

**A NEW PSYCHODYNAMIC THEORY OF SCHIZOPHRENIA
(In addition remarks to psychotherapy of schizophrenia).**

Author: Torsten Oettinger

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Hints

This is an abridged and modified version of the publications:

Metapsychiatry and Psychiatry, Metapsychotherapy and Psychotherapy.

Web presence: <http://www.new-psychiatry.com>.¹

The links refer to corresponding sections to this web-publication if you want to read more.

The [`Summary table`](#) provides a textual and tabular overview. This enables the reader to turn to subsequent chapters keeping the larger picture in mind.

Abstract

Main hypothesis: The most frequent primary (!) causes of schizophrenia are Inversions.

With [`Inversion`](#), I denote a confusion of fundamental meanings. As fundamental meanings I suppose: Absolute (A), Relative (R) and the Nothing (O). I.e., if absolute, relative or O meanings are confused, I speak of inversion.

The confusion of such basic meanings is ubiquitous. Typical examples are ideologies. These, as well as similar dogmatic attitudes in families or in the individual, occur with an absoluteness claim that absolutizes something Relative and at the same time negates and excludes others. This leads to reversals of fundamental meanings, one of the main causes of schizophrenic symptoms.

The most commonly used terms and abbreviations here

A = The Absolute

R = The Relative

WPI = World resp. reality; **Person** and **I**

sA = strange Absolute

sS = strange Self

O = strange Nothingness

**It = complex of strange All and O (`dyad') or of pro and contra and O part (`triad')
in the core.**

¹ = first-rate

² = second-rate

Ego = second-rate I

¹ These are translations from German originals therefore maybe not the best English

WHAT IS SCHIZOPHRENIA?

One assumes that about 45 million people suffering from schizophrenia.²

The World Health Organization (WHO) rates schizophrenia as one of the most expensive illnesses worldwide. It is hard to explain what schizophrenia is because *the one* schizophrenia does not exist. What is meant with the group of schizophrenia is also an agreement. There are international committees of psychiatrists that listed certain symptoms as signs of schizophrenia. However, it is against human dignity to refer to people as hebephrenic or psychopath or similar. Those terms make it seem like the negative symptoms define the whole personality of the affected person. As Karl Kraus said: "One of the most widespread diseases is the diagnosis."³ But what is meant by the term 'schizophrenia'? How do the affected people suffer? What are the symptoms? There is a great variety of descriptions of schizophrenic people's experiences. I think the following examples are more impressive than some psychiatric textbook: Joanne Greenberg's "I never promised you a rose garden", and Marguerite Sechhay's "Autobiography of a schizophrenic girl" et al. Those accounts describe the feelings, experiences and thought of schizophrenic people in a way I could not describe. They report how the affected people lost their footing, stability and confidence, how they desperately strive not to go down or not to break or to implode, not to fuse with someone or something, not to be overwhelmed by foreign, uncanny powers, to feel that not only the inside but also the reality is odd changed, and thoughts and reality cannot be separated. [Delusion](#) and [Hallucinations](#) will be discussed later on.

A list of all possible schizophrenic symptoms can also be found in the '[Summary table](#)' columns T, U and V.

THE CAUSES OF SCHIZOPHRENIA

"For like the plant unable to root in its own ground,
the soul of a mortal will quickly die out." F. Hölderlin ⁴

Brief preliminary remarks and hypotheses

- Schizophrenia should not solely be interpreted as consequence of misbehavior!
- Schizophrenia should not be viewed as the absolute evil that has to be destroyed.
- Every person can become schizophrenic.
- The causes of schizophrenia are similar to the causes of misfortunes: Every misfortune can hit any person, although with different probabilities. The person concerned can become schizophrenic without or by his own fault.⁵
- Illness in general and schizophrenia in particular (as well as health) are of relative importance. That means: Illness in general and schizophrenia in particular on the one side

² 'Der Neurologe und Psychiater' 11/04

³ https://en.wikiquote.org/wiki/Karl_Kraus

⁴ Translation by Maxine Chernoff and Paul Hoover

⁵ Undoubtedly there are many clinically healthy people who are much crazier than many patients. How is that possible? I believe that these people will not be ill because they do not call into question about their morbid attitudes and shift their disadvantages to others.

and health on the other side are not absolutely negative resp. positive. As Relatives, illness and health have both, positive and negative sides, albeit to varying degrees.

