A BRIEF APPROACH TO PSYCHOSIS

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SUMMARY

This article approaches an understanding of how the experience of psychosis is related to the lack of conditions for the acceptance of reality in the first fundamental motivation proposed by Existential Analysis. For this task, the theory is associated with the understanding of reflections taken from examples of sessions with a patient who was diagnosed with a psychotic episode, and how the interventions carried out in the case also alluded to the theoretical references of the bases of existence that were they propose: “protection, space and support” (Längle. 2000). These are the basic concepts that guide us towards understanding this case and that, in turn, allow us to delve into the psychotic grounds.

INTRODUCTION

Providing psychotherapeutic accompaniment is opening the door to personal diversity, a psychotherapist is never certain of what his patient will be like, nor of the seriousness of the problems he has, much less how he deals with them. Being a therapist is, therefore, being open to the uncertainty of a relationship and the world in which the other lives. It is precisely in this *being-in-the-world* that our patients manifest their difficulties to us, although some of them, when dealing with psychosis, require other types of demands from us that are important to be able to elucidate and consider for their accompaniment.

Although the purpose of this article is not to provide a definition of psychosis as such - or of the various types of psychosis that we can find in the consulting room- it is pertinent to indicate that psychosis has been defined according to Freud as a disease of defense, "It is the morbid expression of a desperate state of self to preserve itself, to free itself from an inadmissible representation, like a foreign body, it threatens its integrity" (Freud in Nasio 2000; 40), but more contemporary authors also refer to these as “A defense that, on occasions, leads to retirement and imposes a distance. Sometimes the defense is so radical that the distance becomes an abyss… of loneliness and exile” (María Alvares José; 2020: 12). Somehow, in these definitions to come from the psychoanalytic field, the sensation of great anguish is already denoted. Anguish of being in a threatening world, so threatening that the individual experiences the abyss very closely, if not, on some occasions, is consumed by it, which immediately alludes to existential analysts to include psychosis as a necessary approach from the first fundamental motivation. This is required at various moments of the therapy, as we will indicate in this writing, also trying to elucidate how the first fundamental motivation can be clearly affected in these disorders of a psychotic nature.

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CASE STUDY

The first condition for existence proposed by Existential Analysis deals with "ability-to-be", for which Alfried Längle indicates that the Being is required to have "Protection, Space and Support" (Längle: 2000; 06). These three conditions exist so that " ability-to-be" in the world can be perpetuated and its continuity extended. Among my patients, I have some who narrate, in their stories, episodes associated with psychosis, as is the case of Juan, name of fantasy that I assigned to a patient and that I will use for the purpose of being able to protect his identity. Juan was debating himself with all his being in this question: Can I be? and in any case if I can be, can I continue being this way for a while Can I with this way of being, full of confusion and pain?

I remember very well when Juan came to my office, a few days before his father had made the appointment. He indicated that his son "was very ill", that she was 25 years old, was undergoing psychiatric treatment and also required psychotherapy. Upon hearing the desperation of his father, and knowing the name of the psychiatrist -an interdisciplinary teammate- who referred him to me, I decided to treat Juan. I omitted the request that the patient should request the appointment directly. The day I saw Juan for the first time, I already knew that his situation was serious, however, I had no idea how he would really get to my office, so I went down for him and indeed, he arrived accompanied by his father. Juan had a scared look, he moved slowly, he tried to be cordial with me, but his thinking was very slow, he spoke little and very slowly, I could barely make out his cordial gesture when he greeted me. His father accompanied him into my office and later Juan was left alone with me, he immediately went to me and handed me a sheet from the psychiatric hospital with a diagnosis that said, "Psychotic episode." This was shocking to me; therefore, my first question was not to the patient, but to myself, what am I going to do with this? And so, I just started the interview.

Already deep in the sessions, it seemed important to Juan to know: *Why had he given that psychotic episode? what had really happened to him? Could he or could he not pull through after this?* These questions became clearer as the patient was able to resist his suffering and accept that talking in psychotherapy "could" help. There are many important aspects that I will not mention for the moment, to be able to address the issue of the first fundamental motivation. However, I will mention that the patient indicated that his psychotic outbreak had occurred far from home, from his parents' house, I mean, in a place where he basically lived alone and where he had just arrived a few months before. Although he had already established some relationships, none of them was really a friendship or a trusting relationship for him. It should also be mentioned that the type of psychotic episode that Juan had presented was accompanied by a paranoid delusion of persecution.

