

THE THERAPEUTIC RELATIONSHIP WITH THE PSYCHOTIC

First of all, we must immediately clarify that the term "psychotic" when referring to schizophrenia refers to a subject who presents a gross breakdown in normal psychic functions and their balanced relationship with an overabundance of split elements, "particles" (*W. R. Bion*), which acquire a independent dimension causing on the one hand an internal fragmentation (in the internal world) felt by the patient and on the other hand a fragmentation with the external world also felt by the patient but both causing fearful dismay in the subject. Also because the psychotic parts coexist with the parts that remain non-psychotic with intense confusion between them and, furthermore, confusion between external reality and internal reality with the possibility that the psychotic products (amplifications of perceptive functions, hallucinations, delusional interpretations, unmotivated fears etc.) are experienced as real and instead normal feelings, ideas and gestures are experienced as unreal, "as if" the patient were experiencing a film or a fantastic, science fiction story. But even objects in the real world such as a gramophone, if expanded by an abnormal disperception, for example visual, "can be experienced by the patient as if the gramophone were spying on him (*Bion*)!". Language is also profoundly affected by schizophrenic transformation and, therefore, says *Bion*, the word "dog" does not have the same meaning in the normal subject and in the schizophrenic. In any case, one of the first symptoms of incipient, latent schizophrenia is the feeling that the subject has of his own fearful change. This feeling is accentuated by the communication-relationship difficulties that the subject has with the so-called "normal" external world which has difficulty in establishing the necessary "close encounters of the third type", so to speak. Yet in one of the first and most famous cases of "psychoanalytic healing of a schizophrenic" (by *Marguerite A. Sechehaye*, *Diary of a Schizophrenic*, Giunti Barbera, 1969) it is the apple picked from a tree and offered by the psychoanalyst to her young patient that starts a new therapeutic relationship which led to the girl's recovery), precisely due to the fact that in genuine therapeutic gestures (acting in) there is a communication with a high symbolic value (the apple-breast-affection) which overcomes the ambiguity of words. Words are not to be despised when they do not serve to hide or mystify the psychotherapist's difficulty in maintaining a high level of "interpretive attention" in the therapeutic relationship and also regarding the sometimes imperceptible events in the therapeutic process. In any case, it is necessary to keep in mind the tendency to expel as not belonging to the Self the aggressive charges which are experienced by the patient (boomerang effect) as if directed by the external world against himself (projective identification). The patient is afraid of the fear that the outside world has of the psychotic. On the other hand, we must keep in mind that psychosis has a defensive function against primary natal and perhaps prenatal anxieties - probably due to substantial personological problems present in one or both parents or in the extended family - such as to probably cause the re-emergence of those primary fears to the which the psychoanalyst *Franco Fornari* gave the name of "the terrifying interior"! When can this reemergence happen? More often, in personally predisposed subjects, in existential periods of profound transformation such as, for example, the pubertal crisis, but also in other periods of the existential cycle of profound stress from change. The psychoanalyst, for the purposes of a healing process or remission of the clinical picture, must know how to relate, which is not easy, with a subject who is psychically both an adult and also an infant (due to regression at the level of the primary process) and extremely confused because the two sides are in conflict with each other.

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