

Hope for persons afflicted with severe mental illnesses: Crucial ideas

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The review start by pointing out that the statement about schizophrenia in DSM-V-TM is contradictory. It claims that genetic factors play a strong contribution in determining the risk of schizophrenia. In a second part of the sentence DSM-V-TM writes: "most individuals who have been diagnosed with schizophrenia have no history of psychosis (DSM-V-TM, 103).

This point to the psychosocial work rehabilitation program reported by Harding, the "Open Dialogue" developed by Seikkula in Finland and the "ego-structuring" method developed by Villemoes as three successful psychological methods for treating schizophrenic patients.

Next, I rely on the ideas of Lacan to demonstrate that schizophrenia is the result of the patient not having been able to correct the fantasies which human beings develop as children, i.e., my mother is omnipotent and I am everything my mother could want. These two fantasies are normally corrected if the child is confronted by the fact that the child sees that the

mother has an interest in a third, normally the father. To refer to this change introduced by the internalization of the figure of the father Lacan uses the concept of "paternal metaphor." That concept means that the child radically changes in its psychological structure while remaining the same child: e.g., John Wild. In language we have a word for something that is both the same and different, like the word chicken applied to humans. Language calls such a use of a word a metaphor. As the psychic change provoked in the child happens by the introduction of the father, Lacan refers to the change as the implementation of the paternal metaphor.

The paper end by discussing the successful methods invented by Prouty, Karon and Villemoes for treating schizophrenic patients. I demonstrate that each of these three therapists start by accepting the imaginary fantasies of their patients. These three therapists then find ways to introduce the laws of language and of the symbolic, i.e., if... then. This allows the patient to slowly confront the reality and be liberated from their delusions.

Key Words: Schizophrenia; Paternal metaphor; Fantasy; DSM-V-TM; Identity

INTRODUCTION

In DSM-V-TM we find a contradictory statement about severe mental illnesses like schizophrenia. Indeed, we find the following text:

There is a strong contribution for genetic factors in determining risk for schizophrenia, although most individuals who have been diagnosed with schizophrenia have no history of psychosis (DSM-V-TM, 103).

In the first part of the sentence there is a formulation of a belief. In the second part of the sentence a fact is reported which contradicts the belief. Still, the belief dominates the practice recommended by the American Psychiatric Association. That recommended practice consists in lifelong medication [1-3] even if the medication has potential serious side effects, like dyskinesia [2].

Three reports demonstrate the falsity of the belief articulated by the American Psychiatric Association. First, there is the report by Harding about a flexible psychosocial work rehabilitation program. In that program "62% to 68% were found to be significantly improved [...] or to have completely recovered [4].

Second, there is the "Open dialogue" method developed by Seikkula, in Finland. After a psychotic breakdown, three mental health professionals go to the home of the patient. They talk to the patient and his parents. The mental health professionals then talk to each other and ask the patient and the parents what they picked up from the conversation. They do that at first every day; then every week; then every month. After five years of such therapy "Eighty-two percent did not have any residual psychotic symptoms. 86% had returned to their studies or full-time job, and 14% were on disability allowance [5].

Third, there is the research of Tienari and his group. Tienari looked for twenty years for all psychotic women who had given up a child to a Finnish

non-family member. Tienari found that not one child adopted by a healthy family developed a "functional psychosis" [6].

LITERATURE REVIEW

These factual reports are strengthened by the theory of Lacan about the origin of schizophrenia. Lacan points out those children develop two important fantasies to deal with their total dependency upon an (m) other. Children imagine that their mother is omnipotent, otherwise they would not feel save. Children also imagine that they are everything the mother could want. Lacan refers to this way of feeling by children as the imaginary. This is illustrated by a conversation between my wife and our children. My wife reported that she read in the newspaper that there were few children in Germany, where we had spent a year during our sabbatical. One of my children asked: why? My wife gave a commonsense answer and said: "I guess those German parents think it is too much work." My child responded: "Do those German parents not know that they are the children who do all the work?" If children can develop those two fantasies, they flourish. Spitz reports that if there is no mother figure, children not only do not flourish; there is also a greater mortality. The mortality in one of the German foundling homes was 71.5% during the first year of life [7].

