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The development of the psychotherapy of psychoses in Transactional Analysis

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Abstract

The aim of this article is to reconstruct the process of development of the practice of psychotherapy of psychoses in Transactional Analysis. This development is studied using the framework of Kurt Danziger's historical psychology which assumes that every psychological practice should be studied in its social and professional context. Three main moments in the development of psychotherapy of psychoses in TA are analyzed: Eric Berne and psychotherapy of psychoses; Schiffs' Catexis School; and contemporary developments in TA psychotherapy of psychoses. The article discusses social, professional, and theoretical contexts that shaped the evolution of TA practice in the field of psychotherapy of psychoses.

Keywords: history, psychoanalysis, psychoses, psychotherapy, transactional analysis

Introduction

Categories of psychosis and psychotherapy both were and still are, subjects of continuous evolution and it is hard to provide their fixed definitions. Psychosis is a controversial psychiatric category. The notion was introduced by Austrian psychiatrist Ernst von Feuchtersleben in 1845 (Beer, 1996). In the nineteenth century, the word was often used as a synonym for madness (Bürky, 2008). The development of psychiatric taxonomies in the second half of the nineteenth century – by Karl Kahlbaum, Emil Kraepelin, and Eugen Bleuler – introduced psycho-

sis into medical practice (Beer, 1996; Berrios, 2008; Gilman, 2008). There are still major disagreements between professionals regarding taxonomy, etiology, pathomechanisms, and treatment of psychosis (see, e.g. Lavretsky, 2008).

According to Cautin (2010, p. 3), psychotherapy can be broadly defined as “[...] the treatment of emotional or physical ills by psychological means”. Attempts at psychotherapeutic treatment of psychoses were first undertaken by psychoanalysts in the first half of the twentieth century. There are many historical accounts of the development of the psychotherapy of psychoses (see e.g. Alanen, 2009a, 2009b; Eells, 2000; Fenton, 2000; Hoffman, 2009; Karon & VandenBos, 1994; Silver, 2009; Silver & Stedman, 2009; Stone, 1999).

In Transactional Analysis literature there has been a recent interest in a reevaluation of Schiffs’s legacy in psychotherapy of psychoses in TA – the whole volume 52, issue 1 of *Transactional Analysis Journal* was devoted to this subject (Cornell, 2022; Gheorghe, Brunke, Deaconu, Gheorghe, Ionas, 2022; Landache III, 2022a, 2022b; McNeel, 2022; Mountain, 2022). The articles published in this volume raise issues concerning the history of psychotherapy of psychoses in TA, although they are not exclusively devoted to tracing the development of psychotherapy of psychoses in Transactional Analysis. Zefiro Mellacqua’s article *When a Mind Breaks Down: A Brief History of Efforts to Understand Schizophrenia* (2020) focuses on some aspects of the history of concepts and treatment of schizophrenic psychosis, namely the evolution of the psychiatric concept of schizophrenia, the development of biological theories of schizophrenia, and the aspects of trauma studies in understanding schizophrenia. He mentions Berne’s contribution, Schiffian Cathexis School as well as some contemporary developments in TA’s approach to schizophrenia. Nevertheless, Mellacqua’s (2020) article doesn’t systematically trace the development of the psychotherapy of psychoses in Transactional Analysis.

This article aims to reconstruct the development of the psychotherapy of psychoses in Transactional Analysis within a framework of the historical psychology of Kurt Danziger. Historical psychology “[...] explores transformations of specific objects posited in the discourse and targeted by intervening practices” (Danziger, 2003, p. 2). These “specific objects” Danziger (2003) calls “psychological objects” and defines them as things toward which professionals aim their theories, research, and practices. Psychosis is one such psychological object, and psychotherapy is one of the intervening practices by which psychologists, or psychotherapists for that matter, target the object. According to Danziger (1993), the development of a particular psychological object and related practices in a particular professional environment (e.g. TA society) should be studied considering the broader sociocultural and historical context as well as psychological practices of other professional environments related to the same object of interest (e.g. psychoanalysis). Following Danziger’s instructions, I will aim to place

the development of the psychotherapy of psychoses in TA in a broader socio-cultural and professional context.

I shall divide the paper into three parts, representing three main moments in the development of psychotherapy of psychoses in TA: 1) Eric Berne and psychotherapy of psychoses; 2) Schiffs' Catexis School; 3) Contemporary developments in TA psychotherapy of psychoses.

Eric Berne and psychotherapy of psychoses

The father of psychoanalysis, Sigmund Freud, was pessimistic about the possibility of the psychoanalytic treatment of psychotic patients. In his 1914 paper *On Narcissism*, Freud (1957/1914, p. 74) stated that due to the regressive narcissistic withdrawal of libido from the external world, "[...] they become inaccessible to the influence of psychoanalysis and cannot be cured by our efforts". Nevertheless, many physicians decided to apply psychoanalytic ideas in the treatment of psychoses. In Europe, the earliest attempts at psychotherapeutic work with psychotic patients were made in Burghölzli Hospital by Eugen Bleuler and his students: Karl Abraham, Carl Gustav Jung, Abraham Arden Brill, Max Eitingon, Alphonse Maeder and Ludwig Binswanger (Hoffman, 2009). In the United States, it was Edward Kempf, William Alanson White, and, after coming back from Switzerland, Abraham Arden Brill, who were the first to believe in the possibility of psychoanalytic treatment of psychotic patients (Stone, 1999). In the following decades, Harry Stack Sullivan and Frieda Fromm-Reichmann can be considered particularly influential in the field of the psychotherapy of psychoses (Silver & Stedman, 2009; Stone, 1999)