- Schizophrenia is often an emergency solution.
- I Repeat: The most frequent primary (!) causes of schizophrenia are [Inversions](#).⁶ With `inversion`, I denote a confusion of fundamental meanings. As fundamental meanings I suppose: Absolute (A), Relative (R) and the Nothing (O). I.e., if absolute, relative or O meanings are confused, I speak of inversion. The confusion of such basic meanings is ubiquitous. Typical examples are ideologies. These, as well as similar dogmatic attitudes in families or in the individual, occur with an absoluteness claim that absolutizes something Relative and at the same time negates and excludes others. This leads to reversals of fundamental meanings: What was a Relative, now becomes a '[Strange Absolute \(sA\)](#) (sA) and the negated becomes a strange [Nothingness](#)'.⁷ I describe later how strange Absolute and strange nothing form pairs of opposites, a kind of all-or-nothing complexes, which I have generally called the [It](#) and in human the [strange Self](#) (sS), because these terms characterize very well what is meant: (`It' = a general, unspecified cause of an occurrence, e.g. It weakens /dominates/falsifies etc, `strange Self' = personal It as a personal center.) These 'It' or strange Selves represent strange entities that have become independent and can evoke new, `Strange, Second-Rate Realities' (general⁸ and personal⁹ [including schizophrenia](#).¹⁰ Rarely, schizophrenia may also be caused secondarily by physical disorders ("secondary causes").
- Causes of schizophrenia can be found everywhere. The share of the single factors is different in every case. I tend to focus on the spiritual spheres, because I am also convinced that there are the most options of efficient therapies. That is usually not the case if one only tries to influence the biological-material sphere (brain, genes) usually by using psychotropic drugs.¹¹

Inversions as the Main Cause of Schizophrenia (The Theory)

Motto: A little bit of theory doesn't hurt.

- Any Inversion can cause schizophrenic symptoms. I repeat: With `inversion', I denote a **confusion of fundamental meanings**. As such basic meanings, I suppose at first the Absolute (A), the Relative[®] and the Nothing (O). That also means, if the Relative dominates the Absolute, it is potentially schizophrenogenic.
- Causes of schizophrenic symptoms are often outside of the affected person.

⁶ In this publication, I neglect the role of the negative Absolute ([-A](#)) as an important cause of disease intentionally, because it escapes a therapeutic influence.

⁷ → [Genesis of the Nothingness](#)

⁸ → [EMERGENCE OF STRANGE, SECOND-RATE REALITIES](#)

⁹ → [EMERGENCE OF THE STRANGE, SECOND-RATE PERSONAL](#)

¹⁰ The ideologies are only a well-known example of at least as important dogmatic and pathogenic attitudes in families or individuals - or for those who lack fundamental orientations at all.

¹¹ This does not mean, of course, that such symptomatic therapies should not be used.

- The well-known theories about the causes of schizophrenic psychosis are easily integrated into the present work.

For the main hypothesis: '**Any inversion can cause schizophrenic symptoms**', I have to ask the readers to look at the ['Summary table'](#), which can be found either on the network or as an attachment or as a PDF file.

What Inversions Do

Here is only an overview of the personal processes.

relative strange seemingly divided conditional secondary dependent thing, matter exist, function relative qualities object	absolute self actual, real whole, unit unconditional primary independent pers. being life +qualities subject
---	---

This table shows the major reversals due to inversions. The direction of inversion at the beginning of inversion is from left to right and is therefore usually experienced favorably by the person concerned. Later, however, the effective direction reverses to the detriment of the person.

