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Psychosis as a Defense Against Psychotic States of the Psyche

La psychose comme défense contre les états psychotiques de la psyché

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Vincent Di Rocco

Abstract:

New data on psychotic pathologies is emerging from three sources: research into the detection and understanding of early forms of psychoses; recent work on the phenomenology of exceptional experiences. Paradoxically, psychosis can be thought of as a defense turned against the emergence of these states qualified "as psychotic states of the psyche". This new knowledge creates a framework for viewing psychotic pathologies against the backdrop of what can be called psychotic episodes related to expressing "psychotic states of the psyche", and could reawaken debate between various psychoanalytical currents about the psychotic forms of psychopathology.

Résumé:

Les recherches sur le dépistage et les formes précoces de psychoses ainsi que les travaux récents concernant la clinique des expériences exceptionnelles, permettent de mettre en perspective les pathologies psychotiques avec ce que l'on peut qualifier comme des expériences psychotiques en lien avec l'expression « d'états psychotiques de la psyché ». Paradoxalement, la psychose peut être pensée comme une défense tournée contre l'émergence de ces états qualifiés « d'états psychotiques de la psyché ». Ces nouvelles données peuvent être l'occasion de la reprise d'un débat entre les différents courants psychanalytiques à propos des formes psychotiques de la psychopathologie.

Keywords: psychotic states, psychosis, exceptional experiences, melancholy processes

Mots clés: états psychotiques, psychose, expériences exceptionnelles, processus mélancoliques

Plan:

Introduction

1. On the Margins of Psychosis
2. The Paranormal and The Pathological
3. To Represent the Undecidable
4. "Some Experience of Madness..."
5. Psychosis, A Clinical Practice of the Lost Subject

Conclusion

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Introduction

Recent work at the "margins of clinical practice"¹ on links between adolescence and the attraction for the paranormal; clinical practice with exceptional experiences; as well as nosographical reflections on psychosis and its early detection and the debate around "attenuated psychosis syndrome"² and acute psychoses, or even "extraordinary neuroses" (a term that has been taken up again by R. Evrard³ from the debates of the Medical Psychological Society at the end of the nineteenth century), enable us to compare the relationship between confirmed psychotic pathologies and a heterogeneous set of transitory psychic productions. The latter express an alternation of subjective experience with the production of hallucinations, of experiences of depersonalization, or of de-realization, as well as delusional constructions. These experiences "at the margins" of psychopathology form complex problematics within which are lodged experiences of a psychotic appearance, without their becoming organized in an authentic psychosis. The risk of psychosis is potentially present in these experiences, thus underscoring a possible link, without for all that isolating any logical continuity between a fleeting episode that might have a shoring-up role and a lasting pathological state that would be devastating for mental life.

To think about these states requires that we leave temporarily behind an arbitration within a strictly nosographical framework in order to try to approach the psychic processes. These alterations of subjective experience form states in which the differentiations between representative categorizations vacillate, sowing confusion and disorder in the functioning of the representative processes that plunge the psyche into disarray. These states, which may be presented as "psychotic states of the psyche," – that is to say, psychic functionings in which processes of composition and of transformation of the psychic matter, as well as the processes of appropriation of these productions – emerge in a brutal way on the psychic scene in the form of symptoms that have the appearance of being psychotic symptoms without any durable modification of the personality. Clinical practice with these "psychotic states of the psyche" forms a "limit situation" in the sense that this has been outlined by R. Roussillon,⁴ who examines the nosographical categorizations and the forms of logic that organize them.

1. On the Margins of Psychosis

The studies that bear on the premorbid manifestations of schizophrenia, with the goal of detection or even of early treatment, are reopening the debate on the "minor forms of psychosis."⁵ These studies bring out the relatively frequent existence of episodes of a psychotic type that mark an alteration of the relationship with the exterior world and of the experience of the self, such as hallucinations, delusions, or out-of-body experiences, notably during adolescence or during childhood. Nevertheless, these