It is known that Eric Berne was trained to be a psychoanalyst but was denied becoming a member of the San Francisco Psychoanalytic Society (Cheney, 1971). He was analyzed for two years (1947-1949) by Erik Homburger Erikson, an author of the theory of psychosocial development (Erikson, 1950), associated with American ego psychology. The 1940s and 1950s saw the dominance of psychoanalysis in American psychiatry, specifically ego psychology (Mitchell & Black, 1996; Schwartz, 2003). Ego psychology was a trend in psychoanalysis based on Sigmund Freud's (1961/1923) text introducing the concept of the ego, *The Ego and the Id* from 1923, and Anna Freud's (1966/1936) *Ego and the Mechanisms of Defense*, and had ambitions to become general psychology based on the assumptions of psychoanalysis, encompassing not only the unconscious but also the conscious properties of the psyche (Mitchell & Black, 1996; Schwartz, 2003; Wallerstein, 2002). It assumed that within the ego there is a so-called conflict-free zone, that is, a healthy, mature part of the personality that is able to integrate different levels of functioning of the individual, regardless of the strivings

of the id or the pressures of the superego. The center of ego psychology was New York and the New York Psychoanalytic Institute, and its most important proponents were emigrants from Europe: Heinz Hartmann, Ernst Kris, Rudolf Loewenstein, Edith Jacobson, Kurt Eissler, Ruth Eissler, René Spitz, Margaret Mahler, Annie Reich (Wallerstein, 2002). Besides Erik Erikson, other ego psychologists who greatly influenced Eric Berne, especially his theory of ego states, were Edoardo Weiss and Paul Federn. Federn was Berne's psychoanalyst in the years 1941-1943 when Berne was in training at the New York Psychoanalytic Institute (Cheney, 1971). Federn was one of the pioneers of the psychotherapy of psychoses (Alanen, 2009b; Stone, 1999). He had started working psychoanalytically with psychotic patients in Vienna already in the first decade of the twentieth century, but accounts of his Viennese efforts were published decades later (Federn, 1952), compiled by his pupil Edoardo Weiss in 1952, two years after Federn's suicide. The works of Federn (1952) and Weiss (1950) were a direct inspiration for the Bernean theory of ego states (Clarkson, 1992; Mellacqua, 2021). As Mellacqua (2021, p. 3) writes:

[...] the Bernean definition of ego state decisively contains the original contribution introduced by Federn [...] and Weiss [...] into the analytical tradition as a phenomenological critique of Freud's vision of the ego as a psychic entity that originates from the id. For Federn, as for Berne, the ego is a phenomenological reality that can be experienced directly by the subject: "The ego is felt and known by the individual as a lasting or recurring continuity of the body and mental life in respect of time, space, and causality, and is felt and apprehended by him as a 'unity'" [...]. This formulation of the ego, originally produced by Federn, corresponds to the concept of ego state expressed by his greatest pupil, Edoardo Weiss (1950): "Every ego state is the actually experienced reality of one's mental and bodily ego with the contents of the livedthrough period" (p. 141).

Despite his analyst' and mentor's interest in the psychotherapy of psychoses, Eric Berne only scarcely related to this subject in his writings. As Zefiro Mellacqua (2014) observes, in the book *A Layman's Guide to Psychiatry and Psychoanalysis*, Berne (1969a/1957) presented the case of Cary, a psychotic patient, whose condition Berne explained using the notion of splitting. Berne (1969a/1957, p. 188-189) wrote:

Cary's mind was split in another way, besides being cut up into separate pieces each acting as though the others didn't exist. The sights which met his eyes and the sounds which came to his ears were split off from his feelings so that the reality did not call forth the normal emotional responses. His feelings seemed to have no connection with what went on around him. His mind was split two ways, so to speak, up and down, and also across.

A Layman's Guide to Psychiatry and Psychoanalysis was written before inventing Transactional Analysis¹, so in this publication, Berne was using notions derived from general psychiatry and psychoanalysis.

¹ Berne first introduced Transactional Analysis in 1958 article titled "Transactional analysis: A new and effective method of group therapy" (Berne, 1958).

In the book *Transactional Analysis in Psychotherapy*, published in 1961, we find a chapter entitled “Therapy of Functional Psychoses” (Berne, 1961). Interestingly, there are no references in this chapter to any of Federn’s works. In the list of references, there are only four positions including B. Lewin (1950), J. Rosen (1953), M. Sechehaye (1951), and F. Fromm-Reichmann (1950). Berne (1961, p. 139) divided “functional psychoses” into “active” and latent”:

The functional psychoses include all those conditions commonly diagnosed as manic-depressive and schizophrenic. For therapeutic purposes [...] they are not classified as different nosological entities but as structural states. In this respect, psychoses exist in two forms: active and latent.

