughout her analysis.

The analysis of these two cases, together with mine, have offered some insights into the differences between our traumatic experiences. Cardinal, as explored earlier in Chapter Six,

had other forms of support around her during her childhood and was not entirely under the ‘spell’ of her mother. There were factors that seemed to have protected her: her Algerian environment, the other children with whom she played, and her free, albeit lonely, time she had to play. Renee had been traumatized from the earliest moments of her life. She had not had much possibility of developing her individual sense of self and ‘true self’. Her psychological development had been impaired, hence her impaired cognition. Bion’s explanation of thinking processes in trauma indicate the difficulties she had in developing the understanding needed for Alpha thought, hence, for instance, her speech impairments. Her symptoms consequently were much more psychotically florid. E.g., the strong hallucinations and the delusions she had.

In my case the trauma took place when I was a young adult, I had already developed as a personality with a ‘true self’, and reached the psychological maturity for my age then, thus the trauma impaired me differently. Although I could become very delusional, I remained able to function well cognitively. My reasoning on any topic could still appear functioning well except when it touched on the areas of my delusional ideation. I was unlikely to voice my delusional thoughts, but I could show some very rigid way of thinking, for instance I could voice a very strict moral attitude, this could be seen as a way of thinking and not necessarily a psychosis. It was people who knew me that could more easily understand the marked change in personality and thoughts. In many respects this cognitive functioning made it difficult for professionals to assess whether I was psychotic or not and often delayed their therapeutic intervention.

My argument is that what my case and Renee’s (and Marie Cardinal’s to some extent) have in common is a situation powerful to the point of creating a split between the subjective truth of what the trauma meant and the distortion of understanding (hence the perception of reality). The common factors between myself and Renee are the distortion of understanding of reality, and the true self being made unable to find expression. The inability, so far, to find a common cause of psychosis may be here explained. If psychosis is caused by different traumas, and each trauma may affect differently, what may be needed to investigate is whether there were factors in a trauma that led to a distortion of understanding, therefore a distortion of perception of reality, and whether the true self has been impinged upon (Winnicott, 1989 [1968]) and therefore made unable to find expression.

In these three ‘cases’ I have found examples to provide some understanding as to why and how psychosis can develop. From this it has been possible to understand that each case must be considered on its own, and that the entire history must be considered. What they have in common is that the psychosis was a consequence of the traumatic overpowering of the ‘true self’s understanding and, in its place, an imposed ‘false’, to the person, meaning. This false

meaning, I have explained as an extreme form of the compliance described by Winnicott (1965) in the False Self formation preventing expression of the True Self.

7.4 Autobiography as Method and Process of Recovery

The intense and in-depth reading of psychoanalytic literature on psychosis has given value to my research. Theory has enabled me to better understand what had been happening to me. At times it provided insights I had not had before and has guided me in my healing process which has been ongoing throughout. I could disagree with thinking for which I found no evidence in myself and see that, at least in my case, that was not applicable. By reflecting on the research, by being self-reflective and applying theory to my case I was able to go deeper and find more meaning to my traumatic experience. The repeated going over and reflection required for a rigorous and ethical research also facilitated my recovery. Throughout, the integrity required has been crucial for my resolving my psychosis, it was also necessary for ethical research.

An enormous and painful aspect of the therapeutic journey of recovery has required for me to go over and over the same ground, trying to retrieve more memory and, especially, trying to understand what had happened. This repeated going over the memory of the event and rethinking it was necessary to be able to overcome the psychological violence that was still acting on me and forcing the ‘false understanding’, the thinking imposed on me by my abuser. Doing this research greatly helped me to do exactly that, it allowed me the thinking and repetition that I needed. While my own self-analysis continued throughout, the help from the psychologist was continuing as well, the PhD research contributed and refined my thoughts, my understandings, and my belief in myself. The work gave me strength and courage against the attack and the thought processes that were still active in me. It contributed to the re-emergence of my ‘true self’.

One of the fears and anxiety that I felt the University had initially about this research was on the possibility of it making me become psychotic or unwell. The reality was the opposite, it contributed to my recovery. I do not know if that was also because when I started this research, I had already achieved the understanding of the source of my psychosis and I had already done a lot of work on it and other areas of my life, I already had developed some strengths which helped me. Throughout the research I, however, also needed the support of the psychologist and the support around me of my community, friends, and family. Considering the help that I received in doing the research has left me wondering about the reality of other people with psychosis. As mentioned earlier, over the years various people did not want me going over and

over the same ground. They appeared to think and sometime voiced it being unnecessary and something I was fixed on, perhaps psychotic about it.