marking factors turn out, however, to be poor predictors. R. Evrard,⁶ R. Evrard & T. Rabeyron,⁷ F. Askenazy & al.,⁸ and F. Laroï & al.,⁹ have taken an inventory of a set of epidemiological and psychometric studies in English that highlight the relatively frequent presence of hallucinatory type or delusional type phenomena in subjects who have not received a diagnosis of psychosis, including during childhood and adolescence. These studies show that it is entirely possible to live through hallucinatory or delusional experiences that are reputed to belong to the psychotic register without tipping over into a lasting pathology. Semiological modelizations, which stem from these approaches taken up in the DSM-5, propose intermediary nosographical registers by lowering the threshold of diagnostic categories and by creating new entities,¹⁰ such as “attenuated psychosis syndrome,” “schizotypal illness,” or even “latent schizophrenia,” which tend to give an ascertainable pathological status to these experiences. These approaches are based either on a notion of vulnerability, of psychotic potentiality linked to multiple factors, or on a logic of a neuro-developmental continuum that would produce attenuated forms of disturbance. In this way, they underscore the importance of a psychological account of its episodes, notably for children.¹¹ But this dynamic presents the risk of systematic over-medicalization through the use of neuroleptic treatments from a perspective of preventing psychic states that do not stem from a psychosis. This problematic is already present in the traditional French nosography, which was inspired by H. Ey,¹² with the contrast between chronic and acute pathology, in which the notion of “acute delusional episode” also makes way, in an overtly psychopathological field, for psychotic episodes that are “without consequence, or at least short-lived.” To these psychiatric works, we should also add those from clinical criminology¹³ that underscore the role of hallucinatory mechanisms in criminal *passages à l’acte*, outside of any context of confirmed psychosis, or even those that concern the presence of delusions during awakenings from coma.¹⁴

If these symptoms that are reputed to be psychotic tend to elude the nosographic framework, inversely, the central place of symptoms in psychosis that are said to be “positive” is itself under discussion, if one considers the attention paid to psychoses without delusional or hallucinatory symptoms, such as “*psychoses blanches*,”¹⁵ “cold” psychoses,¹⁶ or “ordinary” psychoses.¹⁷ These approaches are focused on studying the organization of thought processes and processes of representation at work in the psychoses, independently of their symptomatic expressions. Therefore, one may be suffering from psychosis without ever having delusions, and one can be delusional without suffering from psychosis.

It is difficult to establish a continuous link between these experiences of the alteration of the experience of the self, of reality, or of contact with others, marking a movement of de-subjectification in which the subject no longer recognizes him- or herself in his or her psychic productions and in the development of a pathology. On the other hand, the relative frequency of episodes without any pathological destiny raises questions about their function in the psychic economy and about the capacities of integration developed by the subject and his or her environment.

2. The Paranormal and The Pathological

In another register, clinical practice with “exceptional experiences,”¹⁸ a practice that is often assimilated to psychotic phenomena, is feeding this debate. The term “exceptional experiences” has been proposed by M. Belz,¹⁹ and it designates a set of psychic phenomena that group together experiences of imminent death, of the perception of presence, of out-of-body experiences, and so on. Thus we have a host of experiences that are “unaccommodable” in the nosography that is located in the register of clinical practice with hallucinations and non-psychotic delusions.

The interest in the paranormal, notably during adolescence, and its shoring-up role for the psyche, has been studied in different works,²⁰ revealing an “unease of symbolization” when faced with the

riddles posed by the transformation in puberty that takes form in a “quest beyond appearances.”²¹ This culture of the occult allows for the integration of unexplained experiences. But there is a major difference between, on the one hand, an interest in the paranormal and its role in shoring up the psychic apparatus in an attempt to find solutions when faced with the crisis in ideals²² and, on the other, the experiences of the paranormal associated with a disturbance in reflexivity and phenomena of intense belief that testify to a profound modification of states of consciousness. The phenomenon has been important enough to give rise to the creation of clinics and specific consultation centers. J.-C. Maleval²³ underscores the risk of psychosis that is run by practices of divination or spiritism for subjects who present a psychotic structure, while P. Le Maléfan²⁴ underscores their structuring effect. The culture that surrounds the paranormal serves as a container for paranormal experiences by offering a system of primary linkage to experiences linked to particular states of the psyche.

