

The Ordinary Psychosis Among Adolescents

Jean-Luc Vannier (Nice, French Riviera)

Weighed down by a nosography that competes with concepts, psychosis has become a nebulous entity that no longer responds to the subject's desiring characteristics. This is particularly true of the growing demand for care from an increasingly young population whose symptoms, while revealing a psychotic structure, ward off the onset of traditional psychosis by resorting to multiple substitutions that act as a respite. The treatment of an ordinary psychotic, if it varies little from that of a usual psychotic, nevertheless aims to regulate his or her mode of enjoyment, often due to an invasive feeling of the sexual drive.

Keywords: psychosis, psychiatry, psychoanalysis, symptoms, therapy, sexuality.

Introduction: Psychosis in Psychiatry and Psychoanalysis

Just as psychology – and I'm talking about CBT – no longer has much to do with psychoanalysis, psychiatry will probably have to be separated from psychoanalysis in the short to medium term when it comes to psychosis. The word no longer has the same meaning in psychiatry and psychoanalysis: psychosis in psychiatry, in the sense of a pathology, no longer corresponds entirely to psychosis in the sense of a personality structure.

Psychiatry has increased the terms, whose multiplicity and overlap betray their imprecision: simple schizophrenia, latent schizophrenia, larval schizophrenia, pseudo-neurotic schizophrenia, frustrated schizophrenia, schizoid schizophrenia, schizo-neurosis, incipient psychosis, marginal schizophrenia, mild schizophrenia ... It reminds me of an American Researcher who could find around 300 different genders categories ...

Let's not forget that Freud, right up to his last text (Freud 1937) reminds us that the difference between the normal and the pathological is one of degree, not that of nature. Psychoanalytic nosology has no reference to the normal, which it dissolves into different structures, and it does not establish any scale of severity between them.

Moreover, this in an environment characterized by a "spectacular" increase in requests for psychoanalysis by subjects with a psychotic structure. Specially among teenagers confirmed by the experience with my students. Let us explain the reasons: the introduction of the diagnosis of ordinary psychosis, the sharpening of its identification and a better knowledge of the conduct of the treatment. A trend reinforced *a contrario* by the

negative effects of a “deterioration of the conditions in which patients are received in psychiatric institutions”.

In the analytical sense, psychosis, and especially the ordinary psychosis I’m talking about, is becoming a subjective mode of functioning: being an “ordinary” psychotic today is no longer an obstacle to exercising responsibilities, including in medicine or the advanced sciences. As an example, – and “*Das Beispiel ist die Sache selbst*” according to Hegel –, for several years now, I’ve been researching the psychic mechanisms of jihadist terrorism in relation to psychosis (Vannier 2020, 2023), and I totally disagree with the assertions, often from across the Atlantic, that a mentally disturbed man cannot prepare and carry out a criminal act of this nature. Acting with intent, and the meticulous preparation of a terrorist act that goes with it, do not rule out mental illness.

The most disturbing for the humankind is the following: one finds in a single individual the coexistence, or in medical terms, the coalescence (that is, two different drives that meet and continue to work together), of a fanaticism bordering on madness, as well as a calculating sagacity that leaves nothing to chance in the preparation of its action. Delirium is compatible with the exercise of the highest faculties of consciousness. There are even delusions with an adapted social life. “Psychotic dissociated delusions must be strictly distinguished from neurotic delusions” (Maleval, 1981).

Review the Concepts that make Nosography difficult

As for psychoanalysts, often following in the footsteps of their American colleagues, they have tried out notions such as borderline, “White” or “Cold psychoses”.

Let us briefly remind these distinctions between “Ordinary Psychosis” and:

Pre-psychosis: because clinical psychosis is not a seed in the structure. It is merely a possibility that will eventually be actualized through bad encounters.

“White” psychosis (Donnet & Green, 1973): clinical configuration in which psychosis is potentially manifest. Concept torn between two incompatible theses: Melanie Klein’s psychotic core and Lacan’s (Forclusion du Nom-du-Père: forclusion of the father’s name) where “not just anyone can become crazy”. It means there is a need for a specific structure.

“Cold” psychosis: a metapsychological approach to the field of non-delusional psychoses, without any structural reference. Rather, it refers to a perverse organization in the form of a psychosis, evidenced by the constant search for pleasure.

NB: both contest the existence of a permanent psychotic structure – including the existence of a pre-existing structure compatible with an absence of symptomatology.

The DSM 5 even proposed the concept in its 2013 edition of “attenuated psychosis”, characterized by at least one of the three traditional symptoms, delusion, hallucination or speech disorganization. All in an attenuated form and without any significant impairment of the ability to discern reality. The subject’s ability to complain or request clinical care would differentiate it from frank psychosis. The purpose of introducing this new syndrome was to identify individuals at high risk of developing schizophrenia.

All studies show that expectations have been disappointed: a large proportion of those targeted do not develop schizophrenia in the years that follow. Because of this poor rate of conversion to overt psychosis, “attenuated psychosis” has been placed in a DSM 5 appendix entitled “pathologies requiring further study”.

