PSYCHOTIC SYMPTOMATOLOGY AND
THE NATURE OF SUBJECTIVE MEANING.

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ABSTRACT

The aim of this research is to look at psychotic symptomatology and examine the symptoms subjective nature. The research considered the nature of the symptom in two different ways. Firstly, in relation to Freud’s notion that every symptom contains an element of historical truth (Freud, 1937-1939/2001, p. 269), a so called ‘kernel of truth’. Secondly through the perspective of Lacan’s (1938) Family Complexes in the Formation of the Individual Paper; in particular, the Oedipal Complex and the paternal metaphor in the determination of psychic structure. These are examined using specific examples from the analysis of the Schreber Case amongst others. The findings of the research showed that while the symptom contains an element of truth it does not necessarily reflect the meaning. The meaning can be seen to underlie the symptom which has been constructed to help the individual make sense of a reality where at a crucial point in psychical development something has failed, the paternal metaphor.
"It remains for the future to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber’s delusion than other people are as yet prepared to admit.” (Freud, 2011/1924, p. 79).

Introduction.

Psychosis is one of the few human phenomena that can take a person to the edge of what it is possible to experience (Eigen, 2004 Chapter 1, para. 1). In a simple definition psychosis is a loss of contact with reality; the inability to tell the difference between what is real and what is unreal (Nolen-Hoeksema, 2011, p. 354). However, there is much more to it than that. Psychosis can twist things around making the material immaterial (Eigen, 2004, Chapter 1, para. 1). It is characterized by symptoms such as delusions, hallucinations, disorganized thoughts and paranoia without the person having insight into their own pathological nature. The psychotic can experience extreme uplifting feelings one moment only to thrown into the depths of the abyss the next. Psychosis involves dramatic malfunctions of the psyche and can therefore be seen as the inside story (Gillet, 2009, p. 111) that an individual perceives as their reality. Once triggered, psychosis is by and large unstoppable (De Masi, 2003).

Current diagnosis and treatment in this area has focused on the use of medication to eliminate symptoms rather than trying to understand them. The medical model looks to define mental illness in diagnostic terms that are constructed to define an illness. This creates conventions which apply under particular circumstances rather than judgments concerning what an illness is in itself (Dalzell, 2011, p. xvi). Psychoanalysis has its own classical diagnoses that lie outside of diagnostic manuals. These manuals can be given more weight than they should (Frances, 2013, p. 137). Uncovering the underlying unconscious
motivations for psychosis can shed light on individual lived experience, paying attention to cognitive skills and structures of the self, which are part of being an experiencing person (Gillet, 2009, p. 112). This can account for the person’s involvement in the subjective nature of their illness and the cure (Dalzell, 2011, p. xviii).

According to psychoanalytic theory psychic structure is formed in early development and is the dominant organization of an individual’s mind, both their conscious and unconscious mental life. It lays down the foundations of a person’s patterns of behaviour, establishing the way they function throughout their lives. In his psychosexual stages of development Freud (Freud, 1905/2001) contends that a person’s psychic structure is predicated by their subjective resolution of the Oedipus Complex. All aspects of these structures must be viewed as a whole whose influence runs deep into the unconscious. While psychic structure remains constant it also has a level of flexibility that if pushed too hard may fracture.

Due to the restrictions of the current research this work will concentrate on two specific areas of the subjective nature of psychotic symptoms. First it will consider Freud’s notion that there is an element of truth contained in the psychotic symptom. His well-known work on the Case History of Schreber (1911/2001) amongst others will be used. Secondly in terms of Lacan’s paper on the Family Complexes in the Formation of the Individual (1938), specifically the resolution of the Oedipal Complex.
Aims and Objectives

The aim of this paper is to explore the connection between the contents of the psychotic symptom and personal meaning for the individual. This will be considered in terms of the family and if by exploring the content of the psychotic symptom something of personal history can be uncovered and whether it can be traced back to their early childhood experiences.