In the following pages, he describes the psychopathology encountered in active and latent psychosis respectively, in terms of the structural model of ego states, and then he gives step-by-step instructions on how to handle these states therapeutically. According to Berne (1961, p. 139):

An acute psychosis exists when the Child has the executive power and is also experienced as “real Self” while the Adult is decommissioned [...]. The situation of the Parent varies and is a strong determinant of the specific form of psychosis [...].

The therapist’s treating acute psychoses aim is “[...] re-establishment of the Adult as the executive and as «real Self»” (Berne, 1961, pp. 139-140). Berne (1961, p. 140-141) formulates four therapeutic rules of the psychotherapy of acute psychoses:

(1) Psychotherapy should be initiated only during periods of minimal confusion. (2) No active psychotherapeutic moves should be made until the patient has had a chance to appraise the therapist, and he should be given an opportunity to do this [...]. (3) Let the Child have his way first [...] (4) the initial overture to the Adult should be made in well-timed, firm, and unmistakably Adult language.

When it comes to latent psychosis², according to Eric Berne (1961, p. 143), it

[...] is said to exist when it can be inferred that the binding capacity of the Child is defective. Depending on the boundary conditions, there will be areas of pathological activity where the Adult is heavily contaminated, or outbursts when the Adult is temporarily decommissioned, or both.

“Decommissioned” in terms of Bernean structural pathology meant “excluded”. Exclusion is a mechanism by which one ego state cathects all the energy leaving the other two unable to act, a mechanism defensive in nature:

Exclusion is manifested by a stereotypical, predictable attitude which is steadfastly maintained as long as possible in the face of any threatening situation. The constant Parent, the constant Adult, and the constant Child all result primarily from defensive exclusion of the two complementary aspects in each case (Berne, 1961, p. 44).

² The category of *latent psychosis* was introduced by New York based, Polish emigrant psychiatrist and psychoanalyst, Gustaw Bychowski (1953).

For Berne (1961, p. 143), psychotherapy of latent psychoses consisted of two main aims: “First, the boundary between the Adult and the Child must be realigned and strengthened [...]. The second aim is the psychoanalytic one of deconfusing the Child”. Unfortunately, Berne didn’t define here what “deconfusing the Child” was – even in the subject index at the back of the book we find “decontamination process” but no “deconfusion process” (Berne, 1961, p. 268).

To sum up, Eric Berne considered psychosis in structural terms, as an exclusion of the Adult Ego State – in acute psychosis – or as heavy contamination of the Adult Ego state by the Child Ego State – in latent psychosis. Therapeutic efforts in treating psychoses, for Berne, concentrated on, first and foremost, recathecting the Adult, decontaminating the Adult, and deconfusing the Child.

Berne was clearly influenced by American ego psychology, which is visible by his emphasis on ego boundaries and the strengthening of the adult part of the personality (neopsyche), although his references to American psychoanalytic literature on the psychotherapy of psychoses – which was already quite rich at that time (see e.g. Bychowski, 1943, 1952, 1954; Federn, 1952; Fromm-Reichmann, 1959; Searles, 1960; Sullivan, 1931, 1947, 1962) – are surprisingly scarce. The reason for this may be Berne’s resentment towards the psychoanalytic community and his desire to cut himself off from psychoanalysis (Cornell, 2010, 2020; Cheney, 1971; Dusay, 1981).

Schiffs’ Cathexis Institute

In the 1960s, against the backdrop of a broader social phenomenon—the hippie counterculture—the antipsychiatry movement developed in the United States. Its representatives, including Ronald Laing, Thomas Szasz, David Cooper, and Erving Goffman, pointed out the flaws of institutional psychiatry, with its stigmatizing diagnostic labels, objectification of the psychically suffering individuals, and the use of coercive measures (Nasrallah, 2011; Nasser, 1995). This resulted in the emergence of so-called Therapeutic Communities, which tried to organize help for people with mental problems outside the framework of institutional psychiatry (Cornell, 2022). It was on the wave of this movement that the Schiffs began to construct their idea of working with psychotic patients. In the Cathexis Reader, Schiff (1975, as cited in: Cornell, 2022, p. 47) explicitly introduces Cathexis Institute’s antipsychiatric stance:

[...] people who get such drugs are not allowed to find their natural self, Natural Child and are subjected to the uncomfortable side effects of such drugs which reinforces their not OKness (p. 76).

It is significant to our philosophy that we use structure instead of medication. As a research organization, we have found that medication sufficiently confuses affectual and behavioral reactions so as to seriously interfere with our goals (p. 99).

In 1966, Jacqui Schiff and her husband Morris, then living in Fredricksburg, Virginia, who were attending the Transactional Analysis Seminar in Washington, DC, took two schizophrenic patients into their home and began their therapy (Cornell, 2022). Three years later, Eric Berne proposed Jacqui Schiff to edit an issue of the Transactional Analysis Bulletin, devoted to her work with schizophrenic patients. In his introduction to the issue, Berne (1969b, p. 46) wrote, uncritically praising Schiff's work: "The contract was to cure schizophrenia, and it worked". A year later, Eric Berne died, and the Schiffs, sometime later, fleeing legal and ethical charges, moved to California, where they founded the Cathexis Institute (Cornell, 2022).