The advantages of inversions are usually fascinating at the beginning. Not for nothing one falls for them. As with ideologies, some people are initially enthusiastic about them, identify with them, and accordingly feel very well with them (right column). The “advantages” in the beginning are above all: The Relative is experienced as absolute, the strange as identical (self), the conditioned as unconditional, the diverse as unified, the secondary as primary, the dependent as independent, the things as personal and alive, the functioning as life, the object as subject, weak as almighty and so on. If one puts oneself in the position of a person who, like all of us, lives mainly in the Relative, then one can understand the fascination emanating from an absolutized + object (also called +`hyperform '). The person concerned, for example, otherwise experienced himself only as relatively important, now gets feelings of absoluteness in many spheres, which act like drugs.

Inversion-effects in the long run

In the long run, man gets deficits of first-rate absoluteness and selfhood. This leads to a pathogenic situation. In detail: Due to inversions, something becomes too absolute (absolutistic) and the person becomes relative or irrelevant; something becomes too unconditional and the person only conditional; something becomes too primary, too important and the person too secondary, too unimportant; something becomes too independent and the person becomes dependent; something becomes the center and the person becomes a minor role; something becomes a subject and the person its object; something controls the person and the person does not control something anymore; something becomes too real and the person is no longer real; something strange becomes personal and what is actually personal becomes material, less personal, dehumanized, dividable; something lifeless becomes alive and the affected person becomes lifeless, an object is humanized and the person becomes an object. One can also formulate: This is a

“victory of the Relative over the Absolute”, a “victory of matter over spirit”, “victory of objects over subjects”, “victory of things over the person”, “victory of the strange over the Self”, “victory of the splitting over the unity”, “victory of dependence over independence”, “victory of It over I”. (Fortunately, the “victories” are only partially and temporary.) Attentive readers have probably already realized that some of the mentioned changes represent basic patterns of schizophrenia. Specially: The priority of the human towards the objects is lost. That means: many people did not grow up as subjects, as unique individuals but as objects that have to fulfill specific assignments and roles. Fortunately, the inversion of person and It is only relatively, even if the person experiences it as absolutely.¹² Concretely that indicates that the person never turns fully into the It, never becomes an object or a function (of the It) entirely. Vice versa, the internalized strange Absolute (resp. It) never fully becomes the person, subject nor comes truly alive. There will always be 'healthy parts' remaining within us that are too strong, even if we are very ill or manipulated. It is a philosophical or religious question, why it is that way. We will come back to that question at a later point.

As said, if a Relative irrupts into the absolute sphere of a person it becomes a strange Absolute (sA). At the same time, there is a loss of first-rate personal. The resulting sA resp. It has not only in the sphere effects which has been absolutized but it also affects all other aspects in its sphere of influence. There are also corresponding parallels to other disorders: If almost anything (albeit with varying probability) can make a person anxious or depressed or even addictive, why should not the causes for schizophrenic symptoms just as manifold? However, I see the **following specifics regarding schizophrenic symptoms**:

- The affected person experiences the causes and results as determining.
- 'Schizophrenia' (as the main term) includes especially the spiritual-mental dimension of man over more or less all aspects.
- Especially those It/sA will be acting schizophrenogenic which have a completely different or even opposite meaning to the originally Relative, which was absolutized (for example, when something relative positive is negatively absolutized and reversed).
- A meta-position is lacking for those affected, which relativizes these contradictions. For this reason, there is no possibility of overcoming and solution of these contradictions.
- The It/sA-effects are stronger than first-rate (or second-rate) compensatory forces.
- Usually, the surroundings are caught in the same or similar contradictions, which then may transfer. Affected children experience their surroundings, especially their parents, with second-rate characteristics, such as they are listed in the [`Summary table`](#) in column I and K.
- The schizophrenic It/sA must act over a longer period so that the initial absolutized mental position has been materialized and has become independent. (See also [`Persistence of the Strange Absolutes \(sA\)`](#)). These characteristics explain why schizophrenic symptoms and no other symptoms usually occur, although inversions are ubiquitous. Do the affected, which are involved in such contradictions and paradoxes, see so wrong about the world? Does somebody see it more correctly who tells us that the world is fair, unambiguous, logical, clear and not contradictory? Our affected families or patients certainly see the world more

