

DOI: <https://doi.org/10.7546/PsyRB.2024.27.02.04>



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PSYCHOLOGICAL RESEARCH (IN THE BALKANS)

<http://journalofpsychology.org>

E-mail: psy_research@abv.bg

Volume 27, No 2, 2024, 127-132

REASSESSING THE BASIC QUESTION OF PSYCHOSIS AND PRESENTING A COMPLEX VISION OF THE SUFFERING THROUGH THE PRISM OF PSYCHODYNAMIC PSYCHOLOGY

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Abstract. *Psychoanalysis, positioned within its own history and discursive field, leaves a fundamental contribution to the scientific knowledge of various mental disorders. Among the most important goals of researchers in this field is to give specific outlines to psychosis and to answer the etiological, diagnostic, prognostic, and therapeutic questions surrounding it, since it is considered one of the greatest universal problems of human existence.*

This paper chronologically summarizes the experience of several of the illustrious names in the field under consideration, with the ultimate goal of a more insightful and clear historical view of the ideas and theories over time. An important prerequisite for achieving this is not to plead in favor of one concept or another, but to place this suffering in the necessary psychodynamic context, to bring together, after all, in some order the traditional and the more contemporary categories and definitions, to make the necessary terminological clarifications, to derive multivariate possible solutions in the direction of treatment, and also acquire a standard of an ethical approach towards some marginalized groups.

Representative of the topic of the review are the works of Sigmund Freud, Alfred Adler, Carl Gustav Jung, Wilhelm Reich, Jacques Lacan, Darian Leader, and some more contemporary authors, without, of course, exhausting it completely.

This paper would also be a solid and stable ground for optimizing the practical segment, which always provokes different reactions and lively discussions.

Keywords: psychoanalysis; psychosis; theoretical review; ethical approach.

THE ARTICLE CAN BE CITED AS FOLLOWS:

Andreev, E. I., Veselinov, V. Y. (2024). Reassessing the Basic Question of Psychosis and Presenting a Complex Vision of the Suffering Through the Prism of Psychodynamic Psychology. *Psychological Research (in the Balkans)*, Volume 27, Number 2, 127-132. ISSN 2815-4797 (Print), ISSN 2815-4800 (Online). DOI: <https://doi.org/10.7546/PsyRB.2024.27.02.04>

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Submitted – 12 June 2024

Revised – 7 September 2024

Published – 30 December 2024

The authors have read and approved the final manuscript.

INTRODUCTION

*“In a totally sane society,
madness is the only freedom.”*

J. G. Ballard

„Psychosis“ (Stark 1999: 20), „schizophrenia“ (Marinov 2010: 47) or „madness“ (Lacan 2008: 142) is a universal problem discussed in all human societies. It is most often described as „a mental state in which there is an altered relation to reality“ (Martindale & Summers 2013: 124). Psychodynamic theory, with its distinctive focus on the unconscious mind of the individual, offers a unique and nuanced perspective on psychosis, contrasting with the biostatistical and descriptive approach of contemporary psychiatry (Taylor, Vaidya 2022: 37), which is often reductive. In the present context of notions of mental health and psychopathology, psychosis is often placed within a biomedical framework that emphasizes the mediation of symptomatology primarily through pharmacological interventions. However, the limitations of this approach have been increasingly recognized, especially since the rise of antireductionism in psychology and the anti-psychiatry movement, which share a common critique of the simplistic and mechanistic explanations of complex mental phenomena offered by conventional psychiatry. This demonstrates that, although often criticised and undervalued, the psychodynamic perspective presents relevant arguments and theoretical bases in favour of a psychotherapeutic, specifically analytic, approach to treating psychotic patients.

LITERATURE REVIEW

*“Wisdom is an evanescent madness, when the
dream still continues but no longer deceives”*

George Santayana

Foundations of the psychoanalytic understanding of psychosis

If we attempt to construct a psychoanalytic web of thought that marks the trajectory of „madness“, we should examine psychotic disorders through the lens of the first such work devoted to the topic, namely, „The Schreber Case“ (Freud, 2003). Schreber’s autobiographically depicted case is a pilot study of the father of psychoanalysis on the previously unknown to psychodynamic psychology paranoia (dementia paranoides). **Sigmund Freud’s** model, which is highly effective in the treatment of neurosis, where

psychic conflicts are suppressed in the unconscious and can be made conscious through analytic intervention, proves ineffective in the treatment and understanding of psychosis (De Masi, 2020). The theoretical bases of orthodox psychoanalysis rest on the understanding and treatment of neurosis and are in an a priori conflict with the understanding of psychotic suffering, which is fundamentally different from the neurotic one.