The Schiffs understood psychosis as a state of disturbed thinking, which was caused by discounting and passive behavior. Discounting was understood by Schiff (1975, p. 14, as cited in: Cornell, 2022, p. 47) as:

[...] an internal mechanism which involves people minimizing or ignoring some aspect of themselves, others, or the reality situation. Our position is that there is a consensually definable reality, and that discounting involves a frame of reference which distorts or is inconsistent with that reality [...]. Discounting is not operationally observable. However, we can see such external manifestations of discounting as passive behaviors, redefining transactions, ulterior transactions, and behavior from positions in the Karpman Drama Triangle. It is important to bear in mind that these external manifestations issue from discounting, but are not discounts themselves.

In Schiff's opinion, the pathological Parent ego state was responsible for this condition. According to the Schiffs, the Adult and Parent ego states "are both adaptations [...] structured out of the external environment and subject to cultural influences" (Schiff, 1975, p. 24, as cited in: Cornell, 2022, p. 44). So they came up with the idea of completely decathecting this flawed introject and replacing it with a "good" parental introject, which was supposed to come from therapists (Cornell, 2022). They called this procedure "reparenting". Schiff, and after them, therapists they trained at the Cathexis Institute, literally took on the role of parents of their psychotic patients – they adopted them and took them in to live with them in their home. One method of reparenting was to confront passive behaviors:

Psychotic patients have consistently demonstrated that they will escalate [passive] behaviors related to problems. This is generally in the desperate hope that someone external will define, understand, and confront the problem which the patient, because of a thinking disorder, is unable to resolve (Schiff, 1975, p. 98, as cited in: Cornell, 2022, p. 48).

These interventions aimed to "produce a more appropriate Child adaptation to replace the pathological adaptation", and the methods were designed to achieve this "adaptation": "There are many ways to elicit adaptation when there

is resistance. It is possible to use authority, force, unconditional and conditional stroking, teasing, threats, and many others. And we use them all" (Schiff, 1977, p. 74, as cited in: Cornell, 2022, p. 48).

In the 1980s, other Transactional Analysts still tried to use Schiffian reparenting, although in some cases greatly modifying the procedure (e.g. Del Casale et al., 1982; Moroney, 1989; Wilson et al., 1985). For example, as Cornell (2022, p. 44) reports, in the case of Del Casale et al., "[...] the reparenting process included, whenever possible, the clients' own parents. His article did not demonize or pathologize the parents; in fact, it humanized the struggles of both clients and their parents [...]". On another note, Wilson et al., (1985, p. 211-212, as cited in: Cornell, 2022, p. 44) concerned themselves with deep regression to do the reparenting work in a psychiatric hospital:

[...] the point of reparenting work is the resolution of unresolved developmental issues through rather direct means. This is done primarily but not exclusively when the patients are doing their "little work," that is, when they are contractually regressed to an earlier ego state. When the patients are regressed to a very young age, they frequently receive bottle feedings which facilitates the healthy bonding and trust believed paramount in the treatment of schizophrenia.

Schiff's therapeutic approach violated many ethical obligations of a psychotherapist and a TA practitioner. For a detailed account of those transgressions, see the adequate literature (Cornell, 2022; Gheorghe, Brunke, Deaconu, Gheorghe, Ionas, 2022; Landaiche III, 2022a, 2022b; McNeel, 2022; Mountain, 2022).

Besides Schiffs, in the 1970s there are very few propositions on how to understand psychosis in TA. For Claude Steiner (1974) psychosis, or "madness" as he preferred to name it, is a manifestation of a specific script construction, called "No Mind Script". "Going crazy" is the most extreme expression of the "No Mind Script":

Mindlessness, or incapacity to cope in the world, the feeling that one has no control over one's life—seen in folk terms as having no will power, being lazy, not knowing what one wants, being stupid or crazy—is based on early childhood injunctions which attack the child's capacity to think and to figure out the world. Training against the use of the Adult in the early years of life is the foundation for the No Mind script with the discounting transaction as its cornerstone (Steiner, 1974, p. 92).

Gouldings understood psychosis in terms of contamination between all ego states, resulting in identity confusion, and incapacity to answer the basic question "Who Am I?" (Goulding & Goulding, 1979, p. 24).

Contemporary developments in TA psychotherapy of psychoses

For decades after resolving the Cathexis Institute, psychosis had been unwelcome in Transactional Analysis theory and practice. Goulding's (1979) re-decision therapy was known for practicing "no psychosis contracts" to ward off

psychosis from TA therapists' offices (Cornell, 2022). Cornell cites Harry and Laura Boyd, therapists working in the re-decision framework:

In fact, when patients talk of "going crazy" they are referring to having enough accumulated feelings to warrant either a public display of unacceptable behavior or an opportunity to abdicate from personal responsibility for their behavior.

We believe that the majority of instances of "going crazy" in western cultures are decisional [...] (Boyd & Boyd, 1980, p. 318, as cited in: Cornell, 2022, p. 50).

