

Hope for persons afflicted with severe mental illnesses

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Abstract

Persons with severe mental illnesses can be classified as persons with very serious disabilities. Some persons afflicted by schizophrenia totally withdraw from interaction with other persons. They live in a world of their own. They live in a world of delusions. Thus, Judge Schreber's wife had had five to six miscarriages. Judge Schreber deeply wanted to have children, even though he realized that his wife could not. His unfortunate solution was to imagine that he was becoming a woman in order to marry God, in order to create a new mankind, where he would be the Patron Saint (Schreber 1903, 114-5, 124, 282, 293). In his delusion, Judge Schreber over-satisfied his unfulfilled deepest wish of his life: having children.

Schizophrenia is not an infrequent occurrence. DSM-IV-TR report that the "prevalence among adults are often reported to be in the range of 0.5% to 1.5%" (DSM-IV-TR, 308). DSM-V-TM reports "The lifetime prevalence of schizophrenia appears to be approximately 0.3% -0.7% (DSM-V-TM, 102). If we assume, given the above number, that, world-wide, 0.9% of the population is afflicted by schizophrenia and if we know that, in January 2021, the world population is estimated at 7,874,965,825 then we can make the following conclusion: about 70,200,000 people world-wide can be expected to be afflicted by schizophrenia. With a population of 331 million people, the US can be expected to statistically have 2.979 million people suffering from schizophrenia.

The prevalence of schizophrenia, such a terrible disease, make reflections about it important.

I. Contradictory views about Schizophrenia.

In DSM-V-TM we find the following statement about schizophrenia:

"There is a strong contribution for genetic factors in determining risk for schizophrenia, although most individuals who have been diagnosed with schizophrenia have no family history of psychosis" (DSM-V-TM, 103).

The first part of this statement formulates the belief that schizophrenia is strongly determined by genetic factors. The second part of the statement reports a fact, contradicting the stated belief: i.e., most people diagnosed with schizophrenia have no family history of psychosis.

Upon this belief, contradicted by the reported facts, the American psychiatrists in their PORT reports, recommend that schizophrenia be dealt with by lifelong medication (Lehman et al. 1998; 2004; Dixon et al. 2009). Such medication has potentially serious side effect, like dyskinesia (Lehman et al. 1998, 6).

In Finland, Seikkula and his co-workers developed a successful method to treat and heal persons afflicted with schizophrenia. Their method consists of the "Open Dialogue" method (Seikkula et al. 2003; Seikkula et al. 2006). The "Open Dialogue" method starts already with a different approach at the moment the patient has a schizophrenic breakdown. Three mental health professionals go to the house of the patient. They do not hospitalize the patient. Instead, the three professionals talk to the patient and his or her parents. As the first schizophrenic breakdown occurs mostly in the late teens or the early twenties, the patient is often still living with his or her parents. These mental health professionals let the patient and his parents explain what they like to say. Then the three professionals talk to each other and ask the patient and the parents what they picked up from the conversation. At first, they do this every day; then every week; then every month. Seikkula reports that after five years of such therapy "Eighty-two percent did not have any residual psychotic symptoms. 86% had returned to their studies or full-time job, and 14 % were on disability allowance" (Seikkula et al. 2006; see also 2006 and 2007).

Harding reports that, in Vermont, a program was developed for persons afflicted with schizophrenia. The program was a flexible psychosocial rehabilitation program which included letting patients do farm work. "62% to 68% were found to be significantly improved [...] or to have completely recovered" (Harding 2002; also 2017). Helping mental health patients, even severe mental health patients, to find work, they can and want to do, is a very constructive approach. We know from Hegel that work allows a human being to transform objects according to a mindful plan and to do so with the help of his/her body. The results of work become an objective testimony of the person's power of his/her mind (Hegel 1977, 118-19). Helping persons afflicted by schizophrenia to do work is, therapeutically, a healing intervention.

The research of Pekka Tienari and his group also demonstrates

that environmental factors dominate, whatever biological or hereditary factors might play a role in causing schizophrenia. Tienari checked, for twenty years, all the women who had been hospitalized for schizophrenia or paranoid psychosis. He checked which of those women had had children, given up for adoption to Finnish non-family members. He then looked at the adopting families. Tienari divided the adopting families in four groups: 1. Families that were judged to be either healthy; 2. Families that were judged to be neurotic; 3. Families that judged to have personality disorders; 4. Families that were judged to have a functional psychosis.

