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Dissociations and "derealistic"[1] associations of the mind in psychosis

Диссоциация и «нереалисти чность»[1] ассоциаций мышления при психозах.

Summary. The author discusses the concept of "splitting" (Spaltung) as it is described in classical psychiatric writings such as those of Bleuler, as well as by psychoanalysts from Freud and Jung onwards. Drawing on clinical illustrations from three psychotic patients, he shows how splitting affects not only the ego and the object but also the transference itself. Dissociation as between different realities, ordinary and delusional, is a defence against unbearable anxiety, persecutory feelings, and catastrophic experiences; the self breaks down into bits and pieces, often with bizarre associations that give rise to a delusional construction of the universe. This demands both a phenomenological and a psychoanalytic understanding. Ideally, different approaches psychotherapeutic, pharmacological and institutional can be undertaken in a complementary fashion as long as staff members work truly together.

Резюме. автор обсуждает к онцепцию «расщепления» (Spaltung) которая была описана в классиче ских психиатрических трудах Блейлера, а также психоаналитиками от Фрой да до Юнга впоследствии. На примере клинических иллюстрацй трёх психот ических пациентов он показывает, как расщепление затрагивает не только Эго и объект, но также и сам перенос. Диссоциация между различными реаль остями обычной и бредовой - являются защитой от невыносимой тревоги, п ерсекуторных ощущений (преследования, гонений) и катастрофических пере живаний. Самость разрывается на мелкие кусочки, часто с причудливыми асс оциациями, которые дают начало бредовому пониманию устройства мира. Это требует больше феноменологического и психоаналитического понимания. В идеале могут быть применены различные подходы психотерапевтически й, фармакологический и институциональный в комплексе, если все члены команды действительно работают вместе и для общей цели[2].

Introduction

Freud, who started off as a neurologist and psychiatrist, was inspired by Charcot and by Breuer at the very beginning of his career, about the way to give birth to a new conception and methodology: psychoanalysis.

The cathartic approach was not a coincidence. He was probably influenced by his wife's uncle, Jacob Bernays' work. Bernays published in Berlin in 1880 a book on *Die Aristotelische Theorie des Drama* (Verlag von Wilhelm Hertz, 1880). Aristotle, in *The Poetics*[3], is concerned with poetry and tragic drama. Most flute-playing and harp-playing was related to dithyrambic performance. Voice, music and bodily expression, together with the stage *setting*, were all part of the complex expression of man as a creative creature, as an artist. I believe, with Hippocrates, that medicine is an art, and that psychiatry and psychoanalysis are particular kinds of poetical personification and craftsmanship. I mean by this that approaching the disturbing and fascinating world of madness demands inspiration, vocation and gifts - and perhaps some psychotic creative experience, which I personally had through my own analysis. This helps the patient to learn his or her craft (or *métier*) - that of becoming a patient.

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[1] Bleuler (1923: 34; 1950: 67) speaks of "dereistische (or autistische) Denken". This kind of thinking lies outside formal linear or labyrinth-like reality. The autistic person is enclosed in a circular world; he thinks in his own way. Autistic or derealistic thinking is a particular language, made of personal symbols, analogies, fragmentary concepts (of a broken ego) and new words (neologisms) consisting of accidental connections.
[2] перевод Рокеты Татьяны.
[3] Loeb Classical Library, Aristotle XXIII, Harvard University Press and Heinemann (London) 1982.

Aristotle emphasized the fact that the basic element of poetry is metaphor - in other words, the capacity to reveal new forms or veiled, esoteric, hidden or open signs in which the human mind expresses the drama of life, the illusions, creations and disturbances. The transference, especially with children and psychotic patients, acquires in the analytic field a theatrical quality. In my own experience, I feel that my mind "acts" its own persona, its lively thoughts, in confrontation or in agreement with the internal objects, the internal "characters" of the patient's unconscious mind. This theatrical Aristotelian catharsis or expression is something that could be called "from unconscious to unconscious"

To get in touch with the complex world of madness we need to take on the role of an actor who believes in the part he is playing - but without idealizing it too much; we have to be able to face up to human pain, mourning, delusion and psychotic anxiety. The word "delusion" (*délire*) is related to "ludicrous" - *de ludere* is to play deceptively. The capacity to be deceived is a sign of sanity. Melanie Klein (1936; 1940) developed a certain number of ideas concerning the depressive position, a stage of development in the infant who, after being confused and split-off, becomes able to face up to some degree of delusion concerning the weaning process (as well as some new illusions if the mourning process is successful).