Lacan points out that the above described narcissistic self-conception might be good for babies but such narcissism would be disastrous for a grown-up adult. Hence, that narcissism needs to be corrected. That correction takes place, according to Lacan, if the mother shows respect for a third, normally, the father [8]. Indeed, when the child starts to see that the mother has an interest in the father then the two fantasies of the child that the mother is omnipotent and that it the child is everything the mother could want are destroyed. We can therefore expect that the child will try to nullify the fact which destroys its two crucial fantasies. The child will try to forget that the mother has an interest in the father or will even try to disrupt any relationship that the mother has with a third. Thus, when I gave instructions to our maid, who held her one-year old daughter on her arms,

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the little baby flapped me in my face. The baby wanted to maintain the exclusive attention of her mother.

Still, when the child sees that the mother continues to show interest to a third, normally the father, the child feels that its two original fantasies are destroyed. Hence the child loses its self-identity and is forced or invited to create a new identity. Lacan points out that the child follows the signs provided by the mother. Indeed, the child looks at signs of the mother as to what is of such interest to her in the father. The child then identifies with that mark of the father and makes it the basis of its own identity [8]. Thus, if the child guesses that the mother admires the father's intelligence or his earning power or his pleasant character, the child will feel invited to become intelligent or pleasant or to develop great earning power. The child is hereby able to give itself a task for life. But the child also knows that it is not yet where it wants to be. Hence the child starts making the future the essential dimension of time. This is different from babies, where the now is the most important dimension of time.

Next, instead of expecting that others will do for it what it wants to have, the child is now willing to work for what it wants to become. Finally, the child knows that it is not yet where it wants to be. It therefore needs not only to develop the willingness to work; it also has to develop that patience to accept that it is not immediately where it wants to be. These different changes indicate that the child has radically altered its personality structure. Lacan calls such an attitude the symbolic. Typical for the symbolic is that the person is willing to accept language; i.e., the person is willing to accept that if... then, meaning that the children accept that if they want to become a lawyer, then they will have to go to law school and pass the bar exam.

Lacan points out that the radical changes forced upon the child by the introduction of the figure of the father do not alter the fact that the child remains the same child, e.g., Mary Jones. It is the same child who has changed. Lacan points out that language has a word for referring to something that is the same and different as well. Indeed, we can say that a cowardly person is a chicken. In saying that such a person is a chicken, we do not mean that such a person has feathers and a beak. We want to say that the person is like the character of the chicken, but still is not a real chicken. Language calls such use of the word chicken, a metaphor. Lacan then refers to the radical changes occurring in a child with the introduction of the father figure a "paternal metaphor." Lacan then argues that if the above radical changes do not occur, the child will be vulnerable to a later psychotic breakdown [8]. Indeed, the child in late adolescence or early adulthood will be looking for an important maternal figure as was the case with Hölderlin. The famous German poet Schiller had discovered the poetic talent of the young Hölderlin and helped publishing his poems [9]. Hölderlin then aspired to create his own journal and expected Schiller to financially support his project. When Schiller declined, then Hölderlin experienced a non-maternal aspect of Schiller: i.e., a paternal function: putting limits. Hölderlin did not have the psychic structure which had a place for such a paternal function. He had his psychotic breakdown and was sent away to an asylum [10].

Lacan's theory provides an explanation for the efficiency of the treatment methods of schizophrenic persons developed by Prouty, Karon and Villemoes. All three methods start by accepting the imaginary position of the patient. Only then do they introduce the symbolic.

Prouty sits in front of his mute schizophrenic patients and imitates their every gesture. He thereby gives his patients the feeling that they have power. When such patients are touched by Prouty's method and show a tear in their eye, Prouty introduces language and says: "There are tears in your eyes" [11].

Karon goes alarmingly far in accepting the imaginary of his patients. In one case his patient report constant night mares about his stepmother and asked if those nightmares would disappear if he killed his stepmother.

Karon confirmed the imaginary wish of his patient [12]. As a result, the patient started to report all the bad things his stepmother had done to him.

Villemoes respects the imaginary by the sitting arrangement with his patients. He does not sit in front of his patients. Villemoes puts the patient next to him with a small table in between. Hence both patient and therapist look to the world in the same direction. Villemoes introduces the symbolic by describing the object in the room. In doing so Villemoes helps the patient move beyond the imaginary. Indeed, a psychotic patient stated that when he uses his senses to relate to the world, then his experience of the world is infinitely rich. If he tries to describe the sensual experience in words the psychotic patient claimed that he lost the richness of the sensual world [13,10].

CONCLUSION

Indeed, a psychotic patient has not left behind the psychic structure of a child where there is a wish for an all-powerful mother for whom one is everything. In describing the objects in the room for the patient Villemoes makes the patient feel in the same world and thus provides evidence for the gain gotten by using language, by accepting the symbolic.

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