Tienari found that not one child of a psychotic mother, who had been adopted by a healthy family, developed a "functional psychosis" (Tienari 1992, 163). Tienari's research comes to the hopeful conclusion that the environmental factors dominate the genetic ones and thus the biological predisposition. People afflicted by schizophrenia or psychosis are, therefore, not condemned to life-long suffering. They can be helped. They can even be healed.

II. Lacan's Theory of Severe Mental Illness.

We have to wait for Lacan to provide a theory which gives a psychological and not a biological explanation of schizophrenia and psychosis. In his doctoral thesis (Lacan 1932), Lacan connected all the symptoms of a paranoid patient, Aimée, to her personal life experiences.

Lacan made his first international contribution with his theory of the mirror stage, presented at the fourteenth International Psycho-Analytical Congress in Marienbad July 31, 1936. But it took until 1949 before Lacan published his ideas on the mirror stage (Lacan 1949).

In his theory of the mirror stage, Lacan points to the fact that the child originally experiences itself as consisting of body parts: a mouth to be fed, a hungry stomach, a bottom to be cleaned. Only at about six months does the child create an image of itself as being a unified body. Indeed, around the age of six months children show great delight when seeing themselves in the mirror. They not only smile, but joyfully move their arms and stand and jump on their feet (Lacan 2006, 75), so much so that parents need to hold on to the infant, if they put the baby on a dresser with a mirror.

Later Lacan drew attention to the fact that the baby, when looking at its image in the mirror, pays close attention to the eyes of the mother who holds him/her (Lacan 2006, 55-6). In seeing the pride of the mother looking at the child recognizing itself in the mirror, Lacan points out that the child borrows from the love of the mother the love used to love its own bodily self. In the absence of motherly love, we can thus predict that the child's body will not develop normally.

We find confirmation of that theoretical conclusion in the research of Spitz. He reports about 26 children in a Foundling Home, ranging in age from 18 months to 2 ½ years. As they were given up for adoption, they had been lacking a mother. Of those

26 children only 3 could walk, even though they were between the ages of 18 months and 2 ½ years (Spitz 1945, 59). Spitz even reported that, in one of the great foundling homes in Germany, the mortality during the first year of life was 71.5%. So, the lack of maternal care led not only to retardation in the development of the body, it led to excessive mortality (Spitz 1945, 53; Spitz 1965, 267-84).

People suffering from schizophrenia report a loss of feeling of bodily unity, as was the case with Judge Schreber. Indeed, Judge Schreber, during his psychotic period, felt that he once had another heart, that his lungs were almost completely eaten up and that his stomach was often taken away (Schreber 1988, 151-2; Ver Eecke 2019, 6-7). Lacan's theory of the mirror stage provides the theoretical basis to explain the feeling of bodily disintegration by schizophrenic patients. Lacan sees such feeling of bodily disintegration as a regression to a period before the mirror-stage period and its achievements.

In 1938, Lacan published an article for the "Encyclopédie Française" entitled "The Family Complexes in the formation of the individual. Analytic paper of a function in Psychology" (Lacan 1938). In that paper, Lacan argued that the child goes through three different stages in its early development. He gave two of those stages a different name than Erikson and even Freud. Lacan called the first stage the weaning complex, not the oral stage (Freud) nor the stage of basic trust vs basic mistrust (Erikson). Lacan called the second stage the intrusion complex, not the anal stage (Freud) or the stage of autonomy vs shame and doubt (Erikson). Lacan gives his third complex the same name as Freud, i.e., the Oedipus complex. It differs from the name given by Erikson to his third development stage; initiative vs guilt. Lacan stressed that failures in dealing with the challenges of these three complexes makes the child, later in his/her life, vulnerable to mental illness.

In 1955-56 Lacan gave his weekly seminar on the topic of psychoses. Lacan published the crucial insights of that seminar in the pathbreaking article: "On a question preliminary to any possible treatment of psychosis" (Lacan 1959; 2006, 445-488).

In that seminar and that article, Lacan discusses the case of the schizophrenic Judge Daniel Paul Schreber in detail. Lacan could rely on Schreber's own autobiography. Daniel Paul Schreber was the Chief Judge at the second highest court in Germany under Bismarck. He had originally opted for a political career, but had been defeated in his bid for election, which resulted in Schreber developing hypochondria. This required a six-months stay in a Leipzig clinic (Schreber 1988, XI). He then developed a very successful legal career, leading to his appointment as President of the Senate at the Dresden Superior State Court.