Tony White, another TA therapist from the re-decision school, employed "no psychosis contracts" still in the 1990s. Such a contract "means keeping the Adult ego state functioning as the primary means of dealing with the reality of day-to-day life" (White, 1999, p. 134) and states "I will not go crazy. Should I begin to lose a sense of strength in my Adult, then I will go to Plan B" (p. 136). Cornell (2022, p. 51) thinks that the "no psychosis" approach "[...] seem to have more to do with the control of psychotic behaviors than with the effort to address the meanings of such periods of breakdown".

The change of attitude toward the psychotherapy of psychoses began in the twenty-first century. Partially, it can be attributed to the re-evaluation and embracing of TA's psychoanalytic roots (Cornell, 2010, 2020). Starting in the 1980s and 1990s, more and more Transactional Analysts, such as Blackstone (1993), Erskine (1991), Moiso (1985), Novelino (1984, 1990, 2003, 2005), Moiso & Novelino (2000), Novellino & Moiso (1990), Müller (2002) and especially Hargaden & Sills (2001, 2002) started incorporating psychoanalytic ideas, allowing TA to become a comprehensive, relational perspective, and overcoming "narcissism of small differences" (Cornell, 2020).

In 2001, Ray Little (2001), in his article *Schizoid Processes: Working with the Defenses of the Withdrawn Child Ego State*, attempted to integrate Transactional Analysis and British object relations theory in understanding the schizoid processes. Four years later, he further developed his views in the article *Integrating Psychoanalytic Understandings in the Deconfusion of Primitive Child Ego States* (Little, 2005). Little (2005) develops an understanding of basic psychotic phenomena. One of them is a lack of an integrated sense of self and identity confusion, which is a consequence of not having good enough parental introject to make sense of different, often contradictory experiences of self and others, leading to a severe splitting of good and bad self- and object-representations (Little, 2005, p. 133). Different, often chaotic and fragmented dyads of self- and object-representations are replayed in the therapeutic relationship through a transference-countertransference matrix and can be understood, in TA terms, as "[...] manifestations of particular ego states, for example, a rageful aggressor Parent ego state and a masochistic Child ego state" (Little, 2005, p. 134). After a brief presentation of psychoanalytic views on primitive defenses, and Kernberg's concept of levels of personality functioning, Little (2005, p. 136) returns to Transactional Analysis:

Kernberg describes one therapeutic goal as the transformation of early part-object relational units into whole-object relational units. From a transactional analysis perspective, we could describe these part-object relational units as primitive ego state relational units. I think it is essential when considering primitive processes to hold in mind how the Child and Parent ego states are linked together as self and other relational units [...]. Therefore, when a client is cathecting a Child ego state, his or her Parent is linked to it with affect and is likely to be involved in what is happening. Primary developmental Child-Parent relational units are an active part of primitive processes.

Then, Little (2005, p. 136-137) concentrates on the process of unconscious level of communication, which Novellino (1984) called “unconscious communication” and psychoanalysts term “projective identification”. Little refers here particularly to Thomas Ogden’s (1979, 1982) understanding of projective identification as at once a primitive defense mechanism, and a form of communication and object-relationship, and his emphasis on its transformative potential, if the therapist is capable of containing primitive, preverbal experiences, understanding them and communicating back to the patient as meaningful thoughts. Other psychoanalytic concepts Little (2005) utilizes are: the paranoid-schizoid position (Klein, 1975a/1946, Ogden, 1989); psychotic mind and non-psychotic mind (Bion, 1967); transference psychosis (Hedges, 1994; Little, 1981; Rosenfeld, 1987); defenses against separateness, such as Rosenfeld’s (1987) “narcissistic omnipotent object relations” or Klein’s (1975b/1948) manic defenses. Little (2005, p. 139) describes his therapeutic approach when working with psychotic patients as “relational” which means “[...] working primarily in the here and now within the therapeutic dyad and the transference-countertransference matrix”, and “[...] entails working with the client’s various defenses and being able to be impacted and affected by the client”. In Transactional Analysis terms “[a]n integrated relational approach to therapy involves addressing in the here and now of the therapeutic relationship of the patterns, games, and transactions that occur between the client and the therapist” (Little, 2005, p. 140). The therapeutic interventions with which, Little (2005) describes, he approaches his patients, are empathic transactions, as understood by Clark (1991) as moments “[...] when the therapist communicates his or her understanding of what the client is experiencing [...]”.

Arguably the most comprehensive model of psychosis in Transactional Analysis literature has been developed by Zefiro Mellacqua (2014, 2021). Mellacqua is a psychiatrist and Certified Transactional Analyst in psychotherapy working in London who was trained in TA in Italy. His point of departure in approaching psychoses was Berne’s reflections on two types of splitting he observed in Cary’s case. Mellacqua (2014), elaborating on that, distinguishes *horizontal* splitting and *vertical* splitting. Vertical splitting is a split of the self and object into two opposite parts. In Mellacqua’s (2014, p. 13) words: “[...] vertical splitting involves a type of dissociation that has a particular alternating pattern” and “[i]t directly

relates to splitting in Klein's [...] sense of bipolarity (good-bad) and Berne's [...] sense of opposite ego states (Fairy Godmother and Witch Mother)". Horizontal splitting is for Mellacqua (2014, p. 14):

[...] similar to the notion of repression in the sense that some experiential information is not made available to Adult ego state awareness (A1 or A2). However, with regard to the structural pathology of schizophrenia, the kind of horizontal splitting described here is a type of pathological dissociation essentially distinct from Freudian repression. It keeps unconscious thoughts out of awareness in order to maintain the cohesion of the ego-self. This form of splitting is a more primitive strategy that the emerging self (C1) may use to cope with early, persisting traumatic object relationships that the person cannot articulate or resolve.