Expected Outcomes.

It is expected that this research will demonstrate there is more to the psychotic symptoms that incoherent ramblings. It is hoped that through the use of two important works in the psychoanalytic field this research will be able to establish the nature of the meaning and the subjective quality that underlies the psychotic symptom.
Chapter 1. Freud’s Notion of the Kernel of Truth.

Freud (2001/1923-1925) discusses the difference between neurosis and psychosis. In neurosis the ego suppresses part of the id out of allegiance to reality, where as in psychosis the ego allows itself to be carried away by the id becoming detached from and losing contact with reality (Freud, 2001/1923-1925, p. 183). In neurosis, the ego’s attempt to deal with desires through means such as repression or displacement fail. This failure along with the increased demand of the libido leads to psychosomatic symptoms as a result of the underlying conflict. The symptom becomes a substitute for the impulse. In psychosis reality itself initially contains a hole that will subsequently get filled by the world of fantasy. This hole is a point of rupture in the structure that in the external world will find itself patched over by psychotic fantasy (Lacan, 1993, p. 45). The psychotic structure creates substitutes to fill the void. The hole that arises from malfunctions in the psyche can be traced back to psychic development. It is the consequence of a fundamental failure in the individual’s psychic development.

Freud (1911/2001, p. 75) maintained that within psychotic symptoms such as delusions, hallucinations or paranoia there is a "kernel of truth"; some form of meaning for the individual that relates back to their past experiences. Somewhere in the seemingly meaningless contents of the symptom is buried an element of truth. This kernel of historical truth in psychotic delusions is something experienced in infancy that has been forgotten but re-emerges. If
psychotic constructions contain a fragment of historical truth then it is possible to reason that the compulsive belief attached to delusions draws its strength from infantile sources (Freud, 1937-1939/2001, p. 267). A “shadowy sketch of the infantile material” used by paranoiac symptoms in depicting the current conflict (Freud, 1911/2001, p. 57). An experience from early relationships that the child was not able to fully integrate into their psyche.
Chapter 1.1 Freud and The Schreber Case

In his examination of the Schreber case study Freud (1911/2001) favoured subjective causes but also acknowledged a predisposition to psychosis. He examined the delusions Schreber experienced from a psychoanalytic perspective and proposed that they were the result of defence mechanisms against a repressed homosexual tendency and feelings towards his father (Freud, 2001/1911, p. 45). Freud outlined a casual chain involving Schreber’s family background, libidinal fixations, accidental childhood sexual experiences, and later influencing factors (Dalzell, 2011, p. xix)

For Freud (1911/2001) the subjective nature of psychotic symptoms pointed in the Schreber case to the relation between Schreber and his delusional persecutors God and Flechsig. These persecutors were a subjective representation of someone in his life to whom he attributed great power and influence. This person can be identified as someone that either played an important role in the patient’s emotional life before the outset of his illness or who is easily recognizable as a substitute for him (Freud, 2001/1911, p. 41); in Schreber’s case, his father. The intensity of the emotion is projected in the shape of external power while its quality is changed to the opposite. In a reversal of meaning the person who is now feared and hated for being a persecutor was at one time loved and honoured (Freud, 2001/1911, p. 41). The
main purpose of the persecution asserted by the patient’s delusions is to justify the change in his emotional attitude. People he loved and respected in life like Dr Flechsig, his father and brother were transformed into something else. The kernel of truth in this case was the representation of his father in the symptoms and the subjective meaning this held for Schreber. Schreber’s powerful feelings for the people in his life generated the persecutors in his delusions.

The probable object of the outburst of Schreber’s homosexual libido from the outset may have been his doctor Flechsig and his struggles against this impulse produced the conflict which gave rise to the symptoms (Freud 2001/1911, p. 43) However, this would not explain Schreber’s first outbreak where he spent six months in Dr Flechsig’s clinic at the time but can explain the more acute symptoms in his second illness eight years on. Also Freud could not answer the question of why the outburst of homosexual libido overtook Schreber precisely at that time. He himself stated the potential of precipitating factors may have activated latent forces (Freud, 1911/2001, p. 46), and he acknowledged that he was working with limited information.
Chapter 1.2. The Importance of Environmental Influences.