But D.P. Schreber had an unfulfilled wish. He wanted children. However, his wife had had five or six miscarriages (Schreber 1988, 63). So, the hope of Judge Schreber to have children was crushed. To deal with this crushed desire Schreber was not able to mobilize the power of mourning. Instead Schreber created a delusion. He imagined that he was becoming a woman, in order to marry God

and to create a new mankind, where he would be the patron saint (Schreber 1988, 117, 119, 212 and 214). In his autobiography he gave as proof that he was becoming a woman the fact that “my breast gives the impression of a pretty well-developed female bosom: this phenomenon can be seen by anyone who wants to observe me with his own eyes” (Scheber 1988, 279-80).

In his delusion, Schreber did not receive a child from his wife, he became himself a woman, who produced children. He got the children by marrying god. His progeny would create a new mankind. In that new mankind Schreber would be honored as the patron saint. Hence, the delusion overfulfilled his wish. Furthermore, the delusion satisfied his grandiose narcissism in that he married not just any desirable partner but God. He did not just have a child. He created a new mankind. He was not just respected by his progeny. He was made their patron saint.

Lacan explained the schizophrenic delusions of Daniel Paul Schreber by claiming that something was missing in the psychological development of Schreber. What was missing was “the paternal metaphor” which provides human beings with a new signifier: “the Name-of-the-Father” (Lacan 2006, 479). We are now invited to explain what Lacan means by paternal metaphor. As the relationship of the child to the father is preceded by the relationship to the mother, we will start with presenting the relationship of the child to the mother.

Children develop a psychic structure in their relationship with the first all important figure in their lives: the mother or the mother figure. At birth the human babies are totally dependent upon a mother figure. However, human babies have a consciousness. And for a conscious being total dependence is unacceptable. Still, it remains a fact that the human baby is totally dependent upon a mother figure.

The question now arises as to how human beings deal with unacceptable realities. One important strategy is the use of imagination, in which human beings create an alternative acceptable reality. This is also what happens with babies. In order to deal with their unacceptable total dependency upon another, the babies create two fantasies. First, they imagine that their mother is omnipotent and perfect. Otherwise, they would not be safe. This imagination remains part of the unconscious beliefs as illustrated by the attitudes and beliefs of teenagers. Thus, teenagers are known to criticize their parents, including their mother. However, if someone else criticizes their mother for the same reason as the teenager does, then the teenager often will defend his/her mother. Hence, the critical teenagers retain an ideal image of their mothers.

The second fantasy created by the child is that the child imagines that it is everything the parent would want. Thus, when my wife read in the newspaper that there were few children in Germany, where we had been for a sabbatical year, one of my children asked in a concerned manner: “why are there so few children in Germany?” My wife provided a common-sense answer and said: “I guess those German parents believe it is too much work.” My son responded: “But do those German parents not know that it

are the children who do all the work?”

If the children have these two fantasies, they flourish. But if those children were to keep this narcissistic image of themselves as adults, they would not be desirable partners. Thus, something must occur that changes the original psychic attitude of young children.

A first important step occurs around the age of 15 months. A big change occurs in the life of a young child when it starts to crawl or can start walking. But this means that the child is out of the physical reach of the mother. Still, when crawling or walking the child can brake things or hurt itself. Hence, the mother has to reach the child by speaking and saying constantly “no”. But this frustrates the child. The child expresses its frustration by using the word that imposed frustrations on the child itself. By regularly uttering the word “no” to the mother, the child aggressively separates him or herself from the mother (Ver Eecke 1984, 64-70; 2006, 82-87). This move makes the child ready to pay more attention to other people, in particular the partner of the mother, which is mostly the father (1984, 78-84).

The child now starts to see that the mother has an interest in that other person. This observation destroys the two original fantasies of the child. First, if the mother has an interest in another person, it must be that she does not have it all, that she lacks something (Leader 2012, 141). Second, if the mother misses something and she looks to her partner this means that “I” the child am not able to give the mother what she is missing. This destroys the second phantasy of the child and leaves the child with the question as who (s)he is or wants to be (Ver Eecke 1984, 83; Vergote 1964, 197).