According to Mellacqua (2014, p. 14) "[...] in schizophrenia the peculiar combination of vertical and horizontal splitting within the Child ego state (C2) is responsible for a noncohesive disorder of self-experience that leads to a unique type of ego/self-pathology [...]".

Splitting for Mellacqua is a Child ego state pathology that leads to self-fragmentation. Self-fragmentation is a state of self when there exist multiple, unintegrated parts of the self, dissociated from one another. The structural pathology of psychosis, besides fragmentation of the Child ego state, consists of the presence of an Unintegrated Adult and a Differentially Excluded Parent. Mellacqua (2014, p. 13) observes that Berne, in his writings following *Layman's Guide to Psychiatry and Psychoanalysis*, abandoned the term "splitting" in favor of the notion of exclusion, which "[...] embraced various psychodynamic processes such as splitting, dissociation, denial, isolation, withdrawal, and even repression in order to describe the structural pathology of schizophrenic psychoses". Schizophrenic "primal exclusion" is for Mellacqua an exclusion of the structural Parent ego state following the early, pre-verbal traumatic maltreatment of a child by a caregiver. In Mellacqua's (2014, p. 14-15) words:

[...] the Parent exclusion is meant to represent an extended and extremely debilitating deficit in the psychotic structure resulting from early and pre-egoic misattuned and variously traumatic relationships between the developing child and the father and/or mother and/or any other caregivers who played a parental role in the individual's life (P2 – P1 – P0).

In Mellacqua's view, severe fragmentation of the self as well as the Parent's exclusion, results in a profoundly weakened Adult ego state in its capacity for the integration of dissociated and fragmented experiences.

Based on the notions of vertical and horizontal splitting, and primal exclusions, Mellacqua builds structural ego state models of two basic pictures of psychoses: paranoid and dissociative. In the case of paranoid psychoses:

[...] the primarily excluded Parent (P1), which mainly contains the precipitates of traumatic object relations with one or more parent figures (persecutory, bullying, verbally

and/or physically violent, psychologically abusive and therefore symbiotic), looks through a one-way glass down to the Child (C1) and the Adult (A1). Through this process, hallucinations (usually auditory and/or visual), persecutory delusions, and ideas of self-reference arise in paranoid schizophrenia [...].

In dissociative psychoses, such as catatonic, hebephrenic, or simplex:

[...] the primarily excluded Parent (P1), which contains precipitates of highly dysfunctional or chaotic relationships with one or both parental figures (physically and/or sexually abusive, mentally disturbed, neglectful, disinterested, incompetent), presents the same situation of a one-way glass but turned upside down. The frightened and anguished C1 searches for the Parent in the presence of a relatively less differentiated and underdeveloped A1 that has been traumatized by and dissociated from relatively early and highly dysfunctional object relations.

Mellacqua's therapeutic instructions for working with patients experiencing psychosis are rooted in Hargaden's and Sill's (2002) relational approach and involve a careful examination of transference/countertransference processes which, as he underscores, are often operating on Somatic Child's level (C1), and are frequently overwhelming, incomprehensible and confusing.

Zafiro Mellacqua's *magnum opus* is his book on TA psychotherapy of schizophrenia, titled *Transactional Analysis of Schizophrenia: The Naked Self* (2021)³. It further develops his views on splitting, fragmentation, and exclusion. Mellacqua (2021) elaborates on the Bernean notion of script protocol and its importance for understanding somatic transference and countertransference processes with schizophrenic patients. Mellacqua (2021, p. 20) defines protocol as follows:

As the internalization of the earliest unconscious patterns of the person's relationship with significant others, the protocol is considered to be a crude and preliminary version of the later life script, the latter understood as transference drama, the origin of which, as mentioned earlier, is notably located in the earliest infant period.

Mellacqua distinguished several types of transference and countertransference in work with patients with psychosis. First of all, he distinguishes between paranoid and schizoid⁴ transference. Paranoid transference is based on the mechanism of projective identification: "[i]n paranoid schizophrenia, transference to the therapist is actualized primarily through processes that can be defined as ambivalent projective identification (or idealizing-persecutory transfer-

³ As the note in the book says, "Chapters 3 and 4 contain passages from Zefiro Mellacqua's (2014) article «Beyond symbiosis: The role of primal exclusions in schizophrenic psychosis»" and "Chapter 2 appears as the (2020) article «When a mind breaks down: A brief history of efforts to understand schizophrenia»" (Mellacqua, 2021, p. xxii).