Even the last psychologist at times has been reluctant to go over the same ground. I have been each time assertive and have been able to make him see how relevant and necessary this was, and how it was still important. My question is that if other people's psychosis has the same necessity to overcome the imposed psychological abuse that has caused the distorted understanding, how often are they not helped to do so by not allowing them, or facilitating them, this thinking and re-thinking of the same things? There have been formulated many approaches and ways of dealing with trauma, for some people going over the memory can be re-traumatizing, but if the memory is false, how else can the truth emerge? I suggest that for people with underlying psychosis this repetition and refinement of understanding should be encouraged.

There are, however, dangers in doing this that the therapist should be aware. This going over should be done slowly, and a little at a time, at the pace that the individual can deal with, remaining always conscious that going over the trauma ground also means entering the feelings, thoughts, and emotions that caused the trauma. This could reactivate a psychotic reaction, and even lead to a full psychotic episode. This happened to me on two occasions when doing my self-analysis. At the time I was also undergoing some stresses in my life and I, thinking I knew what I was doing as I was focusing on unearthing the trauma, did not realised how much power it still had in my psyche, and gradually developed delusional thinking which brought me to compulsory hospitalisation.

From this study and my experience of the process I would suggest that facilitating understanding and strengthening the ego, requires slowly working at the pace suitable to each individual. If the therapist has reached sufficient understanding of where the trauma and the distortion lie, and how much the victim may still be under its influence, this should provide a guidance on how to help him/her. Accepting that each case is unique, not all aspects of the person's life and mind will have been affected, as with me, these other non-psychotic areas should be explored and strengthened first to have a better understanding of the person and to be clearer on the impact of the trauma.

Campbell Lefevre (2002) wrote about the psychotic and the non-psychotic part of the personality. She described how the psychotic part can be like a 'jack in the box' that emerges suddenly causing a psychosis, she further described how in a therapeutic relationship the non-psychotic part should be informed of the thoughts of the psychotic part, thus allowing processing and integration of thought, and understanding. Her account is more relevant when the person is

experiencing actively psychotic thoughts, in my case it was more a question of reflecting, when not having psychotic symptoms, on what my psychotic symptoms represented. In doing this I was strengthening at the same time my healthy non-psychotic part.

I am aware that not all cases of psychosis can identify a trauma having taken place, however, this may be because it is too hidden or insidious, or that the distortion is so strong as to hide it. Not enough is understood yet as to the causes of all psychoses. I have here tried to give some understanding to the possible effects of trauma on psychosis.

7.5 Vulnerabilities and Limitations of Research Method.

While doing this research on myself could potentially be seen as possibly leading to my becoming unwell and psychotic. Whereas I did have one psychotic episode during my studies, to my understanding this was due to stressors in my personal life which were made more so in part for my having still unresolved issues surrounding the trauma. The brief psychotic episode I suffered brought with it the removal of resistances I was still experiencing and allowed the ‘true meaning’ of the event to become central. The theoretical work I had been doing on my research facilitated the final resolution that followed that episode.

A limitation with the research is about the perspective I have used in analysing my case and that of Renée and Marie Cardinal. My finding corroborating evidence in their cases can be seen as one possible way of explaining their psychosis. The authors and others never commented or acknowledged directly their having had a ‘distorted understanding’, however this lack of reference to this does not negate its existence. It is possible to speculate that, if their case had been explored the way I explored mine, more evidence could have been found.

I have tried to maintain objectivity and used reflexivity throughout, it remains, however, my perspective and way of explaining things, much more evidence would be needed to provide more certainty of knowledge. Analysing and exploring only three people’s experience could never be sufficient to make generalizable statements. I think, however, that my findings can be transferable to other cases. As stated before, I acknowledge that I could never be entirely objective and that my history, beliefs, and background have certainly impacted on the way the research was done. These are limitations that I hope have also enriched the findings. I have strived to be thorough, rigorous, and select my history material and its analysis with my utmost integrity. I have been always aware that for the research to be truthful it needed for me to never deceive either myself or the research work. It is, however, part of the human reality of introspection that we are blinded by our own unconscious resistances and motivations. While I have done the best I could, I cannot state that there will not be unexplored factors, as I

acknowledge I may have been blind to them. Both qualitative methods of Thematic Analysis and Autoethnography acknowledge the limited claims they can make.

Other people's psychosis may be found to be entirely different and other explanations may be found as to the origin, as mentioned, I think that the perspective I have used allows for the possibility of transferability of similar causes to some other people.