The Lacanian suggestion is that the child looks at the signals of the mother which indicate to the child what it is in the mother’s partner that is of such interest to the mother. The child then takes this mark or this characteristic in the partner as the basis of its own identity. The child realizes that it is not yet like the father. Hence, the child takes the future as the most important dimension of time. The child also accepts that it will have to work in order to become like the father. Finally, it will have to develop patience (Ver Eecke 1984, 182-3).

If we look at this process we can conclude with Lacan that the child has developed a totally different psychic personality. Still it remains the same child, say: John Percy. We are aware that there are words that have a second meaning which is the same and not the same. Thus, when I say to a person that he is a chicken, I understand the literal meaning of the word chicken which I do not reserve for the person which I call a chicken. The word chicken, applied to a person, has a second meaning derived from the attitude of chickens, who run away as soon as they see danger. This characteristic refers to being a coward. This second meaning is called a metaphor.

In developing a totally different psychic structure by identifying with a mark in the father, while remaining the same child, John Percy, Lacan claims that the child has made a metaphorical move. As that metaphor consists in identifying with a mark of the father

Lacan calls the psychic move of the child a paternal metaphor or more specifically the metaphor of the Name-of-the-Father (Lacan 2006, 464-5; Grosz 1990,103-5; Evans 1996, 137)

The paternal metaphor consists of introducing a third in the life of the child. In a Lesbian couple this third is the female partner. In the case of a single mother the question becomes what can function as a third? It could be the dead father. If there is no recognized father, the mother is invited to look at what the child is good at and ask what the child will do with that talent in his/her life. The mother is invited to make the skill of the child a third, rather than push the child to become what she wishes, like becoming a lawyer because her father was a successful lawyer.

If the mother does not introduce a third in the psychic life of the child then the two original fantasies continue to dominate the life of the child. Such fantasies make the child vulnerable to mental illness. This was the case of the great German poet Friedrich Hölderlin (Ver Eecke 2019, 188-190).

Hölderlin's father died when the later poet was two years old. Laplanche and Pontalis report that Hölderlin's mother was so pained by the loss of her first husband that when her son, Friedrich, asked about his father, she could only answer with silence.

In his teenage years Hölderlin wrote beautiful poetry which was discovered by the famous poet, Johann Friedrich Schiller. Schiller helped publish the poems of Hölderlin and invited him to the weekly meetings with Johann Wolfgang von Goethe (Laplanche and Pontalis 1969, 38-9). Schiller thus played a protective maternal role in the early years of Hölderlin's career as a poet.

Hölderlin then developed the idea of starting a journal. Given that in the past Hölderlin had experienced a maternal helping attitude from Schiller, Hölderlin expected and asked Schiller to finance his dream of starting a new journal. Schiller declined this request for help (Laplanche and Pontalis 1969, 84). Schiller hereby took on a new role, that of the father who puts limits. As Hölderlin was only able to deal with maternal attitudes of people he related to, Hölderlin did not have the psychic structure to deal with a paternal limiting refusal of Schiller. This change from a maternal to a paternal attitude by Schiller led to Hölderlin's psychic breakdown. He was sent to a mental hospital where he stayed for the rest of his life, visited by many German dignitaries.

One of the typical symptoms of persons afflicted by schizophrenia is that they have difficulties with some aspects of language (Ver Eecke 2019, 8-9; Schreber 1988, 70 note 26, 121, 139-143, 151-6, 172-3). The future schizophrenic, in Lacan's understanding, has not made the psychological metaphor of separating from the mother and identifying with a mark in the father and thereby becoming psychologically a different person (Evans 1996, 111-13, 137-8). In not having made this psychological metaphor, Lacan concludes that they are not equipped to understand linguistic metaphors. Rather they limit themselves to interpreting language literally.

A Belgian psychoanalyst reports that a patient said that she had no

hands. Asked by the therapist how she knew, the patient stated that her father had told her so that morning. To the question as what the father had said, she replied: "You are handicapped." The patient was Dutch and the word handicapped in Dutch literally states: "handicut" (Moyaert 1988).

III. Three Successful Methods for Treating Persons Afflicted by Schizophrenia

In my book *Breaking through schizophrenia* I analyze three methods for successfully treating schizophrenics: the method of Prouty, the method of Karon and the method of Villemoes. To analyze their methods I make use of Lacan's distinction between the imaginary and the symbolic.