That's right, Juan had come to live in a new place, far from his hometown, but in the same country of origin, that place had some special natural characteristics that he liked, which is why he chose to move there. Although his work was not exactly in that city, Juan did it remotely, because the working conditions were suitable for working remotely due to the pandemic- Thus, his friends and co-workers were also far from him, as well as than your family. However, as he got to know the people of this new place, there was a person with whom he shared the apartment who seemed to attract him and believed that he was attracted to her. However, Juan indicated that the other person's messages were confusing, and he was not sure if there could be a dating relationship between them. One day Juan decides at the suggestion of a therapist that he was seeing remotely at that time, to approach the other person to ask questions and gain clarity on reality. He decided to heed this suggestion, trying to express clearly

what he felt and perceived, that he believed there was a mutual attraction; However, before that act, Juan received a rejection for an answer and the other person got upset with him. That's when Juan's world became confusing, it began to darken and when he arrived at his house, he felt that there was already something strange in the environment; anguish inhabited him, and he recognized a feeling of constant insecurity. The next day, he must have met other acquaintances, but Juan no longer seemed safe, “they wanted to confuse me, and they were friends with that other person, I couldn't trust them anymore”. After living together for a while, Juan fled from that place:

"I felt like they were going to attack me, to do something, I went to the airport, I took a taxi, I didn't even know if I could trust the taxi driver, what if it had something to do with them, if I told them in where was I and they attacked me? Everything was confusing, dark, I was afraid, I felt like they were following me, although I didn't see them at all, but it seemed like they were there somehow, I couldn't trust anyone, I felt like my life was in danger”.

Under these conditions, Juan arrived at the airport, where he was administered medication to sedate him. Then they put him on the plane to take him with his family almost to the other end of the country, where they put him in a psychiatric hospital for a period.

But what does this psychotic episode reveal to us? Precisely the first motivation of the power-to-be in the world was compromised, since the existential conditions of “protection, space and support” (Längle; 2000:06) presented biographical deficiencies, as it has been possible to verify when knowing more about the patient; however, at that time there was a collapse. The condition referred to protection implies “protection experiences when we are received by another. When we have been accepted by another, it has the value of being a shelter for my existence” (Längle; 2000: 06). In this case, as previously written, Juan's experience was one of rejection, the feeling of having been repudiated by that other person by showing his affective feelings. Juan referred: "*It was not just the fact that he told me that I was taking it badly, until then I had no problem, it was the fact that he got upset with me for what I told him, I don't know why he got angry, that filled me scary*".

As we have indicated, the three conditions were lacking in the patient, we have already mentioned protection, let us continue, then, with space. It could be indicated that Juan had little time in that place, in other words, his environment was somewhat unknown. It was not yet a home for him and he had previously left other spaces looking for his own home, that's what he said "*I left my house a long time ago, I've lived in different places, but I still haven't found my place*", it's like if there weren't completely a rooting and Juan couldn't say about the place where he lived, which was his safe space. "*In addition, there were some people who were apparently involved with the drug trade and that made me insecure about being in that place*". As Längle (2000) indicates, the question we ask ourselves is: *Do I have the feeling that I have a space in which I can be, in which I feel safe, of which I can say that it is my place*?

Finally, it is worth mentioning that the support was also absent, so there was then little reality on which Juan walked. Längle (2000) refers that "*patients who suffer tremendous anxiety when one cannot rely on the course of thought, is what happens in psychosis*". In this case, the patient began to feel more confused after the rejection; However, just as the protection and support had a structural deficit, another deficiency is added, his thinking was not clear. “*I was in doubt with that person, I didn't know if he wanted to or not, if he liked it or not, although this person had a partner and we got along well, but when we lived together in general, he wanted to sell me some things, although he flirted with me, all of that confused me*”. The thought then

was already confused, even from before the experience of receiving rejection and anger. After that experience, his whole world became even more confused. With the deficiencies of protection, space, and support. The connection with reality was closed and the psychic part seemed to turn against him. Juan perceived his life threatened in a series of delusions and paranoid hallucinations. Thus, the person in that outbreak does not find an internal or external space in which to take refuge. He was confused, unprotected, and deeply anguished, he totally lost the experience of reality and faces only the abyss or death. Faced with so much anguish, the coping reactions typical of the first fundamental motivation become present, "*How does the individual react before this total threat that he can fall into the abyss? .... The escape, the fight, the aggression, the paralysis*" (Längle: 2000:4). In the case with Juan, the first coping reaction is observed, "escape" to the airport, to go to a safe place, his parent's house. Given this escape, questions of reflection arise. How could Juan, in a state of so much confusion, know where to flee? What was there about Juan yet that he could make that accurate decision during so much threat? Although these answers already belong to another work, it can be elucidated that even in a state of psychosis for Juan there is some connection with reality, and possibly a trait of faith and confidence in transcendence, because Juan knew how to reach a place that at final was the meeting with his family.