Further to Freud’s work, Niederland (1984) researched into Schreber’s background and early development. He outlined latent forces in Schreber’s greatest dread as taking the place of his father (Niederland, 1984, p. 41). His father, Dr Schreber, a prominent figure of his time was by all accounts successful, well respected and highly regarded; a strict disciplinarian who had strong sadistic components in his personality (Niederland, 1984, p. 58). His widely published rules and thoughts on how best to rear children can be regarded as creating a “master and slave relationship” (Eigen, 2004, Chapter 7, para. 18). His child rearing practices were aimed at both physical and emotional restraint, requiring and maintaining complete submission from his children. He came up with a series of exercises and contraptions, that in order to promote both bodily and emotional health physically restrained and restricted the child’s movement, holding them in constricting rigid positions.

These child rearing practices are evident in Schreber’s delusions. Niederland (1984) gave examples of Schreber being held up as relating to the orthopaedic straps his father used, or the skull boring equipment to the head restraints used for posture. Throughout Schreber’s childhood his father wrote down mistakes on a blackboard in full view of other family members. In Schreber’s delusion this is seen in God’s writing down system. When the masculine role became a reality in
Schreber’s life with his appointment to the Senatspräsident in 1983, rather than accept it, he had to run from it in a psychic sense because he could not live up to the role his father had established. This demonstrates the importance of background material in understanding delusions (Niederland, 1984, p. 69) and can also question the extent of the role of homosexual libido in Schreber’s delusion. It also highlights the importance of the early traumatic relationship between father and son (Niederland, 1984, p. 74).

Freud (2001/1911 p. 52) described attitudes of boys toward their father as generally being seen as moving between “reverent, submission and mutinous subordination”. Schreber never achieved or experienced this type of relationship with his father and it is not the type of relationship described above. Schreber’s unconscious feelings towards his father are reflected in his delusion by the way he acted towards his God. “A God who only knows how to deal with corpses not living men” (Freud, 1911/2001, p. 52). While he both loved and feared his father there was no limiting effect of castration. His father was not in role to castrate because he was already an active participant in the daily care and treatment of his children. Effectively Dr Schreber assumed the maternal role, resulting in a distorted fusion of the parent’s roles that in Schreber’s delusional system that formed a breeding ground for later distortions. (Niederland, 1984, p. 96). Because of Dr Schreber’s participation the paternal and maternal roles were confused therefore he was not able to undertake a castrating role. Schreber’s mother must have been “perceived by Schreber as a willing participant” in his father’s practices (Niederland, 1984, p. 96). How his mother portrayed his father in her discourse is important (Dalzell, 2011, p. 315). Her words and behaviour would have helped further blur the lines between the maternal and paternal roles.
Freud focused his attention on the demonstrable fragment of historical truth. How complex mental processes fuse with instinctual drives; “these drives are basic to their formation of the phenomenon but need to take into account memory traces” put in place by paternal manipulations during infancy (Niederland, 1984, p. 78). Defenses in psychosis protect the individual by changing their experiences of reality (Koehler, Silver, & Karon, 2013, p. 243). The person’s conscious and unconscious meaning of their subjective experience pushes them towards psychosis. Early life experience is a crucial factor. Disturbing meaning may have been disguised by psychotic defense mechanisms that change into painful realities. (Koehler, Silver, & Karon, 2013, p. 244).
Chapter 1.3. Subjective Symptomatology and the Kernel of Truth.