Chapter 8:
Conclusion and Recommendations: Further Thoughts and Reflections

My trauma remained hidden for many years. I only found the way to provide healing to my psychosis once I identified its traumatic cause; I then started working towards understanding and resolving its impact on me. I believe it is imperative to take into consideration the impact of trauma and its possible cause of a psychosis, and to see further if, as this research indicated, there is a 'distorted understanding' of a trauma as the reason of the psychosis hiding the truth. I have suggested that, if the psychotic symptoms that I have presented are viewed and considered as a symbolic expression of the hidden, unintegrated trauma, this can potentially lead to finding what trauma there is. I have argued elsewhere how the understanding that people with psychosis are 'mad' and that what they say is non-sensical should be overturned and how there needs to be a deeper enquiry and interrogation of the symbolic content of the symptoms (Franco & Nicholls, 2023). Psychotic expressions need to be understood for their symbolic meaning as well as there being a projection of rejected aspects (Bollas, 2015) and they should not simply be seen, or dismissed, as irrational or unintelligible.

The early intense intervention on patients, as postulated by Bollas, would also contribute to a fuller resolution of the psychotic illness and/or acute crisis. The way people are treated with their psychosis could be changed and the treatment of psychosis would be much less costly if doing the intensive treatment, indicated by Bollas, during a crisis could lead to resolution or diminishing of the problems, it would take less time, and be more beneficial to the patients. I am here including the understanding of the possibly existing false internalisation of a trauma. From this research, I believe that if we are more open to finding possible trauma as the source of psychosis, we can understand better the condition and thus provide better support and healing. Achieving more understanding would help towards reducing the stigma, fear and prejudice people have of psychosis.

I have tried to provide an explanation of the rare, very violent behaviour, including sometimes murder, of people with psychosis. The media often report and comment on some of these acts as being from someone suffering from some form or other of psychosis (most typically schizophrenia). More research is needed to find what impact a trauma can have, and whether it can explain the possibly violent, irrational, destructive, or self-destructive behaviours and thus give an understanding of the humanity of the perpetrator of such behaviours. It would help us to look at people less as 'evil' and more as victims of cruel or abusive actions. It is the lack of understanding that makes us fear psychosis and its sufferer. We need to understand more.

This research may also provide some way of explaining why people from ethnic minorities are more likely to be diagnosed with or suffer from psychosis. These can happen not

only because of misdiagnosis or even abuse due to failure to understand the emotional and cultural expression of people that do not belong to the same culture. There is also a need to be open to the impact for people that being in a culture that is different from one's own may have, and how that may contribute, or even lead to, a distorted understanding developing. Meeting prejudice or racism can in itself be traumatic; if, in addition to this, the victim is surrounded by a different culture of people who do not understand the person's way of being, they would not provide support and fail to understand distress, and this could be the cause of distortion of understanding, making the person unable to process whatever trauma they have experienced. A different culture may have different ways of dealing with and expressing distress and other emotions. As Akhtar (1999) wrote it is traumatic for immigrants, refugees, and exiles leaving their country of origin. The reasons for leaving are different for immigrants for whom it was a choice, whereas for exiles and refugees it was something forced on them. Akhtar argued how it is even more traumatic for the latter and more likely to lead to being less accepted by the people in the host country. All three groups can be thus understood of having their own specific psychological difficulties to resolve which can be complicated if experiencing abuse, discrimination, or any other traumatic experience. Just the trauma of having left their own country requires for them to come to terms with the issues that forced their departure and thus be able to experience feelings of affection for their country of origin to then be thus capable of being committed to their new country. All these factors indicate traumas that may not be understood and may not be processed to find resolution.

Too many years have been spent trying to find the genetic or biological causes of psychosis. Most people researching in these areas might say that, whether there are genetic or biological vulnerabilities, we do not have certain answers, yet we know that environmental factors play a part. Exploring further what environmental factors are at the source of the psychological problems is more likely to provide the understanding needed to help, rather than medication, which does not cure. In my experience, people may not always understand themselves and what caused their psychosis. However, they may mention something traumatic, and the mental health care provider should keep alert to this. Even if the trauma described appears impossible or unlikely, it may not be. It may be that it is verbalized in a distorted, incomplete manner. In any case, whether it is true, it could be an indication of an area that needs resolving (Bion, 2005 [1992]). The existing understanding of not challenging and not complying to irrational thought remains important to my understanding, except when the person is well enough to be reasoning about the possibility of what s/he is saying.

When a trauma is discovered and the person has reached the ability to talk about it and describe it, I conclude from my experience that this should not be taken as an indication that it is resolved. It only entails having uncovered the proverbial tip of the iceberg. A long journey follows and only gradually will the whole impact of the trauma become apparent. In my case, I often thought I had reached enough understanding and resolution to then realise that other, deeper areas of my life were affected. I only more recently have become aware of the depth of my fear of men. I have known for a long time of being afraid, but only recently did I become conscious of how that fear is always behind my interactions. This is not causing me psychotic symptoms. I think it is because I am not prey to any distortion and because my true self is in control. I am therefore able to just be aware of it.