⁴ In the book *The Naked Self*, Mellacqua calls schizoid psychoses the same phenomena that in his 2014 article *Beyond Symbiosis: The Role of Primal Exclusions in Schizophrenic Psychosis*, he called dissociative psychoses, including such nosological categories as catatonia, hebephrenia, and schizophrenia simplex.

ence)” (Mellacqua, 2021, p. 75). Such transference involves alternating projections of good and bad self- and object-representations. In turn, schizoid transference, as having its source in an earlier developmental trauma, is somatic, visceral in nature. Mellacqua (2021, p. 77) writes that at first glance it seems that transference does not exist, which is “[...] actually a phenomenological marker of the historical relational deficit between the individual and his or her parental figures”. Schizoid transference

[...] becomes clinically evident in the patient’s increasing preoccupation with bodily sensations. This fear-laden somatic-affective state within the patient’s Child is thus essentially preverbal and intimately related to an early nonverbal, often traumatic experience of more extensive self-fragmentation and annihilation (Mellacqua, 2021, p. 77).

The communicative, and potentially therapeutic, dimension of this type of transference lies in the fact that through it “[...] the psychotic person seeks to shift his or her bodily discomfort onto another person (i.e., the therapist) or onto another body or object [...]” (Mellacqua, 2021, p. 77). If the therapist is able to experience, live through, and understand this bodily, preverbal anguish, he or she can help the patient symbolize this experience, and make it thinkable and thus bearable.

Regarding the types of countertransference in the therapy of patients with psychosis, Mellacqua (2021) lists the following: projective counteridentification, aggressive-paralyzing countertransference, schizoid countertransference, and anaclitic countertransference. Projective counteridentification is countertransferentially experiencing these parts of the patient’s self or object, which the patient projected into a therapist through a mechanism of projective identification. Mellacqua (2021, p. 85) underlines how difficult such countertransferential experience may be:

The transferential projections—simultaneously positive and negative—to which the psychotic patient subjects us show us those aspects of his or her interior world, a world that also becomes ours and that is not immediately comprehensible. They also exacerbate, while distorting, the inconsistency and perplexity linked to emotional and cognitive experiences that are often irreconcilable among themselves and that, therefore, though pitched at a less intense and explosive level, also color the intersubjective life of those who are supposedly “healthy”.

Such an experience entails a specific kind of danger that may occur in a therapeutic relationship with a psychotic patient:

Projective counteridentification may finally lead, after more or less and often extenuated work with the paranoid person, to a condition of progressive affective estrangement. As a result of this, the therapist may risk distancing himself or himself defensively from the therapeutic relationship, often rationalizing—as happens when using the scalpel of unilateral interpretation—his or her own experiences and those of the patient, thereby inhabiting rather anxiously the role of the “expert” and simultaneously the “controller” of his or her own, the patient’s, and others’ safety” (Mellacqua, 2021, p. 85-86).

Agresive-paralyzing countertransference can manifest itself while working with the psychotic patient during his or her acute breakdown (most frequently in a psychiatric hospital or prison). The therapist becomes identified with a viciously hated part of the self and objectified, which means putting him or her to a level of deanimated object. The therapist is susceptible to experience, countertransferentially, this very aggression and destructiveness which may severely threaten his or her sense of psychological, or even physical, security (Mellacqua, 2021, p. 86).

Schizoid countertransference is characterized by the therapist's experiences of fragmented bodily states of self. Verbal communication is often absent in these moments – in Mellacqua's (2021, p. 87) words:

[...] the meeting room [...] becomes filled with long, almost intolerable silences. The few words pronounced by either the patient or the analyst remain suspended between long pauses, while the analyst still tries to establish a verbal connection with the patient. Often such an attempt at verbal dialogue will, instead, take the therapeutic couple somewhere else, a place where both the patient and the analyst surprisingly find themselves increasingly absorbed in a different dialectic. This is a nonverbal, sensory, and viscerally mediated unconscious communication that is typically structured as an interbodily narrative, the special semiotics of which are grounded in breathing, subtle features of posture, muscular tension, tone as well as volume and rhythm of the voice, gestures, and even the use made of clothing and appearance (including hairstyle or hair color, beard, tattoos, etc.) during the same session and between one session and another.

Finally, anaclitic countertransference refers to being in a position to fill the void existing in the intrapsychic structure following the exclusion of the Parent⁵ (P0 and P1). Mellacqua (2021, p. 90) believes that there is an inherent need, even in individuals severely traumatized by others, to seek any object relations, even in the most rudimentary forms, to move "Other-wards" in a hope of fulfilling frustrated developmental needs or Bernean hungers, such a strive for recognition. Anaclitic countertransference is an experience on the side of the therapist, of the patient's internal relational void and feeling of being compelled to help develop Parental structures. Mellacqua (2021, p. 90) writes about it touchingly:

The therapist's anaclitic countertransference can also unfold in terms of relational dynamics aimed at guaranteeing relief from the pain that the individual in schizophrenic psychosis is suffering. The nuclear pain of the schizophrenic is an anonymous pain, similar to visceral pain, a deep and dull pain. It is a pain of living that, even when acute,

⁵ Mellacqua often uses a Lacanian term "Other" to denote the social world outside of the self. His understanding of Bernean ego states model is related to this notion of Other: Child (C2) = "me through the Other(s)"; Adult (A2) = "me (that is not the other)"; Parent (P2) = "the Other(s) within me" (Mellacqua, 2021, p. 2). In Lacanian psychoanalysis, other (a) is another person as an object, while Other (A) denotes the symbolic structure of language, the Law, the Otherness as something radically alien to the Subject (Evans, 2006, pp. 135-136).