The connection between the symptom contents and personal meaning is demonstrated in the case of Mrs G (Knafo & Selzer, 2015). At the time of her hospitalization, Mrs G had seventeen imaginary children, all orphaned, under eight years old who were victims of a cruel world, who needed her protection. Her symptoms offer a clue to Mrs G’s underlying issues that she perceived she was living in a dangerous world where she had the role of protector (Knafo & Selzer, 2015, p. 164). She was an only child who was frightened of her father, trying to hide from him when her mother was not around. She needed her mother to protect her. Mrs. G, was eight when her mother died. She felt frightened all the time and more unprotected than she had before. The kernel of truth in her symptom can be clearly seen. The death of her mother at eight years held huge subjective meaning for her that was not apparent at the time. The ages of the children in her delusion demonstrate the impact of her mother’s death and the feeling of security her mother gave her, without her she felt vulnerable. The delusional content of making her children feel secure is something she did not have in her childhood but there is also element she was unable to voice; outside of her delusional existence she was lonely. Within her
The kernel of truth can also be seen in the case of Ana whose psychotic symptoms began with hearing voices, which appeared after a brutal rape at fourteen that her mother blamed on Ana’s actions, and from which her father maintained a cold distant attitude (Fernandez, et al., 2014, p. 300). What the voices say, their content is personally meaningful. The person can have a relationship with the voices and this experience has a significant impact on their lives (Koehler, Silver, & Karon, 2013, p. 221). For example, in the case of Ana (Fernandez, et al., 2014, p. 300) the morning after her attack she began hearing voices calling her derogatory names and others with murderous intentions “You have to kill them all...”. When Ana was seventeen her father died of cancer and Ana developed the belief that her thoughts had caused his death because of her auditory hallucinations.

The meaning of the contents of Anna’s hallucinations, for example the voices calling her a “Filthy whore! Slut!” (Fernandez at al., 2014, p. 300) the morning after the attack, generated meaning in the feelings she began to feel about herself after her mother’s reaction to her at the time of the rape. So Anna’s psychosis can be seen in term of her life events; a brutal attack, the following rejection by her family, her father’s death and later abusive sexual relationships. In her last psychotic episode at aged forty-one things started to smell bad; her bedroom “smelled of sex” (Fernandez, et al., 2014, p. 301). Anna stated that it all started with the rape. She had problems with and was “scared stiff of having sex” (Fernandez, et al., 2014, p. 303). Her father also appeared to her even though she acknowledged he was dead. The traumatic events that lead Anna to generate negative ideas about herself and other people, demonstrates how
psychotic symptoms have meaning in a “biographical context” (Fernandez, et al., 2014, p. 306). Unconscious meanings are a product of the person's inner-world that has been shaped by life events, especially early experiences when a sense of self and identity are developing. Ana’s case demonstrates how personal meaning of experiences determines the way people perceive themselves and others, experience anxieties and emotions and develop habitual defenses against these and their capacities to cope with stress (Koehler, Silver, & Karon, 2013, p. 243).

Psychosis is the irruption of the unconscious and a weakening of the ego’s ties with reality. For Freud psychosis represented a more fundamental dominance of the pleasure principle, primary process thinking and the id that neurosis represents. If repression has difficulty maintaining itself in neurosis it is still more defective and fragile in psychosis to the point of it seeming to disappear (Eigen, 2004, Chapter 1, para. 17). This is indeed the case in Lacan’s thinking and his work on the family complexes that will be discussed below.
Chapter 2. Lacan and The Family Complexes

