

Comment on Vamik Volkan's Paper

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Volkan's paper focuses on the problem of how we can help the schizophrenic patient, by means of psychotherapy, to integrate the extreme helplessness that is related to an infantile psychotic core. In the area of this early psychic catastrophe, the ego has withdrawn from reality that is experienced as being too painful. In preferring the unreal, the patient has resorted to a desolate and hopeless mode of existence.

The main problem confronting us is how to deal technically with this problem within the psychotherapeutic setting. One guideline to be followed is that psychotic phenomena not only represent the ego's defensive struggle against psychic death or annihilation, but also manifest a hidden attempt at psychic integration. Volkan's case material exemplifies this in a convincing way. We can follow how this patient's early maternal object is enlivened and invigorated, step by step, in the transference. Different psychic functions are evolving in the therapeutic relationship, in analogy with the early psychic development.

In the initial phase of psychotherapy, the more advanced ego capacities are almost entirely dependent on the analyst's presence. It is only the therapeutic setting that brings them within reach of the patient's ego and perception. As treatment proceeds, these capacities and skills are internalised by the patient's ego as functions of its own, but to attain this goal, the analytic stance has to be maintained.

After first analysing the modes of early interaction, Volkan comes to the formation of psychic structure, and it is right that so much weight is given to identification in this context. This concept is not at all out of date in psychoanalysis; on the contrary, identification is the most important mechanism of defence in the circumstances of psychic trauma (Blum, 1987). It also forms the basis for restoring the lost inner object in psychotherapy with severely traumatised patients.

The psychotherapeutic relationship has to be based on the modes of interaction that are at the patient's disposal, however primitive these may be. Only transference can lead us to the unresolved conflicts or unmetabolised traumatic experiences in the patient's past. The primitive communication of the schizophrenic patient leads his therapist to an area of deadly psychic

danger, where, if successful, he may become the patient's closest associate. This fellowship is not based on personal ties of friendship or love, but on a special kind of identification process that Volkan describes. The therapist does not offer himself, personally, as an identification object, but instead, by virtue of his office, he represents advanced psychic functions, bringing them within reach of the patient's ego. If successful, the therapeutic setting will help the patient to reinstate these same functions in his own mind, or, perhaps, discover them for the first time.

In treating schizophrenic patients, one question that often arises is: can this kind of piecemeal strengthening and enrichment of the ego finally make the reconstruction of the infantile psychotic remnant possible? In other words, can the psychotic disaster and the panic related to it be finally analysed and reconstructed in the transference, without major compromises and reservations?

I would like to focus on an additional point of view that is closely related to identification – the capacity for psychic representation, which has been lost in the schizophrenic disorder. After losing the dimension of metaphor, the patient is captured by concrete experience, and is therefore unable to deal with his helplessness at the psychic level. As I understand Freud's concept of primary identification, it denotes the discovery of the early frame for psychic representation and metaphorical thinking. The discovery of the primary object creates, through identification, a frame for psychic experience. On the other hand, the failure of this frame, or the loss of it, denotes extreme psychic trauma, also resulting at times in schizophrenia (Salonen, 1989). The psychotherapeutic situation not only gives opportunities of strengthening the ego through selective identifications, but also furnishes an opportunity for the restitution of primary identification and hence the capacity for psychic representation.

References

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