¹² Absolutely is only the confusion of [+A -A](#)

realistic when they see them full of opposites. Their "mistake" is only that they take that not relatively but absolutely.

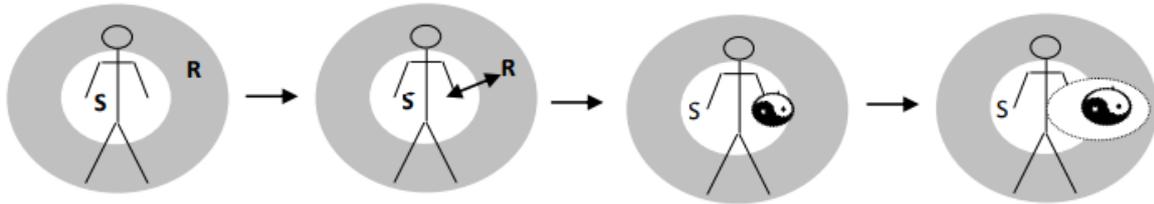
There is not the one cause for schizophrenia. The causes for these symptoms are as varied as the individuals which were affected by them.¹³ Manfred Bleuler sums up: „Decades of research has not succeeded in proving just one specific cause of schizophrenic disturbances. Today we are ready for the thought that there is possible, not such. Rather it has become clear, how manifold disharmonies that disrupt personality development form the predisposition to schizophrenic illness.”¹⁴

As described in the part [Metapsychiatry](#), one can see the mentioned 'ideologies' as a starting point for inversions. This leads to reversals of fundamental meanings, which are solidified by a multitude of "Its". These Its are generating centers of second-rank realities in the world, in the person and in the I (WPI). Each It changes more or less all aspects (→ [Spreading and Compression](#)) with one 'main impact direction' each. Although the main impact direction of the particular It essentially determines which kind of symptom group develops, on the other hand, manifold symptoms can be produced by each one of the Its. Viewing from the symptom, this means that every symptom can have a variety of causes. In terms of schizophrenia, this means that there is not the specific cause for schizophrenia but that multiple factors must come together for this or that symptom group to arise. This also corresponds to the clinical experience and many theories of schizophrenia development (see later). As I said, in my opinion, a common denominator of these different causes is that they all invertingly act. I listed all sorts of schizophrenic forms and schizophrenic functional and quality disorders in the [Summary table](#) (see the last 3 columns). They correspond in many respects to the symptoms stated in the literature but are listed here systematically according to my classification. I have tried to make plausible the common of the schizophrenia causes in these statements. Probably everything can make us crazy or split if it is not taken any more relatively but absolutely, and I have tried to illustrate with the concept of the strange Self (resp. It) most different of such absolutized forms with her main results. As said, it seems that in this model most of the numerous theories of the origin of schizophrenic reactions have a place. But one should see them not alternative but in addition. I believe that only disturbances of the absolute sphere of the human being (the self) can cause psychoses, because as long as the causes and the disturbances are only of relative importance, a mental disorder, or even psychosis, will hardly be able to manifest itself. On the other hand, if we look at the enormous integrative power of the actual Self (resp. [+A](#)), which makes people identical, valuable and free in every situation, this basis is probably the strongest force against any kind of psychosis, and we should beware of ideology-based models and therapies, because they basically do what the patient does with himself - they create new preconditions for his existence.