The subject of transference with psychotic patients in *Spalten* and derealistic circumstances demands a particular way of dealing with the reality of those patients - and of dealing with one's own inner reality and primitive fantasies in order to address the patient on the same regressive level. The counter-transference does not imply simply regressing with the patient, for we have to keep our adult, normal self (the non-psychotic part of the personality) with our normal psychotic fantasies. It will be helpful to show my own way of "getting into play" (ludere) with the patient in order to understand the "other" way of playing with reality (the delusional one). This all has to do with the capacity to play, and with the psychiatrist-analyst's being in touch with his or her own infantile self. The ability to give and to receive appears probably with the birth of our capacity to play with other children and with our own fantasies and thoughts.

Clinical Cases:

Samuel began his analysis with me in 1997. He was 25 years old when I first met him, a good-looking young man, but detached, aloof and very tense. In my consulting room, he remained silent. He stood in front of me and looked all around, as though he were living inside a dream and trying to envelop me in his dream-mantle; indeed, I felt in my own transference fantasy as though I too were being drawn inside a dream-world, in which hallucinating would be a normal way of life. He moved his lips as though talking to someone. In fact Samuel was hallucinating almost all of the time, apparently addressing some ghostly beings or other standing all around him. When I said to him that I had the feeling that we were not alone, he said nothing at first, then, after a few moments, he smiled and declared: "There are soldiers all around us, Charlemagne's soldiers". Then he mentioned a "dead horseman". Given that his manner of speaking was not very lively, I said to him that perhaps he was saying something about himself something about not being very lively / alive. Still in a monotonous voice, he said: "the soldier died in a battle". I understood that Samuel had experienced a tremendous destructive game, a battle inside himself, an unbearable experience that, in order to survive, had to be pushed far back in time, somewhere far off in the Middle Ages. However, in sending the dead part of himself so far away, he lost the lively / alive part too. His body was a container for tremendous grief and a bloody / bleeding mourning process that he could not face up to alone. In some of his early drawings, he appeared as someone wearing a bandage round his head or, as I would say, round his mind. In this way, old wounds appeared in the transference as well as the fear of mental bleeding…

In the climate of this first session, I felt that we were "involved" in a dream-world. There was a split (*Spaltung*) between present time and the Middle Ages, and an additional split between two realities, a waking space and a dreaming one. In the counter-transference I felt myself being drawn inside the fascinating climate, a fascinating Middle-Ages game. His double split in space and time invited me to take the risk of being and playing there with him in that time and space. I was being taken there by the clouds that were in his mind. It was as though I myself needed to wake up from this cloudy, dream-like world in order to help the patient (and myself) to face the dissociative transference field. From time to time, I came back with him from the Middle Ages to the present.

I learned from his parents, whom I first saw alone Samuel had not wanted to come out of his "shelter" (as he used to call his home) that his illness began more or less when he started his university studies in political science. At that time, he found it difficult to concentrate on his studies (his thoughts were in disagreement with one another); ever since his childhood, he had been a very gentle, passive and introverted boy. While he was a student in another town far from his parents, one of his close friends became very worried because Samuel would neither answer the phone nor open the door to anyone. One day, his parents went to visit him. He did not answer their call they began to think he was dead, had committed suicide or had run away[4]. His father

[4] We could say, in fact that he had indeed in a certain sense "run away" - he was often distracted from everyday reality. One of the characteristics of the psychotic *Weltanschauung* is to be often and in chronic states all the time distracted or split-off from a *wirklich* (realistic) world. According to Kant, there is a difference between wirklich (factual) reality, the essence of which we can never attain, and *Wirklichkeit* (perceptual, ordinary reality).

asked the emergency services to break down the door but they required proper bureaucratic procedures. As the parents insisted, the door suddenly opened, and in a very cold manner Samuel said "hello", then promptly disappeared, in much the same way as a ghost vanishes. Other friends said later they had seen him in Rome, dressed in rags and living like a drop-out, sleeping rough…