The story of this case is explored in depth in the memoirs of Daniel Paul Schreber, a high-ranking judge who suffers from a severe mental illness involving delusions of persecution and of the need to transform into a woman. Freud’s notes highlight the interplay of repressed (latent) homosexuality, the fragility of his ego structures, and the symbolic struggles in Schreber’s psyche. This study not only clarifies the theoretical bases of psychosis, but also highlights the ethical considerations and therapeutic challenges inherent in the psychoanalytic practice with psychotic patients. Freud’s analysis lays the groundwork for the psychoanalytic understanding of the central role of the defense mechanism “reaction formation” in triggering paranoia (given the homosexual nature of Schreber’s delusions). The memoir reflects the subjective experience of the psychotic individual associated with delusions of divine revelation and persecution, with which the author complies and does not condemn. Freud’s respectful attitude toward Schreber’s account underscores the ethical imperative to respect the patient’s point of view even when it diverges from the consensual reality.

The analysis of the Schreber case is a milestone in the study of psychosis through the lens of psychoanalytic theory because it demonstrates the complex dynamics of repressed desires, projection, reaction formation, and symbolic conflicts inherent in people experiencing psychotic suffering. The case also illustrates the ethical emphases and therapeutic adaptations required when working with such patients. Psychoanalysts should navigate the “tangled labyrinth” of psychosis by gaining insight into the patient’s subjective experience beyond the diagnosis and applying a collaborative and respectful approach. Freud focused his research gaze on one of the most complicated questions of human existence, yet “The Schreber Case” is the only one of his five major cases that is analyzed indirectly (through the patient’s memoir). These are, in fact, the first frameworks that illuminate the psychotic in the orbit of depth psychology.

Alfred Adler’s thoughtful elaboration of orthodox Freudian analysis refers to the idea of paranoia as “complete dissociation and withdrawal from the

world” (Adler 1999: 248). For Adler, the paranoid person always blames others, which is the main distinction between psychosis and neurosis (neurotics seemingly feel guilty). The researcher emphasizes that the possibility of psychological interference in psychoses often fails because of their deeply rooted aim of superiority. One of the most important discoveries of individual psychology is the question of “where to?” for it is only when a therapist knows a person’s guiding purpose that he can set about to understand his actions. Adler’s theoretical view of psychotic suffering is structured - he insists that psychotics are not “people of a different kind” and their mental disposition somewhat resembles that of a healthy person. However, some of their personality traits are highly exaggerated (distorted) and hinder their socialization. Adler identifies as a major contributing factor to the illness the patient’s inability to follow the laws of the reality principle and, above all, the consequent sinking into experiences and desires of the pleasure principle (concepts traditionally associated with the figure of Sigmund Freud, whose thinking influenced Adler’s).

For the founder of individual psychology, mentally disturbed individuals deviate significantly in the course of their thoughts from the common social understanding due to their communication difficulties and disinterest in the community (in the most mature phase of Adler’s theory, the concepts of “socially determined task”, “sense of community” and “social feeling” were introduced, to which the author attributes a central role in normal human functioning). A failure to cope with one’s own problems and relationships with others is also observed, which determines a radical change in the sufferer’s “lifestyle”. The conventional distinction between mentally ill and healthy individuals is precisely on the basis of social concern and involvement. Disclosing his views on the psychological types (classifying them based on the amount of energy contained in the person), the researcher looks for the causes of the occurrence of mental suffering in the low energy levels in the individual, leading to survival only by avoiding other people and even life in its entirety. The third type in the theory is called avoidant, whereby going to the extreme (withdrawing into one’s own world) leads to the fluctuation of psychoticism. Indifference to the external world is associated with an increase in investment in intrapsychic formations (energetic equilibrium between the subject’s investments).