By the concept of the imaginary Lacan refers to the psychic structure of the child when it still forms a unit with its mother. As a baby the child imagines that the mother is perfect and omnipotent and that it, the child, is everything the mother could want. Winnicott puts it even stronger claiming that the child feels that it possesses the mother's breast. The child feels that it is feeding itself (Winnicott 1975, 238).

By the concept of the symbolic Lacan refers to the family and social structures in which rules exist. These rules can be formulated linguistically, like if you want to have desert you have to finish eating your meal. Lacan stresses the fact that the Oedipus situation, i.e., the introduction of the father in the psychic life of the child leads to the ability of the child to assimilate unusual and profound aspects of language, like the understanding metaphors.

A. Prouty's Pre-therapy Method.

Prouty treats persons who afflicted with schizophrenia an are speechless. He sits in front of them. His goal is to make sure that the patients feels that they have an impact on him. He does so by imitating each of their gestures. When they slide down from their chair, he does the same. When they lift their arm, he too lifts his arm. By this method Prouty communicates with his patients in an imaginary way. He mirrors literary their gestures.

This mirroring communication makes an impact on his patients. Some of them show that by producing a tear in their eyes. At that moment Prouty elevates the communication with his patient into the symbolic, the linguistic level and says: "I see a tear" (Prouty 2003, 62). Prouty uses the idea of elevating the communication with his patients to the linguistic level when he listens to their mumbling and pays close attention to possible words in the mumbling. Prouty then repeat loudly and perfectly the couple of words that he heard in the mumbling of his patient and says, for instance: "... run ... three ... paper ,," (Prouty et al. 2002, 17).

Prouty shows that he is aware of the different dimensions of language. He is aware that using personal pronouns in the communication with psychotic patients might feel too intimate. He approvingly refers to one of his followers, Pietrzak, who replaces the pronoun, you, by the patient's name and says: "John waved his arm" instead of saying: "You waved your arm." (Prouty 2003, 32).

Prouty thus makes use of mirroring in order to then make possible the beginning of linguistic communication. In Lacan's language, Prouty promotes the imaginary communication in order to reach linguistic communication (Ver Eecke 2019, Ch 15, 229-234).

B. Karon's approach.

Karon reports on the way his deals with patients who are prisoners of their imaginary wishes. Thus, Karon reports that he had a patient who had constant nightmares about his stepmother, who treated him very badly. The patient asked Karon if the nightmare would go away if he killed his stepmother. Karon reports that he did not address this murderous proposition morally. Karon writes that his patients know that murdering someone is wrong. However, the moral conviction does not have the power to prevent murder. Instead, Karon mirrors and justifies the murderous feeling and says to the patient: "The old bitch deserves to die, for what she did to you. [...] Any time anyone hurts you, you hate them, you want to kill them. And that's healthy" (Karon and Vanden Bos 1981, 198).

In response to Karon's justification of the patient's hatred and murderous feelings towards his stepmother, the patient reported about the many occasions when his stepmother mistreated him. This shows that the acknowledgment and even the approval of the imaginary dimension of his patient has effect. The patient reported about the abuses he had suffered.

Karon then writes that he made his second intervention. He told his patient: "The only reason not to kill her is that you will be caught. If you are prepared to die for her, then you must feel that she is more important than you, That, I feel is stupid (But notice, I did not say that it would be bad). It would be stupid to kill her, but you certainly should want to kill such a bitch (Karon and VandenBos 1981, 198).

In this intervention Karon himself makes a clear distinction between the patient's wishes and his actions. The wishes are part of the imagination of the patient and thus in Lacan's terms: the imaginary. The actions are part of the symbolic order (Ver Eecke 2019, Ch. 13, 199-216). Karon justifies the imaginary wish to kill while giving a linguistic justification not to act upon a justified wish: you will be caught and condemned possibly to death yourself.

Karon shows that the possibility of acting rationally and not kill the person one wants to kill depends upon the imaginary forces of a human being having been recognized and satisfied. Karon's patient went home. He did not kill his stepmother and his nightmares disappeared (Karon and VandenBos, 1981, 198).