These different psychic states call into question the dividing line between neurosis and psychosis, and beyond this, between madness and normalcy. This dividing line is disturbed when faced with the complexity of psychic life and the heterogeneity of registers that animate it. The manifestations of phenomena of a hallucinatory or delusional type do not signal the crossing of this dividing line that is a constitutive feature of the nosography. Hallucination and delusion do not signal psychosis. This notion, which is constantly being rediscovered, has nevertheless been present in psychoanalytic thought from the time of the *Studies on Hysteria*,²⁵ in which J. Breuer and S. Freud were already highlighting hallucinations and phenomena of psychotic appearance in clinical practice with neurotics. In 1936, S. Freud even says precisely that “hallucinations occasionally occur in the healthy.”²⁶

3. To Represent the Undecidable

Structural approaches, based on psychoanalysis, allow for the reestablishment of these nosographical reference points. These episodes are taken into account in opposite ways in different currents of psychoanalytical thought. In the model put forward by J. Bergeret²⁷, the psychotic episode always reveals a latent psychotic structure through a “disturbed pseudo-normality” that can take on a neurotic appearance. The model that comes from Lacanian works distinguishes between neurotic “delirium” and psychotic delusion. The delusion is not specific to any given structure: it fulfills different functions and obeys different processes, projection for the former and foreclosure for the latter, depending on whether it emerges in a psychotic or a neurotic structure.²⁸ P. Le Maléfan extends these hypotheses by softening them up, and suggests a distinction, within these delusional experiences, between a “return of the original repressed and what stems from a hallucinatory return in the real of what had been abolished in the symbolic.”²⁹ These modalities of return are due to a temporary lifting of the effects of the paternal metaphor and thus of a transitory state of the structure prior to transformation – a transformation and not a foreclosure.

But it is possible to turn around this debate that strives to discriminate between a non-psychotic hallucination and a psychotic hallucination, contrasting neurotic delirium with psychotic delusion, revolving around the opposition between neurosis and psychosis as the entities that structure the psychopathological field, without any possible interpenetration. If the hallucination and the delusion are possible in both psychotic and neurotic forms of logic, even in “healthy people,” it is possible to think outside of nosographical categories in order to discover a function that can have different pathological destinies, or not. Hallucination is not in itself psychotic or neurotic, it is just a form taken by the workings of the psyche, a “passage via the sensorial” of a complex psychic work of returning to non-subjectified psychic productions, as G. Gimenez has defined it.³⁰ Likewise, the delusion can be taken in the same logic and considered as an attempt at the primary non-symbolic linking of traces of experiences that were felt to be traumatic, objects of a radical splitting.³¹ These processes are the hub

of a psychic work by which the subject tries to get a hold of non-subjectified psychic materials that are also experienced as ungraspable. This is the relationship that is woven by the subject with the processes that identify, or not, the psychosis. A hallucination or a delusion becomes “psychotic” in a general movement of the psychic apparatus turned against the return of split elements, or non-represented elements, referring back to an experience of the un-representable that throws the psychic apparatus into a crisis. This is an attempt to represent what has been experienced as un-representable that runs up against a massive defensive movement without any possible subjective integration, the psychic apparatus having been caught between a compulsion to symbolize and a movement of the massive rejection of experiences to be symbolized.

The productions of the unconscious on the “margins” of psychopathological registers identify a form of psychic work that, while not being banal, represents a resource for the psychic apparatus at the heart of singular inter-subjective links in which the arbitration between that which comes from the self or from others is suspended, in which the dividing line that defines what is in reality and what is not is suspended. This dynamic is then recognized as being capable of having “welcome” effects and produces a “re-launch of subjectivity.”³² This is the transitory psychotic state that allows for the mobilization of archaic registers necessary for the treatment of non-subjectified psychic experiences that make a brutal return to center stage.

The approach that is based on the study of processes of representation, “psychic representance,” allows the walls between these different approaches to be broken down – or at least for a dialogue to be established between them – by considering psychosis as a destiny, or a “solution,”³³ to a major disturbance of the representative apparatus that makes a “hallucinatory background” emerge.³⁴ According to this logic, it is the subject’s relation to the experience of the major disturbances of his representative apparatus, characterized by the recourse to psychic processes that stem from primary symbolization,³⁵ or from the register of the originary,³⁶ that is decisive. The capacity to integrate these episodes thus stems from the current psychic organization marked by the history of symbolization that the subject has lived through, as well as by the current characteristics of his or her environment in its role of shoring up psychic processes.