Today’s psychiatry is dominated by the “vulnerability-stress” model which blinds it to the stabilizing potential inherent in the psychotic structure. His so-called vulnerability prompts him to take a deficit approach: the body must be treated with medication and the psyche remodeled through therapeutic education or cognitive-behavioral therapy.

The DSM 5 is based on a medical model that tends to presuppose that mental illnesses are the result of anomalies or dysfunctions whose causes are to be found on the biological level. According to many of my French colleagues, there is “dead end of the descriptive strategy” adopted by successive DSMs and reduced to “entities independent of human history and cultural variations.

As a reminder: Obsessions, phobias and even hysterical conversions are not incompatible with a psychotic structure: Lacan (Lacan, 1956) was observing that “nothing resembles neurotic symptomatology quite like pre-psychotic symptomatology”.

Let’s also avoid the **borderline catch-all** nosographic concept linked to the introduction of the concept of unanalyzability forged in the 60s by Ego Psychology.

If clinicians generally agree on the 4 symptomatic characteristics (aggressiveness and propensity to anger, disturbances in emotional relationships, identity disorders, depressive feelings), discord arises over their interpretation.

For Kernberg, the borderline is a stable organization, but for Bergeret, it's an unstructured state.

To sum up: some consider borderline to be a latent psychosis, others an undifferentiated state, and still others an atypical neurosis.

André Green (Green 1990), who does not reject the notion, wrote: "the limits are not all situated in the same places by the authors".

Daniel Widlöcher (Widlöcher 1981) confirmed: "as the concept has grown in popularity, its meaning has become imprecise, confused and even contradictory".

The psychotic adolescent as subject

The psychotic subjects – and adolescents are not the least numerous – who turn to psychoanalysts today most often present a discreet phenomenology: manifestations of grand delirium have become rare.

The pathognomonic symptom or sign often relates to an overflow of sexual pleasure, reminiscent of the infantile sexual drive, which, unlike genital orgasm, cannot be appeased. Perhaps this is the starting point for considering that perversion is probably not a structure in itself but, if we follow Pr. Jean Laplanche (Laplanche 1999) in his theory of generalized seduction, that perversion – the remnant of this perverse polymorphism as Freud calls it twice in his three essays of 1905 (Freud 1905) – becomes a trans-structural behavior, meaning that we find it, here and there, in the symptomatic expression of our patients.

What do teenagers have to deal with, as they tell us in our sessions?

- No longer an absence of ideals – the search for which among teens characterizes the pubertal stage
- The relativism of these ideals.
- The relativism of their values, where everything is equal.
- We are witnessing a shift from a libidinal economy based on the organization of repression – a "drive repression" indispensable to the production and completion of cultural goals – to one focused on the exhibition of pleasure.

- Cultural, social and technical evolutions (the omnipotence of the Smart phone click = almighty power of the child) are producing unaccustomed modes of enjoyment.
- And where sexual pleasure is no longer even the standard – the minute of truth in the encounter – by which other pleasures are measured. Could this be an effect of the drive unbinding (Entbindung) and a return to the pre-eminence of the sexual death drive, that “self- or hetero-aggressive tendency which aims to destroy all life, to disorganize everything, whether at the social level or at the level of the existence of the individual organism”?
- Remarkable, too, is the younger generation’s denial of the fundamental asymmetry of the human being in his or her relations with others, under the guise – again paradoxical – of an extreme valorization of difference coupled with an absolute demand for egalitarianism.

I’d also like to mention – again – my research on radicalization, which clearly shows that young people are attracted to highly structured, closed communities (sexual, food, clothing and religious communitarianism) such as the army, churches and sects. Radicalization thus offers a supplementary support structure to contain impulsive chaos.

The symptoms of ordinary psychosis

Allow me to describe more precisely the “elementary phenomena” of this ordinary psychosis, precisizing that Ordinary psychosis with medication is now more common than extraordinary psychosis.

- Language: rupture of the signifying chain through intuitions, weak hallucinations, obsessive postulates
- Body: abandonment, strangeness, alienation
- Invasive sexual pleasure (Chemsex)
- When “pleasure” exceeds the limits of enjoyment, the subject is confronted with experiences dominated by suffering: the death drive
- One of the differences between “traditional” elementary phenomena and the “discrete signs” of ordinary psychosis: The characteristic of the elementary phenomena is that it is not connected to the subject’s history, although it may be loaded with personal meanings but between the two lies what psychotics often call a void, an absence, a hole.

- The subject is astonished or complains about the former, while the latter are accepted.
- But when collective ideals impose themselves with force and become an ideology, psychotics cling to them, and ordinary psychosis becomes an invisible clinic (other factor of invisibility: the general medication).
- “Ordinary psychotics” are more receptive than others to these social attractors, because their identification is often not highly charged.
- The spread of new syndromes via the Internet and the rise of the trans-gender movement have led to the development of new “substitutes”: Wokism and inclusive writing are, among others, two fascinating examples.
- Elementary phenomena reflect a failure in the knotting of the subjective structure, while the discreet signs of ordinary psychosis indicate a more or less successful attempt to restore it.
- Schreber asserts that limits have ceased to impose themselves on him: the *jouissance* invades the subject and can generate behaviors that cross the limits of image and symbol: sacrificial masochism, necrophilic butchery, seemingly unmotivated murder, impossible detachment from the object, as well as the death drive’s aspiration to inertia, to nirvana.
- The comprehensive approaches of journalists, judges and psychologists, who focus on the symptom, are held in check.