Lacan extended Freud’s work in his Family Complex paper (1938) to include the cultural function of the family and its role in the creation of psychopathological structure (Rodriguez, 1999, p. 107). Here he conceptualized psychic development as evolving from the child’s negotiation of three specific complexes that internalize the individual’s earliest social structures; The Weaning, Intrusion and Oedipal Complexes. Each designates critical moments in the person’s history with decisive structuring effects and from which specific pathogenic influences may stem (Rodriguez, 1999, p. 107) The resolution of each complex lays down foundations in a person’s psychic development, setting the foundation of the individual’s psychic structure for the rest of their life. While each complex fixes its particular relationship in the psyche the most influential in the terms of psychosis are the Intrusion and Oedipal Complexes. The Intrusion Complex can form an integral part of psychotic symptomatology that can be seen in paranoiac psychosis where themes of filiation, usurpation and spoliation are evident in the delusions production (Rodriguez, 1999, p. 108). However due to the constraints of the current question this work will focus on the last complex; the Oedipal Complex and the arrival of the Other.
Lacan argues that complexes play a different role in the two major psychopathological structure of neurosis and psychosis. In the psychosis their function is a formal one, the family complexes motivate the reaction of the subject or the family themes dominate the content of delusions (1938, p. 60). In the neurosis the complexes have a causal function, family events and groups determine symptoms and structures (Rodriguez, 1999, p. 109)

Chapter 2.1. The Oedipal Complex

The negotiation of the Oedipal Complex in particular governs the individual’s psychic determination of neurotic, psychotic or perverse structure. In this complex the child links their frustration to a third object, the parent of same sex whose presence indicates an obstacle to their satisfaction and provides sexual prohibition (Lacan, 1938, p. 36). In this way the Oedipal Complex involves the transformation of the dual mother-child relationship. How the child resolves the resulting frustration lays down the markers for psychic development. The Oedipal Complex involves the child’s passage from the imaginary, narcissistic field of the ego into the symbolic order of language and a move away from narcissism. For Lacan (1938) the Oedipal Complex designates the substitution of two signifiers, the Desire-of-the-Mother for the Law-of-the-Father. It defines psychic relationships within the family. The mother is the object of desire for the child and the father plays the limiting role of their desire. Keeping the child, a certain distance from the mother, so that the child learns how to control their desire. This is what role of castration is about, the exchange in the child’s psyche of the Desire-of-the-Mother signifier for the Law-of-the-Father. This paternal
function is a symbolic function that stops the child being totally engulfed by the mother-child relationship (Fink, 1999, p. 80).

When repression occurs a neurotic structure is formed. By submitting to the Other the child gains something, a position in language. However, repression is not always the case. It is only one of three possible outcomes of the Oedipal Complex. Along with perversion where disavowal occurs, psychosis is the third structure where foreclosure arises. This can be understood as a form of victory by the child over the Other (Fink, 1995, p. 49).

Chapter 2.2. The Psychotic Structure

In psychosis there is a failure both in the substitution of the Law-of-the-Father for the Desire-of-the-Mother and in repression. The father signifier is not able to neutralize the child’s "jouissance" which then irrupts into the child’s life, overwhelming and invading them (Fink, 1995, p. 74).

From Lacan’s (1938) point of view the foreclosure of the father signifier predisposed Schreber to a psychotic structure. Schreber had not undergone the paternal metaphor. The signature of psychosis is foreclosure, which involves the radical rejection of a particular element from the symbolic order of language. The element that grounds the symbolic order as a whole, the paternal metaphor; the Name-of-the-Father (Fink, 1999, p. 78). When this element is foreclosed the entire symbolic order is affected and the result is that language operates differently in psychosis than it does in neurosis (Fink, 1999, p. 79).

Niederland (1984) discusses Schreber’s psychosis is terms of taking on the paternal function. For Lacan the burden of the office that precipitated Schreber’s
illness only provided the conditions for a sudden encounter with the paternal 
signifier that he had foreclosed and that returned from the outside. Schreber had 
not admitted something to symbolization (Dalzell, 2011, p. 302). He had 
foreclosed the paternal signifier from his symbolic so that his imaginary realm of 
meaning making was unable to receive it.