Several months afterwards, he decided to phone home because he had run out of money. He was split between his delusional wandering world and a reality feeling that he did after all need to have money if he were to survive (and perhaps see a doctor…). He then consulted several psychiatrists, who prescribed medication and psychotherapy. But he barely responded to these initial attempts at treatment. Perhaps the combination of pharmacological medication and psychotherapeutic "medication" did not agree with him, or were themselves not in harmony…

I learned from my early experiences with psychotic and dissociative states that there is always a part of the personality that is preserved from the delusions, and therefore still in touch with reality. If we manage not to "fall asleep" with the patient inside his or her clouds seduced by the dream-like atmosphere of the psychotic world and stay awake, then we can face up to the splitting of the transference and to remain safely in the analytic field. This is equivalent to playing a part, but managing to emerge in good time from the character in order to get back in touch with one's own *persona*.

It was sometimes as if I were under the influence of some "narcotic" drug or other in Samuel's mind. In one of our more recent sessions, he said: "My life is split[5] between sugar and cocaine. But I distrust people who appear to be too sweet with others." I understood that there was something very bitter in his experience of life. "Yes," he said, "but I need to calm my distress with cocaine. Perhaps, in fact, it could calm the distress of everyone." "And to calm me, so that I won't be taken up inside your distress with the cocaine of your mind?" As I said the word "mind", I asked him about his thinking. He said his thoughts were almost dead, or at least sleep-walking or flying away into some foreign country "Perhaps to Mexico," he added, "where ancient pyramids take care of famous dead people." "Like the Egyptian ones?" I asked. He went on: "At the beginning of my illness I was transformed into a jaguar not the car, the animal!" (His family business has to do with very select cars, and Samuel himself very much admires the English car, the Jaguar.) "I became a blue jaguar looking for revenge for what people did to me in Europe. I will come back from Mexico one day and I will be the Pope in Rome, or something like that. I will see that justice is introduced into people."

In another session, he decided to lie on the couch and began to associate. Then he stopped, because, he said, the Pope's nose was coming between him and me. That was a maternal transference situation in which he wanted me to take care of him as his mother had looked after him at birth they had then become an ideal couple; it was only when he was three years of age that his mother married a man who took on the responsibilities of the father. I know that he was a good father to Samuel as he is to this day: he brought Samuel to me for analysis. The father figure who takes on the true responsibilities as such does not want mother and child to remain in such a fusional relationship, they have to be weaned from each other. The nose of the paternal superego could smell that something seductive, erotic and hypnotic (like cocaine) was taking place between "mother" and "child" some gap (separation) had to be created, hence the Pope's nose. This was a way of creating a place a space in which to relate, building a gap between mother and child, thus allowing the paternal function of organization to intervene (rules and laws): the proper and just constructive *Spaltung*, implying both differentiation and the need for a link…

Bleuler used the term *Spaltung* in his book on the schizophrenias. This partly recalls Pierre Janet's concept of "splitting of the mind" (1909: 342) in hysteria. Janet speaks of the dissociation of functions, suggesting that there is a double language a conscious one and a sub-conscious one. At that time, he was fascinated, as Charcot was, by hypnotism; in somnambulism, there is a split in functions between the action of the body, dramatising a dream-world, and wakeful life. When the sleeper wakes up, he is puzzled by what he has just done. Perhaps there is a level of dissociation in hysteria of a psychotic kind (*folie hystérique*), as Breuer found in the case of Anna O. Breuer and Freud regarded it as "splitting of the mind" (*Bewusstseinspaltung*). Around that time, Morton Prince published his book on *The Dissociation of Personality* (1905), in which he writes of cases of double personality (Miss Beauchamp and Sally). People were fascinated at that time by the double life of split personalities, and the world of theatre and cinema was greatly inspired by such uncanny yet attractive phenomena.

Freud himself, following Breuer, speaks of "splitting of the ego" (*Ichspaltung*) to designate a phenomenon found in psychosis and in fetishism. How can someone be normal up to a point, yet still be attached erotically to a fetishistic object? There is a conflict between conscious and unconscious, between opposite feelings in the same mind or between mind and body. Splitting of the ego is a defence mechanism, when the patient cannot have a global concept of himself and the world (Freud (1940a) 1938). In another unfinished paper of 1938 (Freud (1940e (1938)), he again speaks of "splitting of the ego" as a need, a process of defence against a real danger. There is a tendency to disavow reality, with the patient then able to believe there is no reason to be afraid.