The scientist’s initial findings of “organ inferiority” in early-onset children with “bodily deficiencies” (Ivanov 2010: 120) point us to the need for timely therapeutic help to redirect the interest and

attention of such an at-risk group of children outwards towards others, so that they do not remain permanently focused on themselves (or their disability) alone. Providing support and developing a uniquely human relationship with patients would reduce feelings of inferiority (as a preventative measure against similar social withdrawal and eventual triggering of psychosis as already described). Another factor in the occurrence of severe psychological distress, according to Adler, is the order of children in the family (it has been argued that first-born children are the most likely to be “problematic” because of the “dethronement” effect of siblings). Despite the undoubted psychologization of the etiological problem and the attempt to shatter the old forms with new content (the wounds of social existence as the key to psychotic perspective and existence, impossible to think without the man-creating anchor points - sense of power, importance and gender) Adler does not completely exclude bodily causes for the emergence of symptoms.

For **Carl Gustav Jung**, the founder of analytical psychology, the “distorted development” of his psychotic patients led them to the coordinates of a new, chaotic and morbid imaginary world. Exploring the formation of delusions, he found patients’ accounts of mythological figures in which they deeply believed, even saw them, conversed with them (sinking into phantasms): “so do similar figures occur in psychotic illnesses, especially in paranoid forms of schizophrenia, where mythological creatures are sometimes abundant” (Jung 2011: 31). Jung explains this main manifestation of schizophrenia with the help of his topical theory of the construction of personality (which includes the components self-conscious, persona, shadow, and collective unconscious, containing the cumulative experience of previous generations and organized through archetypes), considering that in such patients a spectacular invasion of unconscious contents into consciousness has taken place, manifested in the form of projections onto external objects and hallucinations - blurring the boundaries of the external and internal worlds.

Thus, in the Jungian paradigm (the Swiss scientist puts an equality sign between biological and mental factors in the emergence of the disease), the concept of “escapism” stands out, expressing the escape of the individual from reality into a world of fairy-tale characters and plots in case of difficulties in socialization or chronic psychotraumatic experiences. The author testifies that children becoming lost in stereotypical fantasies remote from the world is one of the main symptoms of psychosis at an early age.

The insightful observer of suffering **Wilhelm Reich** seeks answers to the complex questions about symptoms in the “schizophrenic world”. He provokes lively discussions with his radical ideas about mystical experiences, loss of power for rational associations, loss of understanding of the factual meaning of words, and above all about the slow disintegration of organized (connected) functioning from puberty onwards. Reich goes even further by deriving the metaphor of ‘the devil in the schizophrenic process’ (Reich 2011: 504) - the devil here being representative of ‘the perverse nature of man’. This includes the secondary, distorted antisocial drives that rarely manifest in the well-armoured neurotically ill.

CONTEMPORARY IDEAS

“In a mad world, only the mad are sane.”

Akira Kurosawa

Jacques Lacan, perhaps the greatest name of French psychoanalysis and psychiatry, devoted his famous Seminar III, entitled „The Psychoses,“ to the subject of psychotic suffering. In it, the author systematically set out his original creed on the subject, distancing himself from the Kraepelinian understanding of „the illness as an early dementia“ (Harizanov and Harizanova 2017: 13). Despite his medical training, Lacan did not remain within the confines of psychiatry and fought numerous verbal battles in its field. Without much caution, he uses the word “madness” as a synonym for “psychotic state”, going even further with his infamous statement: “We are all mad”. The Frenchman is thematically related to Eugen Bleuler’s concepts of the existence of primary disorders in psychosis and their separation from delusions, which for Bleuler are merely „the attempt of the disturbed organism to respond to the physiological change that has occurred“ (Achkova 1981: 11). A dominant theme in Lacan’s conceptual system, which mobilizes an extraordinarily rich range of terms, is the power of speech and the family system as an “initial fact” in psychosis. He is frontally concerned with such details of his patients’ biographies, influenced by the most popular psychoanalytic idea, that of the “unconscious” (something not subject to consciousness in the patient’s psyche). For the psychotic, this unconscious is found „on the surface“ of psychic reality and acquires the status of the conscious.