C. Villemoes' Ego-structuring method.

Villemoes reported to me that he studied Lacan's theory and then gave himself the task to invent a protocol to treat patients suffering from schizophrenia. Villemoes summarized Lacan's theory of schizophrenia as the person being stuck in the dual mother-child relationship. That imaginary relationship was not broken or corrected by the introduction of the figure of the father.

Villemoes then argued that a psychologically healthy person requires the luck of finding some third that can be put between the child and its mother. Villemoes realized that for many of the adult schizophrenic patient the father has not much of a role or does not even exist anymore. The genius of Villemoes was to look for a substitute of the father, which could function as a powerful third. Villemoes opted to use the personal history of the schizophrenic person. Villemoes was also aware that the schizophrenic patient has poor relations to language. So, Villemoes added to his task, in treating schizophrenic person, of improving the linguistic skills of the patient (Villemoes 2002; Ver Eecke 2019 Ch. 14, 217-228).

Technically, Villemoes is aware that the schizophrenic patient is not a subject who can speak in his or her own name. Hence, he does not treat his patients as capable of being a discourse partner. Instead, Villemoes puts his patients next to him with a small table in between. Villemoes then describes the objects in the consulting room; then, the objects on the way from the patient's house to the consulting room. Then, Villemoes describes the house or the apartment of the patient and invites the patient's help. As the patient is not a discourse partner, Villemoes or any therapist using the ego-structuring method needs to use indirect methods to invite the patient to give the information desired by the therapist.

The therapist can say something like: "some patients live in an apartment some patients live in a house. The patient might then say: "I live in an apartment". The therapist then continues by saying: "The apartment can be on the first or the second or even the third floor". The patient might reply: "I live on the fourth floor." The therapist then continues his work to help the patient describe the rooms and the objects in his apartment. As this form of talk is about the environment of the patient, the patient starts developing positive feelings towards the therapist. This is technically described as the patient develops a positive transference.

This is the moment where Villemoes starts the working phase of his treatment. This phase starts by the therapist delegating to the patient the task of ending the sessions. The therapist then asks the patient to describe the objects in his first memory. Normally, patients remember the first day that they went to pre-school. The patient can then say something like: some children can walk to school. Other children are brought to school by bus or by car. The therapist then lets the patient describe how they remember going to school. The patient might start bring in people in their description, like: sometimes it was my father, sometimes it was my mother. The patient might even add: I liked better that my mother brought me.

In the process of describing the objects in their memory and the people they encountered, the patients might report or even discover something about their feelings. Thus, one patient described the objects in his grade school and continued by saying that he was a rebellious student. At that point the patient introduced an explanation of the past behavior he had just described. The patient stated that he was looking for attention

and that at home he did not receive attention. His mother and father were always fighting. For this patient the discovery that he was looking for attention through his rebelliousness was a discovery.

This patient was then able to see the different times he got in trouble as other illustrations of him searching for attention. The patient was then able to make the decision to look for attention by aiming at success in his regular student activities in college.

The imaginary need to get attention was transformed into the symbolic decision to look for attention by excelling in his regular student activities.

Conclusion

In this paper I started by quoting the position of the American Psychiatric Association that severe mental illness, like schizophrenia is caused by biological factors which are inherited. I made use of Lacan's theory to demonstrate that severe mental illness is the result of a defective psychological development attributed to the absence of the paternal function, called by Lacan the foreclosure of the Name-of-the-Father.

Lacan argues that the child originally develops a psychic structure in which the imaginary dominates. If this imaginary structure is not corrected then people are, in late teenage years or in early adulthood, vulnerable to a schizophrenic breakdown.

We then explained three methods whereby persons suffering from schizophrenia can be healed. They are the methods developed by Prouty, Karon and Villemoes. In all three methods they accept the imaginary point of view of the patient and then help the patient to accept the symbolic, linguistic dimension of human beings: if I want something.. I need to accept that. The success of these three therapists in healing patients suffering from schizophrenia demonstrates the thesis of this paper. There is hope for persons afflicted by severe mental illness. Severe mental illness, like schizophrenia, is not dominantly a biological inherited condition which will afflict the person life-long. Severe mental illness is the result of a deficient psycho-social and linguistic development, which can be healed by appropriate talk therapy. There is hope for people suffering from severe mental illnesses provided that one sees it as a psycho-social and linguistic challenge. To see them purely as biological or genetic and condemn the patients for a lifelong illness is unethical given that there is an alternative view possible.

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