¹³ It seems to be important in this context for the therapy, that the patient, can become the primary cause of positive changes and thus can break through existing chains of causality.

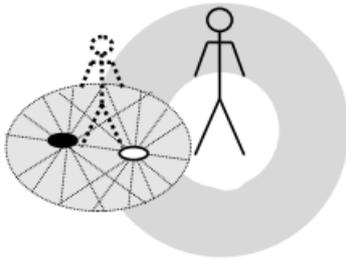
¹⁴ From the foreword to C. Scharfettters book: 'Schizophrene Menschen', Urban u. Schwarzenberg, München-Weinheim, 1986.

Explanations and Examples



This graphic illustrates the inversion with the development of the personal It (left to right). On the very left, there is a person with a healthy self- and relative-sphere. Rightwards, the inversion of a Relative and the Self (the personal Absolute) is symbolized. After that, the creation of an It-center (as Yin-Yang symbol) is being illustrated, which finally creates its own relative- sphere, as shown in the picture on the very right. You can also see, that the p It controls a part of P but the other part of P still contains the actual Self and has a first-rate relative-sphere, too.

Example: The juxtaposition of a strange Self with Ego and an actual Self with a first-rate I



The graphic illustrates a strange Self with a new Ego resp. strange-I (dotted lines), besides the first-rate I, which is based on an actual Self. I.e., a Relative was absolutized and is penetrated into the selfarea. A strange Self was created in the self-area, from which an Ego is now operating. That causes a partial self-loss and a division between the I and the Ego. In addition, you see the division of strange-self-area into two contrary parts and the distortions in this area. Here you can already recognize also some characteristics of schizophrenia.

Table Example: To the genesis of fusions and splittings

Ideologies and individual attitudes	DISORDERS OF SCHIZOPHRENIA					
	Inversion from:	Effect of the It on the person	Disposition	Disorders of the being-sphere	Malfunctions of schizophrenia	Quality disorders of schizophrenia
Ea1 "absolutism" relativism nihilism	the Absolute Relative Nothing	La1 absolutized loves hates too much, damned negated		Ta1 absolute-/relative/ 0 spheres (dfh) e.g., false relations	Ua1 disturbed (dfh) absolutely and relatively relations relations to nothing	Va1 unsolved unconnected inadequate relations. Hypertrophic of the person, e.g., in the behavior, feeling, thinking, percipience etc.
Ea2 uniformism Identity-philosophy	identity otherness	La2 uniformed alienated hyperidentified		Ta2 disturbed (dfh) identity, Self / otherness	Ua2 disturbed (dfh) identifying, Mistaking own and strange. hyperidentifying	Va2 not unequivocal uniform strange unempathizeable, distorted (Barz) hyperidentified, e.g., in the behavior, feeling, thinking, percipience etc.
Ea3 realism facticism objectivism positivism irrealism	reality truth untruthfulness	Pa3 only reality is valid / denied distorted absolutized reality		Ta3 real true disturbed (dfh)	Ua3 disturbed (dfh) reality relation = Dereismus (E. Bleuler) disturbed (dfh) verify and falsifying. ↓ realities unreality	Va3 hyperreal / unreal, false, wrong in the person, e.g., in the thinking, behavior, feeling, percipience etc.
Ea4 monism syncretism reductionism dualism eclecticism	UNITY VARIETY	La4 make one-sided collect split, isolate, chaotize		Ta4 unity and variety disturbed (dfh)	Ua4 disturbed (dfh) integration disintegration exclusion, separation fusion / splitting Reaction formation countertaking. ↓ the whole with parts	Va4 one-sidedness e.g., „Concretism“ (C.G: Jung) autistic , merged, compressed ambivalent, split, contradictory , selective. e.g., ambivalence in the behavior, feeling etc.
Ea5 determinism scepticism libertinism	Security Freedom	La5 determines fixe unsettle drops		Ta5 security constancy / freedom disturbed (dfh)	Ua5 disturbed (dfh) protecting, , needing, limiting/ ↓ from necessary and unnecessary	Va5 Random contingent incalculable e.g., ontological insecurity (Laing) / f. Unconditional, determinate Fixed rigid the person, for example, in behavior, thinking, etc.
Ea6 fundamentalism /radicalism extremism	The primary The secondary	La6 leveled uprooted, makes crazy, underuse radicalized exaggerates		Ta6 basic center hierarchies / Outdoor disturbed (dfh)	Ua6 disturbed (dfh) hierarchy, over-, subordination, no transcendence (Conrad), De- / centering establishing foundations. "Causality thinking" (G. Benedetti) ↓ Primary / secondary Causes / consequences	Va6 ns priorities, ns hierarchies over- submissions, craziness groundless inadequate, abysmal, radical extremes Indirect, preconditions e.g., in behavior, feeling, thinking, etc.
Ea7 dogmatism evolutionism	Autonomy Dependence	La7 dominate subjects overadapt incapacitate		Ta7 Autonomy and bonding are disturbed (dfh)	Ua7 disturbed (dfh) autonomization / impaired (dfh) adaptation e.g., deficiency/ overadapting ↓ dependence and autonomy	Va7 ns automated self-perpetuating ,the dominant / dependencies, bondings in behavior, sensing, thinking, perceiving ... (Echolalia, echopraxia, automatic obedience / negativism)