[5] *Spalt*

In a way, this is an attempt to avoid the conflict between facing reality and denying or rejecting it. One of the defences is to hallucinate a desire to compensate for a loss - in Freud's example, castration anxiety in a three-year-old boy. The boy had been seduced by an older girl, then energetically criticized and punished by his nurse. Freud developed the concept of castration anxiety the nurse threatened to cut off the boy's penis as punishment. Freud made a parallel between the compensating fantasy and psychosis, when a hallucinated belief is implied. According to Freud, the little boy regressed to the oral phase in which he was afraid of being eaten by his father. This delusional belief is related to Kronos, the old Father god of Greek mythology, who devoured his children.

I find Freud's ideas very interesting, since just a few days ago I saw a patient called Fabien, who is an "old child" of 53 years of age. He has been ill for the past twenty-seven years, with remissions from time to time. He came to his session accompanied by a nurse from the day hospital who was very eager to co-operate in the treatment. Fabien looked at me in a fixed, penetrating way, and said: "I am a psychoanalyst, you know (the nurse shook his head), and I have extraordinary powers. For instance, I can incinerate you with my gaze." Then he added, "Or I could eat you up". After a pause, I said to him: "Where am I?" "In my stomach," he replied, with a smile. "But you are quite safe; I'm taking care of you".

Then he said: "I have a great need of psychoanalysis". It was as though he were giving up his psychoanalytic identity (identification with the aggressor) and returned to that of being a patient, albeit a greedy one. My understanding was that, as in Freud's example of the little boy, he was identified with a frightening Kronos-like father figure, eating all his children. I have always felt that the Greek myth of Kronos has to do with eating up the passing of time, before being devoured oneself by the rapid passage of greedy time… personified in the Kronos myth by monstrous, cannibalistic, infantile mouths.

With his incinerating gaze, Fabien was auto-plastically (Ferenczi) dramatising some powerful character like Zeus who, with his rays (Fabien's own omnipotent and magic powers), could either save him or turn him into ashes.

He was aware of how chronically ill he was, and he feared to remain an old child and chronic patient. He left the session with the nurse, saying that he would like to see me again. A few minutes later, the nurse came back, saying that he (the nurse) had forgotten his back-pack. Some hours later, I noticed a hat in my consulting room and thought that Fabien had forgotten to take it away with him. In fact, it was the woman patient I had seen immediately before Fabien who had left the hat behind. (It was a Russian-style brimless hat or *chapka* a man's hat; the patient, an artist, had been given it by her son.) For some reason I had thought it belonged to Fabien he is of Russian-Jewish origin, like myself and I was almost "sure" I saw him wearing the hat! This transference confusion between his life and mine showed me how emotionally intensive were our reciprocal projections… or "hallucinations". It was as though he had left his head with me, so that I could go on working with him, and that, in exchange, he had taken my head-hat in order to go on working with me. My own relationship with my internal mother became a tyranny that did not allow me to understand in time that I had introjected what was taking place in another session with a female patient talking about her son - the unconscious fantasy that Fabien put into me concerned a state of fusion between a mother and her child. The boundaries in the psychotic transference are sometimes very difficult to determine clearly. The psychotic transference is part of an atmosphere in which the analyst can experience the fact of losing his own boundaries, or losing them and then finding them again: plasticity of the ego in the analyst or psychiatrist of psychotic patients is an essential factor.

In the next session, I apologised to him about my confusion. (I had phoned his nurse about the hat.) Fabien was very pleased to see me, and felt that I was very much involved with his delusion; he began talking like a young child. He said: "I'm thinking about yo-yo and toto". As he made a movement with his hand, I realized that he was indeed referring to the wheel-on-a-string toy and that reminded me of Freud's famous *Fort-da* game. For some reason, Fabien then spoke of a child inside a prison, who was trying to ask for help through the bars of the cell. The nurse then said that in prison parlance, "yoyo" has to do with taking something from and giving something to prisoners in their cells. I felt that Fabien was speaking about us in the transference how to get in touch with each other, when we were no longer under the protection of our "hat / head", how to make contact with the mind of someone else and yet be able to get back inside one's own mind when we had to. We have to emerge from the exciting warmth of the chapka…

Experience over the years has taught me that one of the problems of the counter-transference is the inability to tolerate psychotic anxiety as though by giving an interpretation that "pushes" something into the patient or prescribing excessive medication, the doctor is trying to run away from his own anxiety as awakened by the delusional transference. There is a time when the patient is analysing the analyst, just as the analyst is trying to understand him. The patient may take fright if the analyst becomes confused with him, or if the analyst invites the patient to open up his protective autistic prison too quickly.