In the sessions with him it has been necessary to work with these conditions for existence: protection, space, and support (Längle:200:6), but how can a person with such vulnerability feel protected by a stranger? It is an answer that Alfried Längle (2000) also tells us, "*Acceptance in the relationship is a shelter*". Thus, the therapist needs to have that attitude of acceptance of the other as a person, as a suffering being, as a being that even requires protection from his own psyche. The patient arrives at the office, and you must receive him without seeking to change him, abandoning the intentions of curing him, and even dealing with his own anxieties so as not to further anguish the other, the therapist requires an openness to receive the person of the patient. I remember here, the words of Frankl himself in Psychoanalysis and Existentialism "*Always remember that behind the disease is the person and that is who we are addressing*". Alluding to his words should be reinforced and say what, it is ahead of that disease that the person is in terms of a worthy being; we are there for the other, whole, complete, not for his psychosis; it is looking at what the patient needs to deal with his own world, in which he lives and trying to understand how he lives it, what he needs to deal with his own, in his way and to the extent of his possibilities.

Wanting to build a protective relationship, I received Juan treating him with the same amiability as other people and the session began in a very similar way. These sessions continue after two years, however, in the first moments my accepting attitude as his therapist was essential. Juan, with his slow thinking and somewhat diffused gaze, his medication gave him a weak expression. He complained that talking in therapy was not going to help. On the other hand, he got up from his seat in the office, walked around it and even walked behind me, trying with his lack of strength to hit the chair and although I continued to perform my interventions, I must indicate that I questioned myself the same as Juan. How is he going to get out of this by talking? A question that, although it caused me anguish, helped me to understand and empathize, to listen and indicate that if he needed to stop and walk, he should do so, I even encouraged him to hit the cushion of the chair when he perceived his desire to do so and made him notice that, although now we were not clear how this could work for him, I would be there for him and that we would look for ways to get out of this situation. I didn't promise him something I couldn't deliver, and I focused on the effort he could and was willing to put into this relationship. In that situation, the treatment might not have worked, therefore, I did not promise

a cure, but rather that I would give all the effort, presence, and search for other possibilities. To put it another way, it is important to set expectations. Often, we would like to eliminate the patient's suffering, and in our desperation to calm them, we make promises that may not be fulfilled. That is why it is important to show the scope of the treatment with caution, since raising false hopes risks losing the trust with the therapist, when what has been promised cannot be met.

Regarding the space in the office, when the relationship began to strengthen, I asked Juan if he felt safe in the office, Juan indicated that he did not really know, because he did not know if someone was hiding and listening our conversations, or that he didn't know if I had connections with people whom he had fled from. Given these assumptions and bearing in mind that space is required to provide patient safety, I was able to ask: Where do those thoughts come from? Why do you think I could have contact with those people? What have you perceived that makes you think so? But these questions did not seem relevant to me, because I thought it was more essential to provide security and show reality. I wanted to avoid inquiring into his doubt, I simply told him that everything he said to me was confidential, for me it would be unethical that someone listen to the conversations, besides I did not know those persons. I was honest and clear, I considered to give him more security with those words, and, by other hand, I brought him closer to the truth of our relationship and of our common space as a safe place.

It is necessary to provide support in therapy, not only as a supportive relationship, but with the purpose that the patient can support himself considering his confused psyche. The cognitive part, the perception of what is, is altered in this type of patients, their question is merely "What is real?" He goes from a state of delirium where nothing is questioned at all and the threat seems so real and omnipresent, to another state where now everything is in doubt.

This is how this patient indicated it: "Is what I think real or not? If I think about it? Or do I not think so? It is a state of doubt. When we state that in psychosis the individual asks the question: "What is real?", it is not in the literal or philosophical sense that the patient is merely reflecting on reality, but rather that this question arises from a state of confusion, it is a blurred being-in-the-world; world and being are clouded, in question. The psychotic lives from doubt.