The conduct of treatment in ordinary psychosis

- Distinguishing between ordinary and extraordinary has no direct bearing on the conduct of the treatment, but the essential difference lies between interpreting sexual pleasure and regulating it.
- In the course of the psychotic adolescent’s treatment, the patient initially asks for signifiers that will enable him to better order his disrupted world, but very quickly, the talking cure – and talking is no doubt not an empty word in the treatment of a psychotic, unlike silence in response to the neurotic – will turn towards asking the analyst to help the patient regulate his mode of *jouissance*.
- Sometimes it seems difficult to distinguish between self-mutilation and a desire to change gender identity.
- There’s no point in treating the psychotic teenager by trying to decipher his or her symptom – even if it has all the appearance of an Oedipal symptom with its attendant sexual strangeness.

- There's also no point in trying to elucidate his past; on the contrary, we need to help him find – or rediscover – a stabilized relationship with the realities of everyday life, because this is where the psychotic's problem lies. Everyday life.
- With an ordinary psychotic, the analyst intervenes frequently, often more than with a neurotic, but in a conversational rather than interpretative mode.
- “Substitute” [suppléance], as the “compensation of the deficiency of the fundamental fantasy”, are following Helene Deutsch (Vannier 2023) who is admittedly, even still hesitant at her time, of the “functioning as if” described by her in the avoidance of the triggering of the psychosis.
- However, there is a question: is this “Substitution” an ad hoc function, a more general defense mechanism, or even a pathognomonic sign of a new entity – the pre-psychosis – capable, as some authors affirm, of “definitively preventing the occurrence of a trigger”?

In conclusion, a comment for discussion

I hear a lot about the Covid 19 pandemic as responsible for psychotic-like symptoms in adolescents.

Responsibility for this lies with the hyper-consumerist, addictive environment that has created the illusion, the fallacy, that everything is available everywhere, right now. In fact, there are similarities between infantile sexual drive and the hyper-consumerist drive: chaotic fragmentation of the drive, interchangeability of erogenous zones, auto-eroticism and the constant search for excitement, which we have called “hyper-consumerist priapism”.

Of course, the Covid-19 pandemic stands in stark contrast to the adolescent's demand for immediacy. If the boundary between outside and inside is not firmly and clearly established, if no differentiation is made – and let me remind you, at the risk of being redundant, that this boundary is the crucial issue of all adolescence – the impossibility of obtaining satisfaction is perceived as a direct attack on one's psyche – an internal drive attack – and not as a simple limitation of the environment in reality.

Bibliography

- Donnet J.-L., Green A. (1973): *L'Enfant de ça. Psychanalyse d'un entretien: la psychose blanche*, Ed. Minit
- Freud S. (1905): Trois essais sur la théorie sexuelle. Oeuvres complètes, VI, 1901–1905, PUF, 2009
- Freud S. (1937): Abrégé de psychanalyse. Oeuvres complètes, XX, 1937–1939, PUF, 2014, p. 293
- Green A. (1976): Le concept de limite. In: *La folie privée, Psychanalyse des cas-limites*, NRF, Gallimard, 1990, p. 107
- Lacan J. (1956): Le Séminaire, livre III, Les Psychoses. Coll. Champ Freudien, Seuil, 1981, p. 216
- Laplanche J. (1999): Entre séduction et inspiration: l'homme, Coll. Quadrige, PUF
- Maleval J.-C. (1981): *Folies hystériques et psychoses dissociatives*, Payot
- Vannier J.-L. (2020): Psychoanalytische Überlegungen zum Dschihadistischen Terrorismus. Von der Selbstbestrafung zur Selbsterstörung. *Dynamische Psychiatrie*, 53, 2–3, pp. 153–169
- Vannier J.-L. (2023): Jihadist Terrorism: Critical Analysis of Gill & Corner's Study and Clinical Counterexamples. In: *Trend Uncertainties of Transnational Terrorism*, EICTP Vienna Research Papers on Transnational Terrorism and Counter-Terrorism, Vol. V, Nov. 2023, pp. 101–115
- Vannier J.-L. (2023): Die Psychoanalytischen Gespräche von Jean-Claude Maleval sagen viel über Psychosen aus. *Dynamische Psychiatrie*, 56, 5–6, pp. 314–318
- Widlöcher D. (1981): Les concepts d'état-limite. In: *Actualités de la schizophrénie* (Sous la direction de P. Pichot), PUF, pp. 55–70

Author:

Jean-Luc Vannier, Psychoanalyst, Full-time lecturer at Université Nice Côte d'Azur, Professor at Edhec & Ipag post-graduate Business School (Nice & Paris) • 2, Avenue Maréchal Joffre • 06 230 Villefranche-sur-mer (France) • Tel.: 00 33 6 16 52 55 20
• vannier06@gmail.com