Fabien said that he liked the subtle way in which I addressed him I was taking care of his identity as well as my own, yet still trying to come together and perhaps to "play" together. After a while, he repeated in a childlike

way "yoyo toto". I answered: "Yoyo, toto, boubou". Then he smiled and asked: "Do you work with young children?" "Of course," I replied. " There is a little boy inside you and inside me too, little boys who have not forgotten how to play". I remember Herbert Rosenfeld (from seminars and from my long analysis with him) saying that one cannot get in touch with the delusional world if the analyst and the psychotic patient do not develop (spontaneously) a playful transference together.

The split (*Spalt*) between infantile and delusional reality is an important meeting-point where some therapeutic experience can develop.

In this situation, we are dealing not only with splitting of the ego (*Ichspaltung*) but also with splitting of the object (*Objektspaltung*). Melanie Klein developed this latter concept, especially with respect to the paranoid-schizoid position and its relationship to part-objects. Here, there was in addition a splitting between different realities autistic, persecutory (being in prison), delusional and infantile. I look forward to my future sessions with Fabien, because we will be less confused and more able to understand what is going on between us. Another very schizophrenic patient of mine from the 1960s, David, after a long interruption of his analysis because of my departure from London to spend four months in Buenos Aires on family matters (my mother was very ill and I needed to be near her - with a "chapka", as it were, to give her some warmth, support and understanding. Indeed, she became deluded as a result of brain anoxia following on a coronary thrombosis), had left me feeling very worried. When I saw David again, he was unusually calm and relaxed; he was less upset than I was. I asked him how he was feeling. "Very well," was his reply. "I was able to see you every day on the wall of my room; it turned into a sort of screen, and your image was on it whenever I looked at it. Sometimes you even came out of the screen and visited me in order to play chess."

As I write this paper now, I can see myself as a protagonist of Woody Allen's film *The Purple Rose of Cairo* in which one of the characters comes out from the screen, dressed as an explorer. The analyst was David's explorer, one he had always at his beck and call. Here there was a split between two realities: in the one, I was absent, in the other in the hallucinatory transference relationship. I was constantly present for the patient. David was able to hallucinate me in a very effective way during my absence. This corresponds to Freud's view in his paper on the splitting of the ego as a defence against grief and unbearable mourning for loss in a patient who was as attached to me as I was to him.

In Bleuler's description, a patient like David could become withdrawn from a distressing reality (after the loss, even temporary, of important object relations) and return to an introverted and derealistic (autistic) world. But in fact his hallucinatory construction helped protect him from castration anxiety (the transference being "cut off" in an unbearably traumatic way). It was as though a good positive transference or loving feelings and need for reparation were able to restore, by projecting them on to the screen-wall, a "living" film of our transference relationship through two-dimensional images that changed for a short time into three-dimensional and realistic ones when he managed to make me "leave" the screen, come up to him and play a game of chess…

As a matter of fact, from the beginning of his analysis (this took place in the third year at five sessions per week) he used to blink his eyes constantly (opening and closing them like a shutter), and he associated this to a photographer's (still) camera. In this way, he could take photos of me as soon as he came into the room! He could take me away with him in his camera-eyes and visual space, just as Fabien took me away with him inside his stomach: successful delusional introjection. This helps me now to understand that David was at one point able to change his photographic eye into a cinema camera, thereby giving me movement and making me come alive in his theatrical transference. I was pleased by this, because I felt that we were taking part in the same play. It was therefore very important to link the delusional transference with the infantile one, in which the child in him was able to deal with grief and the mourning process, perhaps through denial of separation, but also through a capacity for play that kept our relationship alive and preserved its "play-ful" character.