I do not know if I will be free forever from developing a psychosis. I hope so, but experience has taught me never to be sure. I do not believe there exists the professional who would know the answer, or whose opinion I would trust one way or another. My vulnerabilities remain, as well as the strengths I have developed. I may even have more strengths than the average not-ever psychotic person, having done so much work in understanding myself. I know this to have given me an advantage in coping with the difficulties that life may bring in the future.

From talking to friends in Mental Health who suffer from psychosis, I have found that many of them are reluctant to talk about their psychotic symptoms once they recover from an episode. I think there is a sense of shame for having thought so and I recognise those feelings in myself. There is also a not wanting to face those terrible experiences, as if ignoring them will make them disappear forever. It is therapeutically very important for the person to talk of those symptoms, in order to explore and understand them. As Bollas (2015) wrote, so much can be done with those symptoms to help the person integrate the thoughts and feelings they are expressing. The psychological traumatic area where the psychosis formed will be difficult to talk about, exploring it may lead to psychosis developing, and it is a realistic fear.

As mentioned before, other areas of the psyche need strengthening. As Bion (2005 [1992]) pointed out, the non-psychotic part is always present, as well as the psychotic part of the mind, yet it is the non-psychotic part that will help in resolving the troubled psychotic one. The sufferer needs to be trusted more in knowing about his/her life. Too often I have found therapists who did not listen to me. As mentioned, this forced me to take the difficult and risky journey of self-analysis. The entire life needs to be understood; only then can the trauma be worked on. I can only very strongly recommend that exploration and work on the trauma is necessary but dangerous. It can act indeed as the “jack in the box” (Campbell Lefevre, 2002) and suddenly turn into a psychosis. In my case, I found that the psychological violence that had

caused the distortion was still affecting me – even though I had understood clearly what it was and even though I knew the truth, its force could still activate my psychosis and overpower my reason. Understanding is not sufficient, although it is necessary. It is important to stop feeling that compulsion to think and feel what the trauma may have forced, or may have led, to internalize with distortion of truth, as I did when I was made to obey or accept the imposed meaning. To do so, the ego needs to find the strength to believe itself; the true self needs to become strong, and the false self needs to diminish and loose its distortion entirely. Cognition is only one of the steps, because the unconscious layers also need to be dealt with. The emotional impact needs to be understood and brought to consciousness, the emotional working through of the memory is a slow, painful, and difficult process that needs to be gone through.

This research has been based mainly on my experience. As mentioned, it has been both therapeutic and a period of learning for me. I have been able to analyse my experience and compare it to others. Maybe there will be other autoethnographies providing more understanding of what type of trauma can lead to psychosis. As it is not always understood why people become psychotic, more research is needed to learn this and more should be learned from the people who have experienced psychosis. As mentioned, one of the hindrances to this type of research is the reluctance to talk about one's psychotic experience. I always felt ashamed of my loss of reality, of my delusions, of my altered behaviour during an episode. It has taken me courage to write so openly about my experience and my life. Others are now writing autoethnographic works on their psychosis. 'Mad Studies', a movement started in Canada of people fighting the stigma and prejudice towards mental illness and claiming the expertise and knowledge of the lived experience, are an important development and source of knowledge. In time, I hope the sense of shame will diminish as more people are willing to talk and as we gain better understanding.

The impact of trauma on people is becoming more understood than it was in the past, but we are still a long way from being able to see how it may be hidden in someone developing psychosis. It remains uncertain whether trauma is always the cause of a psychosis. Many questions remain. How much can a difficult pregnancy have affected the infant who later became psychotic? How often and when are the early experiences at the root? Is there a hidden trauma, not visible, not understood? From this research it can be suggested there are reasons why people with learning difficulties may develop psychosis. Their difficulties in understanding and their limited ability to express themselves may contribute to the development of faulty understanding. The same principles can be applied to children who may be unable to express their distress in a manner that we understand. This can also be cause of distortion of

understanding. The psyche registers everything and, as Bion (1991 [1962]) wrote, we all need truth (Bion, 2005 [1992]) for a healthy psyche. These are areas where more research is needed to bring to focus possibly hidden traumas. In other words, how often are we failing to recognize trauma? Only further research can provide the answer to all these questions.

For my part, I will continue in my journey of recovery. I have learned that life is a continuous recovery. Recovery not only from my traumatic experience, but recovery as the journey of life we all need to make to function in our lives. I am now sixty-eight years old and my journey of recovery from my trauma has been difficult and very long. I doubt I will ever be able to call it complete, as I constantly realise other facets of impact in my psyche and that further understandings are to be made.

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