4. “Some Experience of Madness...”

According to this point of view, the psychotic states of the psyche represent the emergence of psychic work that mobilizes a specific register of processes, following the model of Bion’s “catastrophic change”³⁷ linked to the integration of elements that come from the “psychotic part of the personality,” or according to the model of the “fear of breakdown.”³⁸ This emergence tests the entirety of the representative apparatus in the form of transitory or maturative crises, but also entails the major risk of a general crisis. Psychotic states that present transitory delusions or hallucinations may be considered to be the mark of a psychic work of transformative linking and subjective appropriation, in contrast to the psychotic who fails to represent the fact that he does not represent.

What Maleval points out in his study of the logics of delusion³⁹ can be understood as different representative logics. The neurotic “delusion” is marked by castration anxiety and not an anxiety of annihilation, as it is in the psychotic register. This opposition represents a swing between the emergence of complex psychic content and a representation of the failure of the psychic processes that identifies the subject’s withdrawal. The change in nature is not necessarily due to a different latent structure, but to the failure of the representative processes to give form to the psychic productions that transform into a representation of the processes that are failing, the representation of “the state [...] rather than the object.”⁴⁰ The psychotic state corresponds to a threat of subjective disappearance that mobilizes archaic registers: the subject’s vacillation brings with it the vacillation of thought.

In a text entitled “Hallucination and Dehallucination,”⁴¹ D. W. Winnicott had recognized the existence of hallucinations outside of any psychopathological context (both in the child and in the adult), and was already posing the question of the difference between a hallucination that determines an illness and one that means nothing of the sort. In the framework of a psychoanalytic treatment, he underscores that certain non-psychotic patients must nonetheless go through an episode of great distress that was first experienced in earliest infancy. This is the point of view that he takes up again in his text “The Fear of Breakdown,” in which he even specifies that, “some experience of madness [...] is universal.”⁴² For Winnicott, it is impossible to think that a child may not encounter an excess of tension that at some point is integrated. It is the destiny of this experience that is different depending on the context in which it has been lived through. According to Winnicott, an experience of impingement, linked to a failing in the functioning of the environment, confronts the subject with an unthinkable anxiety and a breakdown of defenses that entail the withdrawal of the subject before “madness” is really experienced. The return of a “localized” madness represents a spontaneous attempt at recovery. The “delusional” transference takes up this logic within the framework of the treatment. The “fear of madness” obeys the same logic as the “fear of breakdown.”⁴³ It is a question of the fear of a madness that has already been partially experienced, and whose return is feared. The subject is then caught in a conflict between the fear of madness and the need to be mad.

R. Roussillon took a step further when he suggested a “need to be mad,”⁴⁴ that is to say, the need to bring into the “present of the ego” an early experience of madness, of psychic agony that could not be integrated. He adds an important detail in relation to the dynamics of this experience. He divides this state of madness into two parameters: on the one hand, the state of tension, and on the other, the concomitant failing on the part of the environment to accompany the experience. It is then the impingement of the environment that prevents the primitive drive elements from being unbridled. In his or her “need for madness,” the subject is in search of a contained and limited space in which he can live through an experience that has no limits. R. Roussillon even suggests that this state of madness can be experienced and integrated thanks to the presence of the analyst, in echo of the episodes of madness described in the studies on hysteria. This is what allows us to understand that the re-actualization of the experience has a different destiny in the framework of analytic treatment, but also thanks to the accompaniment of the affective and social environment as in the “extraordinary experiences” that allow this experience to be shared and contained. This is a model that allows us to move beyond the neurosis / psychosis dichotomy and its normative power. It is in this field that we also find the works of J. MacDougall with her “plea for a measure of abnormality”⁴⁵ or those of A. Green on “private madness.”⁴⁶ A repression is quite capable of masking over a splitting; and, inversely, a splitting can sustain a repression.⁴⁷

5. Psychosis, A Clinical Practice of the Lost Subject

The psychic productions that are contained and transformed in the “psychotic states of the psyche” can be assimilated to a return of elements produced by the mechanisms of splitting induced by the coexistence, within the ego, of two incompatible psychic attitudes. In Freudian theory, even though this defense mechanism is emblematic of fetishism and the psychoses, it is also described in a non-pathological framework.⁴⁸ It is an intrasystemic mechanism of defense. It works within the ego by “tearing” it into two parts that ignore each other.⁴⁹ Building on the works of S. Ferenczi, R. Roussillon suggests, by way of a complement to this first mechanism (the “splitting of the ego”), a second process: “the cleaving to the ego.”⁵⁰ When faced with this internal cleaving to the ego, the subject cuts him- or herself off from a part of his or her psychic life that has become partially “without subject.” The subject will only be able to get back onstage, to find him- or herself again as an actor and a subject, when he or

she will have found a solution to suture the threat of annihilating fracture whose catastrophic experience threatens him or her.