Herbert Rosenfeld presented a very interesting paper on the delusional transference to the British Psycho-Analytical Institute in 1964, describing the different transference situations with psychotic patients. An early infantile good relationship with mother and father enables patient and analyst to deal with the delusional transference, in which there are erotic and perverse aspects.

Concerning the erotic transference, in one of his sessions, David said to me as he lay on the couch: "I am very excited, Dr Resnik". "What is exciting you?" I asked. He replied: "It excites me when I see inside your mind, how your thoughts copulate amongst themselves when you think about me". Then he added: "My penis is excited", and, a few moments later, "I have indigestion". I pointed out that the sexualization of my thoughts and words (nourishment) were giving him a pain in his stomach: contamination took place between the nourishing function and sex. According to Melanie Klein and Herbert Rosenfeld, excessive eroticization of the nipple during a feed would seem to be a cause of future serious psychosomatic disorder (Resnik 2001: 212).

I remember the first description David gave me of his breakdown. One evening at home, when he was alone, he went to the refrigerator for milk. There was only cold milk…

As he took it out, his father arrived, annoyed by the noise David was making. When he saw his father had "found him out" in his greedy object-relation with his mother's breast, David became afraid that he would be punished. With his powerful blinking eyes, he paralysed his father and changed him into a photo….

Samuel, Fabien and David are typical schizophrenic patients. The *Spaltung* phenomena goes with a personality that is unable to cope with reality. This is the main difference as regards splitting phenomena in hysterical patients, who are still able to cope with reality, though in a very manipulative way. In one of my papers on hysterical psychosis (Resnik 19)

Discussion

The fact that Samuel, Fabien and David were so deluded did not affect their capacity to safeguard the good aspects of the transference. In time they were able to transform the splitting of the ego and the splitting of the object and transference situation into reparation; thus patient and analyst could find a way to negotiate the split-off parts of the personality of the patient and their old struggle between their divided selves. In *The Divided Self*, Ronald Laing writes (1960 (1965: 17)): " The term schizoid refers to an individual, the totality of whose experience is split in two main ways: in the first place, there is a rent in his relation with his world and, in the second, there is a disruption in his relationship with himself. Such a person is not able to experience himself 'together with' others or 'at home' in the world, but, on the contrary, he experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as 'split' in various ways, perhaps as a mind more or less tenuously linked to a body, as two or more selves, and so on.' Later, he says: 'The mad things said and done by the schizophrenic will remain essentially a closed book if one does not understand their existential context.'

Splitting of the mind and catastrophic experience:

Wilfred Bion, whose seminars and personal supervision I attended for several years, read an interesting lecture in 1963 at the International Congress of Psycho-Analysis, held that year in London. He said that schizophrenic language is used as an active way of splitting the object. One example would be the tendency to attack linking between thoughts that, when they come together, turn into unbearable visions and persecutory experiences. In 1959, Bion wrote a paper on "Attacks on Linking", describing how the patient cannot tolerate certain ways of thinking, either in others or in himself. There is not only splitting of the ego, of the object, and of the mind in general but also in the acute catastrophic experience as described years ago by Kurt Goldstein, there is a real breaking-up (or breaking-down) of the mind, of the ego and of the object. A particular way of getting rid of minute fragmentation is to put it outside the self, into the outer world. This *mélange* of fragments of the self, of nature, of other people, and of reality gives rise to an uncanny vision of the world, inhabited by bizarre associations and strange objects. This is the starting point for a new language made up of bizarre associations that become a real langu age for the psychotic patient. The task of the inspired analyst is to become a research worker in the linguistics of the unconscious in order to understand the meaning of the new delusional idiomatics employed by the deluded patient. This language is composed of fragments of the object, ego parts, and broken links. Sometimes the result of such a catastrophic experience in the mind can turn almost the entire thinking process into debris. This debris is sometimes equated with to degraded matter such as urine and faeces that drive the patient crazy, and is experienced as part of the material elements rejected by the patient and pushed into the analyst. This is part of the analyst's normal and pathological counter-transference, and his capacity for reverie (Bion 1992: 53), allowing him to cope successfully with such situations.

The pathological transformation of the world is to be differentiated from what Bion (1965) calls normal transformation (any perception brings about an inevitable change in the object into a new representation), and from poetic creative imagination. A writer such as Thomas de Quincey, in a kind of experimental psychosis produced by opium, was able to change the appearance of a whole city (London)…. In his drugged state, walking along Oxford Street, he saw wonderful Chinese pagodas and his idealized love-object, Anne, changed into a beautiful lady.