While Freud saw delusions as an attempt at reconstruction, Lacan saw Schreber 
as being confronted by a missing signifier and having to reconstruct his 
imaginary world by way of new signification, the delusion of procreation (Dalzell, 
2011, p. 303); turning into a woman to have God’s child. Rejecting the function 
of the father that would castrate him and excluding the Name-of-the-Father 
signifier from his symbolic register meant the only way Schreber could mend the 
resulting hole in his imaginary order was to fill the void with delusional meaning. 
This allowed him to harmonize with the father function in a concrete and non-
metaphorical way. What returned for Schreber was a non-metaphorical father. 
(Dalzell, 2011, p. 332)

The return of the signifier in the Real caused Schreber’s symptoms resulting in 
the collapse of his world. Because Schreber had not undergone the paternal 
metaphor his world was reduced to a narcissistic relation that had his ego, 
elevating itself in his delusional reconstruction to being impregnated by the 
absolute father, God, raising himself above all human kind. In this way he could 
finally come to terms with the problematic paternal signifier that invaded him 
from outside and effected a catastrophe in his world dominated by imaginary 
realms (Dalzell, 2011, p. 302).

When Shreber was confronted with the signifier from the outside and it imposed 
itself in his life, because he had rejected castration and foreclosed the paternal
metaphor, there was no repressed signifier that he could use to locate the outside intrusion from the external world into his subjective world. This internal world is vulnerable to collapse when what is foreclosed is confronted (Dalzell, 2011, p. 308). Schreber’s promotion to Senatspräsident involved him being in charge of more mature judges than himself. Whereas as Niederland (1984) in line with Freud saw this as an environmental factor confronting Schreber. Lacan placed it as an implication in the real of something Schreber never had, the paternal metaphor; a paternal failing on the part of Dr Schreber. This confrontation with circumstances for which he had no signifier would also account for his first break forcing him to increasingly reshape his world.

Chapter 2.3. The Subjective Nature of Psychosis.

The subjective elements of psychosis originate in the non-completion of the Oedipal Complex; setting up the “object in an atmosphere of confusion that is always present”, which is then reproduced and assigned to the productive phase of the delusion (Lacan, 1938, p. 59). Here the object is transformed into something else through which until then the individual had masked the narcissism of his relationship to reality (Lacan, 1938, p. 59). The object that has been set up in confused state appears in the psychotic symptom that reveals the narcissistic element. In a mimicking of the other the imaginary covers a hole in the symbolic (Fink, 1999, p. 101)

In psychosis the object of the paternal imago remains present and through the void that is left is transformed into something totally different. In psychosis these morbid reactions are provoked by family members in proportion, as their experiences of them in reality decrease their imaginary influence grows (Lacan, 1938, p. 60-61). As the individuals actual contact with their family declines and
with it their actual influence, their imaginary influence increases leading to the formation of psychotic symptoms. People in delusions stem from family members. For Schreber the strong and authoritative father that he met in the symbolic, opened the void that had been patched over because he had nothing within himself that he could understand it with. For Mrs. G the death of her mother at eight and the ages of the vulnerable child all under eight in her delusion that she needed to protect demonstrates the void the death of her mother left her with, without the means to fill it. In Anna’s case it was the reappearance of her dead father that she felt responsible for because of her auditory hallucinations. Their influences did not pass with them but were used in the imaginary to patch over the void in the real.

Unconscious symbolic meaning is unveiled without any of the obstacles created by repression in psychosis and therefore meaning of their inhibitions is expressed without resistance. There is direct access to the unconscious. (Quinodoz, 2005, p. 145). It is the form of the delusion that refers back to the family complexes

So if as described above psychotic symptoms result from the individual’s negotiation of the family complexes then the content of the symptom can be looked at in terms of the family. While each case of psychosis is made up of the same symptoms, each individual’s symptom is also of a subjective nature, singular to them. The above discussion places psychosis in terms of Lacan’s family complexes, especially the Oedipal Complex, within the context of the family and in the formation of the psyche through the internalization of early social structures. The content of the symptoms is the individual’s experiences of their perceived reality that they are trying to communicate, the subjective element. What is foreclosed in the Symbolic returns in the Real so when there is
an encounter in the real with something for which there is no signifier the delusion is formed to patch over it. Family plays an important role in the subjective nature of the psychotic symptom because the complexes are based on early social structures that originate within the family. Repression offers the neurotic a possibility to get by when something new happens. The psychotic is different. In psychosis the person is not equipped to make a new repression succeed so a new solution has to be found (Dalzell, 2011, p. 319). Rather than ‘sealing over’ the symptom, a tendency to dismiss the experience as having little personal relevance, acknowledging the kernel of truth can demonstrate subjective meaning. Lacan’s structural approach views symptoms and signs as essential components of the psychopathological structure, not just mere by-products of development.