Psychosis is then thought through as a paradoxical defense when faced with the subject's incapacity to be able to allow him- or herself to be "mad enough," repeating the movement of the subject's withdrawal. The psychosis is organized within a stable defense against the return of a "primary" traumatic state that maintains the "splitting of the ego," thus prompting the emergence of psychic processes that are "without subject," for want of a sufficient "narcissistic contract"⁵¹ with external objects. The psychosis is then a solipsistic solution of psychic survival in which the subject is effaced from the stage in order to not be completely annihilated. In this way, the hallucinatory productions are not simply perceptions "without an object," but perceptions "without a subject," according to the phrase coined by N. Georgieff.⁵² The subject, afflicted with psychosis, strives in vain to represent to him- or herself the fact that he or she does not represent, by using two paths of recourse, the inscription in the external world of threatening split elements, and the representation of processes of failed transformation, without for all that finding modalities of primary linkage besides that of a psychopathological status.

Psychoanalytical clinical practice with melancholy furnishes a model of comprehension of the emergence of processes that are "without a subject," a model in which the subject loses him- or herself with the object. The lost object representing the ego of the subject is not only the object that is lost, but also the subject who is losing him- or herself. R. Roussillon develops this model by bringing in another element.⁵³ What is lost is paradoxically an object that has not been found: the melancholy then signifies a failing of the primary attachment; the lost object has, in some way, never been there on a subjective plane. Melancholy embodies a psychopathology that has had no subjective dawning; mourning runs up against that which cannot be represented because it has never come into being. The work carried out by M. Ravit *et al.* in the field of clinical criminology brings a particular dimension to the melancholic process, taking up R. Roussillon's proposition with the notion of the "melancholization" of the processes of illusion.⁵⁴ The melancholic modality does not concern the loss of a particular object, but rather the non-subjectified traces in which the subject is unable to recognize him- or herself. The articulation between "that which is objectively perceived and that which is subjectively conceived" is impossible; the ego is radically confronted with the non-ego. This echoes the work of J.-C. Rolland, who postulated the existence of a melancholic organization as necessary to the development of a psychosis.⁵⁵ Clinical practice with long-term psychoses demonstrates the failure of delusional and hallucinatory productions that become exhausted and wear away with time, in order to make way for a narcissistic disaster inhabited by last-gasp strategies of hooking on to an auto-conservation that entails a breath of psychic life. The "relapses" that pepper this clinic thus mark the return to a desperate attempt at the integration of these non-subjectified elements that continue to haunt the psyche.

Conclusion

The "psychotic states of the psyche" seem to correspond to the "need for madness" that allows the subject to strive to integrate or to suture, in different ways, split elements that make a return during psychic rearrangements. Adolescence furnishes a model of one of these psychic rearrangements, but is not the only one. These states necessarily elude the nosographical categories due to their dynamic reorganizing of the subject's relation to the unknown of which he is the bearer. On the other hand, the establishment of a psychotic pathology always presents a potential risk by furnishing a radical defense against the integration of these split elements under the effect of a "melancholization" of these psychic processes that have come about "without a subject." A dynamic in which the subject loses him- or herself in the search for what escapes him or her. This "melancholization" is the bearer of the subject's failure to find inner resources that would enable a transformative linkage, as well as the failure of his or

her current environment that repeats the failings of the link to the primary environment. The psychic work that animates the “psychotic states of the psyche” becomes frozen as much in its capacity to subjectively re-inscribe the split elements as in its capacity to represent the processes that are failing. The re-organizational dynamic crystallizes in a psychopathological structure. Psychosis would thus be, paradoxically, a defense against the emergence of psychotic states of the psyche.

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