It is from those strange or delusional worlds and links that the new language and world-vision comes into the mind and therefore into the open. In Bion's experience (as well as for Herbert Rosenfeld and for me) a non-delusional part of the personality remains as does an infantile part of the self, together with fragments of realistic or syntonic contact. A child who is paralysed by fear or frozen or incinerated…. can come back to life in the transference, like Fabien and David. Thus delusional and non-delusional reality can be addressed together at a particular moment in the transference, when patient and analyst become aware of something new (or "old" repressed or denied). This corresponds to Bion's "catastrophic change" (not to be confused with Goldstein's catastrophic reaction).

Some practitioners can offer patients lengthy analysis, others may just have to do what they can in a short time (perhaps because there are no other possibilities at hand or the case-load in the institutional setting is so heavy). The question always is how can the psychiatrist trained analytically and intuitively, help the patient to turn the contradictions in his different perceptions of reality and different ideologies (a delusion is also a system of ideas) into useful possibilities for psychic conflict?

Perhaps the art of a good analytical approach is to prepare, with the patient, a setting in which the transference is able to cope with these contradictions, addressing them without necessarily coming to an incinerating and nihilistic end…

To change something into nothing, to make something that is full of meaning into something meaningless is part of the omnipotent aspect of pathological destructive narcissism (H. Rosenfeld). I believe that the analytical process, including its applied aspects in psychiatry, has to do with being able to confront the split-off aspects or fragments of the mind in a setting in which working-through at last becomes possible. I mean by this a confrontation in which conflict (between contradictory feelings and thoughts) can be negotiated. Otherwise, if patient and analyst are not prepared for such a delicate meeting of minds, the patient's destructive narcissism may again break up any possible understanding; for a patient at the infantile level of paranoia, for example, laden with demands of all sorts, it is more important to be right than to be helped to become alive. This has political and religious implications for a disturbed paranoid world; this is what I try to discuss in one of my papers called "Being in a persecutory world", published in English just a few years ago.

One of the main dimensions in psychoanalysis and in life in general is the pathological narcissistic side of the personality. Some respect and love for oneself is part of normal narcissism, the protective kind an acceptable protective prison / body, sometimes equated in Greek with the grave; it depends to what extent one is alive within one's body. Destructive narcissism, described by Herbert Rosenfeld, is related to an exaggerated state of what we usually call "narcissistic wounds" and arrogance (Bion 1967). Not being understood by others is a disappointment, but sometimes it stimulates the child who wants always to be right in his greedy demands and complaints. To be understood, for the strong narcissistic personality, may be unacceptable; the transference is experienced as a very painful attack. Psychotic challenging of reality goes together with attacking the links to the outer world and parts of the inner world that disagree with the delusional political position. The theme of Bion's paper "Attacks on Linking" (1959) is the phobic destructive attitude towards all links, mainly the primitive ones those related to archaic models of object relations. In my view, the link stands for the father figure as a symbol of order: introducing a hiatus between mother and child (reciprocal weaning), the father figure makes for real communication and dialogue between mother and child, and therefore normal development with the world. Enrique Pichon-Rivière, my first teacher in the field of psychoanalytical psychiatry, wrote some very interesting papers on normal and pathological links, and on the constructive aspect of good links in the transference situation and in normal development.

Conclusion

Between narcissism and socialism (to follow Bion's formula), how are we to help the psychotic patient through this dilemma so that he may deal constructively with a disturbing paranoid world? What happens in society at large appears in the transference in the shape of a personal ideology that has to confront other ideologies. Psychoanalysis is also part of an ideology, as is psychiatry, as is politics, religion, etc. The person who is inspired to work with regressed and dangerous aspects of our culture must have the right training and the proper personality in order to do this difficult job. Just as the famous Italian poet Cesare Pavese wrote about "the craft of living" (*il mestiere di vivere*), we should speak in terms of the craft of being an analyst and of being a patient; not an easy profession, whether from the analyst's point of view or from the patient's. Through analysis and the development of the personality, some of us may be able to help split personalities and very disturbed patients in a very disturbed world and we do this from child to child, from person to person….

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