maintains the “object void” to the point of becoming existential anguish. The “void of the Other” left by the exclusion of the historical parent figure(s) leads to the emptying of the person’s own ego. Structurally, from a transactional analysis perspective, this process of Parent exclusion will affect primarily the internal coherence and organization of the Child self. This progressive erosion of the Parent within the Child (P1 and P0) is the premise for the subsequent leak of the patient’s deepest sense of self outside its primitive ego boundaries. In other words, the repeated primal exclusions of the Parent will ultimately be responsible for the “denudation” of the patient’s nuclear self. Such a nude self (C1 and C0), without the containing and sustaining function of the Parent, either alienates itself in its own body [...] or finds refuge and respite in the body-ego of a new Other.

Mellacqua’s (2021) psychotherapeutic work with psychotic patients concentrates on experiencing, and understanding transferential and countertransferential processes, and consequently illuminating this understanding to the patient through the use of such interventions as: illustration (metaphor and allegory), crystallization, and interpretation.

Mellacqua’s influences in creating an integrated TA model of psychosis are broad and varied. Besides TA authors such as Allen, Berne obviously, Blackstone, Erskine, Moiso, Novellino, Hargaden and Sills, Cornell, Schiffs, Little, Stuthridge, O’Reilly-Knapp or Yontef, he also refers to pioneering works on dissociation and trauma by Janet, Jung or Breuer and Freud. He is also heavily influenced by psychoanalytic authors: Sigmund Freud, Melanie Klein, Thomas Ogden, Esther Bick, Wilfred Bion, Christopher Bollas, Wilma Bucci, William Ronald Fairbairn, Riccardo Lombardi, Donald Meltzer, Harold Searles, Frances Tustin, Salomon Resnik, Paul Williams, Donald Winnicott or even Jacques Lacan, to name only a few.

Summary

Psychotherapy of psychoses was outside the scope of the main interests of Transactional Analysis’s father, Eric Berne, even though it was a primary interest of his analyst and mentor – Paul Federn. This neglect can be explained by Berne’s antipathy toward psychoanalytic society and theory after he was declined psychoanalytic certification at the San Francisco Psychoanalytic Institute. While early in his work, Berne conceptualized psychotic psychopathology using the notion of splitting, later he reconceptualized it in terms of the structural pathology of ego states, namely exclusion and contamination.

The next step in the development of psychotherapy of psychoses in Transactional Analysis, was, supported by Berne, Schiffian reparenting procedure, focused on “erasing” faulty parental introjects, and re-introjecting good Parent of the therapist. Fueled by the anti-psychiatry movement and alternative approaches to mental health, Schiffs rejected traditional, medicalized treatments of psychoses but with it, unfortunately, virtually all then-contemporary litera-

ture concerning psychotherapy of psychoses. Schiffs contributed to TA theory by developing notions of discounting and passive behaviors. Besides Schiffian Cathexis School, psychosis, and its psychotherapy were rarely mentioned and scarcely conceptualized in TA – some attempts are to be found in Steiner's and Gouldings' works. In the 1990s, re-decision school members started developing a method of challenging psychoses, called "no-psychosis contract".

Contemporary TA's approaches to understanding and working psychotherapeutically with patients experiencing psychoses are founded on re-evaluation and assimilation of TA's psychoanalytic roots and opening up to new influences. Ray Little and Zefiro Mellacqua, drawing from psychodynamic and relational TA as well as rich psychoanalytic literature on the subject, developed approaches emphasizing the relational nature of psychotic suffering and highlighting transference-countertransference phenomena as therapeutic means of diagnosing and alleviating this suffering.

The development of psychotherapy of psychoses in Transactional Analysis leads from Bernean negation of psychoanalytic heritage, through Schiffs' unethical anti-psychiatric experiments, carried out in isolation from broader context, to embracing psychoanalytic tradition in the search of a careful, attuned inquiry for meaning in psychotic symptoms as well as in therapists own affective and somatic experiences. The Schiffian approach to psychoses can be seen as manic/omnipotent, the re-decision school as disavowing, while contemporary relational approach represented by Little and Mellacqua, is characterized by humility and respect for the psychological reality of psychotic experiences.

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Rozwój psychoterapii psychoz w analizie transakcyjnej

Streszczenie

Celem artykułu jest rekonstrukcja procesu rozwoju praktyki psychoterapii psychoz w analizie transakcyjnej. Badanie przeprowadzono, opierając się na założeniach psychologii historycznej Kurta Danizgera, która zakłada, że każda praktyka psychologiczna powinna być analizowana w jej kontekście społecznym i profesjonalnym. Analizowane są trzy główne momenty w rozwoju psychoterapii psychoz w AT: Eric Berne i psychoterapia psychoz; Szkoła Catexis Schiffów oraz współczesne kierunki rozwoju psychoterapii psychoz w AT. Artykuł przedstawia konteksty społeczne, profesjonalne i teoretyczne, które ukształtowały ewolucję praktyki AT w dziedzinie psychoterapii psychoz.

Słowa kluczowe: analiza transakcyjna, historia, psychoanaliza, psychoza, psychoterapia.