Alfried Längle refers that the journey of existence begins with the "I am", this being the most basic.

I am, I exist, I am in the world, it is a fact that we cannot doubt. I am here, but when we reflect on this fact, we see that being here becomes a difficult and confusing fact, I think and ask myself where do I come from? Where am I going?... The deeper I go, the fewer words I have, the darker my understanding becomes. (Längle: 2000: 3).

Returning to this theoretical part, we then find ourselves with the hypothesis that psychosis is a questioning of the most basic structures of existence.

Therefore, in this state of confusion and in the face of the questioning of being, the therapist needs to become a supporter and, therefore, requires an opposite attitude to what is commonly done. What does the psychotherapist normally do in therapy? He or she is the trained human being that opens the patient's mind with questions to other possibilities of reality, to other stances. The therapist usually asks questions so that the patient finds his own answers and in them he finds himself. On the contrary, in states of psychotic confusion, existence is questioned in the most basic way, it can no longer support doubts, it requires certainties to be able to hold on to something, therefore, the therapist requires, first, to affirm, so that the patient

strengthens his being in a one thing. In this way, the therapist becomes a carrier of support and in itself of reality, of concretion, launches affirmations so that the patient takes refuge in these beliefs.

When Juan has found himself in these states of confusion, he comes to session living the question of "What is real?" To exemplify this, we will indicate that, in one of the sessions, Juan was in one of these confused states. He could say very little, he indicated "I'm confused", looking at the ground. Sometimes with a slight contact of his gaze towards my body. "I'm scared, I'm confused, I feel insecure." For the moment he remained seated without saying anything, but a certain restlessness returned. I told him: “We are going to do an exercise to be calm, is that okay with you? Just breathe, feel your breath, feel the chair, touch it, perceive the ground, it is firm”. Suddenly the patient indicated "What am I doing? What did I have to think?" I repeated "Just breathing and feeling told him". Juan replied: “Oh yes, just feel”. I continued: "Touch the chair, feel it, there you can lean back and support yourself”. Juan replied: “But what should I feel? Is what I'm feeling real?" He tried to bring it to the exercise: "Just feel, touch the chair, (which he did slowly), what you feel is real, it exists”. So, with these questions from the patient and my statements as a therapist, we dealt in large parts of the session.

Questions constantly arose from the patient, and he provided the affirmations. Sometimes he also reminded her that he was in a state of confusion. In this way he provided space between thought and the person of the patient. We continue the exercise: “That is why you ask so many questions, but here you are safe, nothing will happen, and only have contact with the chair, your clothes, your breath, the floor”, etc.

The time of that session ended, it seemed that we were making little progress, but it had a result, in the end Juan was calmer, although the confusion continued, since it is not possible to transform that state in a few hours. However, it was transformed from distressing confusion to tolerable confusion.

It should be said that everything mentioned here is just a bit of the work that is required to be done as a therapist, however, it is necessary to take it into consideration in the treatment of psychosis. It is necessary to direct several parts of the interventions to gradually strengthen the patient to a relationship that can be perceived with greater confidence, therefore, it is essential to promote the conditions of protection, space and support, which are a little stronger in Juan and it can be verified when he indicates the following: "*Possibly because of my situation I will no longer leave my parents' house, at least not for a long time, but I know that you are here now, and that I can count on you if something gets stuck*”.

CONCLUSION

In psychosis we find the structures that allow us to accept reality, protection, space, and support altered, cracking these structures in the face of the most basic, so an approach to psychosis could be to understand the experience in which existence is questioned. The task of the psychotherapist is to strengthen the basic structures of existence in the patient, providing a relationship of protection and shelter, being firmly for the other, sometimes without knowing where the therapy will go or what should be done, but always providing the firmness of being there for the other, which transforms that “not knowing what to do”, in which “being” is what has to be done. Accompanied by this, it is important to be concerned about the patient's experience in the perception of his or her safety in the office, so that an unknown place becomes a place of refuge, but also considering that sometimes the therapist, faced with states of

constant doubt from the patient, also requires providing support to his psyche, explaining that he is in a state of confusion, and moving from an attitude of questioning to an attitude of affirmation, making possible with words, the contact of the patient's sensations with objects and his body, trying to generate an approach to the concrete of reality.

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