The Lacanian theory, which is built on a Freudian foundation, is made up of a number of significant opuses, including those on paternalism, the

“question of the father” (Lacan 2011: 83), and the “unconscious structured as a language”, which have been taken in the direction of psychosis (as if the psychotic does not know the language he speaks). Lacan notes that the speech of the delusional is characterized by neologisms, which are words with a particular emphasis and meaning for the patient, usually referring to a completely different meaning than that which the therapist attaches to the particular word (problem of the connotative meaning). According to the author, the field of verbosity in the psychotic is extremely valuable for the clinician - it is there that the whole phenomenological richness of psychosis (e.g. verbal hallucinations) can be observed. This contribution to the study of the complex mechanisms of the onset and course of the illness has been recognized in a sufficient number of countries but, understandably, finds most supporters in France, who elevate the arsenal of ‘clinical Lacanian categories’ into superposition (Miller 2013: 99) and recognize in detail his contribution to the deepening of the Freudian approach to psychosis, respectively to the detriment of psychiatry (Lepoutre, Madeira, Guerin 2017: 3).

Lacan’s research development attracts the attention of professionals with a particular scope (we could even comfortably speak of a Lacanian system), as **Françoise Dolteu** undoubtedly is. A paediatrician and analyst, she emphasized an idea that is part of the meaningful core of French analysis, namely the close relation of psychic suffering to language. In the physician’s contemporary conception, mentally challenged and psychotic children are defined as „the most delicate and the most amenable to humanization“ (Dolteu 2006: 16), precocious along the lines of their emotionality, from which it would follow that they have figured out the language between themselves and their parents. The words such children have heard too early (e.g. devaluing their filial bonds or their gender) are, for Dolteu, agents of their disorder - they are an indicator that they have failed to satisfy the “god and goddess of their womb” (the parents talking from the outside).

The Lacanian psychoanalyst **Darian Leader**, on the other hand, makes further arguments for a new view of the „eruption of psychosis“ in a horrifying way, with a catastrophic beginning, in an apparently normal preceding period (the emphasis is on the details thanks to which suffering crystallizes because of their practical significance). For Leader, most psychotics never trigger psychosis, they simply exist without decay. Once a precise sequence of adverse events occurs, however, it erupts. Psychiatric claims about the incomprehensibility of schizo-

phrenic breakdown are thus refuted, since Leader stresses the importance of “careful observation and examination of the internal biography” (Leader 2019: 55), which can guide the analyst with astonishing precision towards understanding the etiology of “madness” and outline therapeutic strategies for future treatment.

CONCLUSION

“No great mind has ever existed
without a touch of madness.”

- Aristotle

There have been numerous scientific attempts over time to pull back the curtain on the vast world of psychosis as an integral part of our society (some of which we have examined in this paper). The current psychiatric understanding of its etiology has been found wanting due to an overemphasis on the descriptive approach and the nosological element. This leads to difficulties in prescribing effective therapy - the emphasis seems to remain on an over-insistence on the need for pharmacological interventions. Psychoanalysis, on the other hand, seems to adopt a more ethically congruent approach, emphasizing the relationship between illness and the interpersonal and intrapersonal capabilities of the psychotic individual. This analytic perspective puts ‘madness’ in a different light from the common understanding of deviance from the statistical norm, however much it is expanded. Almost all of the authors listed so far (Adler, Jung, Lacan, and especially Dolteu and Leader) draw attention to the need to enhance the quality of life of those afflicted and to slow the progression of suffering, proposing therapeutic options as a means to achieve these humane goals. The transformative effect of psychoanalytic influence on psychosis in patients in a weaker and more vulnerable position could be fully embraced and acknowledged in scientific circles if more texts such as this one were offered to generate psychoanalytic ideas in the various categories concerning psychosis - possible origins, phenomenology, ethical standards for working with patients, and alternatives for a better quality of life beyond labels and institutionalization.

Combining these two approaches (effective pharmaceutical therapy combined with psychoanalytic one) to psychotic suffering presents a real opportunity to understand it more fully, and therefore to treat it more effectively. Consideration of the psychodynamic perspective is also necessary because of the ethical imperative it offers. Unfortunately, even

with the greater tolerance of ‘otherness’ in contemporary society, the psychotic is often isolated and alienated, further complicating and aggravating his condition.

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