**Chapter 3. Conclusion**

The above analysis has found that the subjective nature of the psychotic symptom arises from an underlying psychical conflict within the person. While the content of the symptom can be seen to contain an element of Freud’s “historical kernel of truth” (1937, p. 269) there is more to it than that. The psychotic symptomatology demonstrates that the kernel of truth, something from the person’s life outside of their psychosis is used to construct a reality for the person. It is an attempt to rebuild their psychic world that covers over the underlying conflicts. These conflicts can be seen to relate back to the person’s early relationships and social structures. Something that was missing from their early psychic experience that has to be patched over. Freud acknowledged a predisposition to psychosis while for Lacan it originated in the formation of psychic structure; both are saying that there is something within the person. So
if a delusion is an attempt by the ego to resolve conflict it has been unable to cope with, it must mean that there is a subjective nature to it.

Psychotic symptoms are an attempt at filling the void that has been left in the symbolic by working the imaginary over it. This means that they are an effort to reveal something, to communicate something no matter how tentative, confused or smoke screened it is (Knafo & Selzer, 2015, p. 169). Rather than trying to convince the patient of the error of his delusion and its contradiction of reality, the recognition of its kernel of truth would allow common ground upon which the therapeutic work could develop (Freud, 1937-1939/2001, p. 268). The exploration of the subjective meaning of the symptom allows for life events and a person’s circumstances to be taken into account rather than psychosis as being seen as just the ‘luck of the draw’. The psychotic symptom can be seen as part of the individual history of the person. Each one has their own story to tell. The dominance of the biological model has meant that this is not always the case. Freud was one of the first to acknowledge the subjective nature in symptoms. Lacan’s family complexes outline how the psychotic personality is set up through an individual’s family relationship and the absence of the paternal function is the single most important criterion to consider in diagnosis of psychosis (Fink, 1999, p.101) This has been demonstrated in the examples given above of the role of the family in psychotic symptoms. For example, in the case of Mrs G being the mother of imaginary children was a way of taking care of the abandoned parts of herself along with identifying with her lost mother (Knafo & Selzer, 2015, p. 170).

The symptom may not have meaning at face value because the actual meaning is protected. The symptom provides a pathway to uncovering the meaning in the
light of individual lived experience. A person does not disappear when they become symptomatic. Elements such as humour and intelligence can remain intact (Johnson, 2012, p. 208), part of the real person. They are not just their symptom. Medicating the symptom away may make it more acceptable to social norms, however allowing space for the meaning to be experienced will enable the person to better understand and make sense of it. Each person’s unique history guides the meanings they both consciously and unconsciously assign to their experiences (Read & Dillon, 2013 p. 243). For example, in the Schreber case what could have been more real for Schreber than what he had lived through and felt because of his father’s paternal practises of using contraptions to compress and restrict movement (Niederland, 1984, pp. 75-76).

The function of the unconscious is to stop disturbing experiences of the child-self for a time in the future when it will be transformed into a narrative and consciousness, opening the door for the unconscious to release primary source material (Bollas, 2013, p. 70). The analytic process can liberate a fragment of historical truth from its distortions and its attachments to present day providing a pathway to the past. What can be gained from the above discussion is that the subjective nature of the psychotic’s symptom is not only in the content that can be traced back to a kernel of truth but also to the persons earliest social structures and the influence of the family structure. Whatever is present in the mind has strong roots in early childhood. (Niederland, 1984, p. 142).
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