[dfh = defective, faulty, hyper; ns = new-strange]

This chart outlines parts of the [Summary table](#). The first column represents a selection of well-known ideologies, the second column refers to possible, individual attitudes that correlate to these ideologies. All attitudes have inverting effects - one main effect in the main aspect and many side effects ('spreading') in all other aspects. In the example above, I consider an inversion in the aspect a4 that mainly affects this particular aspect but can also cause

disturbances in other aspects. In this example, it means that social or individual 'monistic' or 'dualistic' attitudes, (such as everything-or-nothing, friend-or-enemy attitudes) can not only cause disorders of unity and variety but can also lead to disorders of identity, reality, security, freedom and so on. But the inversions of other aspects can also lead to these schizophrenic symptoms ("compression" from the 4th column to the right). In our example, they lead to disorders within aspect a4. This means, that not only the inversion in aspect 4 itself can lead to disorders of unity and variety but also inversions in other aspects can cause disorders of unity and variety, more precisely: disorders of personal unity and variety (column T), functional disorders such as fusion and separation (column U), or quality disorders (column V) such as autism, ambivalence, splitting and contradictions.

SCHIZOPHRENIC DISORDERS FROM THE BIOGRAPHIC PERSPECTIVE

Beginning

"And children grow up with deep eyes; They know nothing; they grow up and die."
Hugo von Hofmannsthal

The story of schizophrenic disorders usually begins in childhood, or as I believe, even before being born. It is determined by the different attitudes that the parents or the environment transmit to the child or that are later on chosen by the child. All of those attitudes ultimately are based on different Absolutes. Whatever the parents and the environment of the child find absolutely important, they will convey to the child. This usually happens unconsciously and often in seemingly inconspicuous everyday situations. This Absolute may be an actual Absolute or it is a strange Absolute. Only the first one will actually match the child, while the second one may be the cause of later mental disorders. Then the child may not be able to freely develop its personality. To be more exact: the Self will not be strong and independent. We defined the 'Self' as unique, individual core of the personality. I remind the main characteristics of the positive Self: It is the actual and the existential of the person. It is unique and irreplaceable. It is the most important. It is independent at its core. It has something absolute, something holy to it. It is lovable in an unconditional way (loved by God). It is made to exist forever. It is indestructible. It is a present (it is already given to a person and does not have to be earned). It lives on its own. Every person has the right to live with such Self. I will define any other basis of life as '[strange Self](#)' (sS).

The more the parents take a Relative as absolute, the more the basis of life will be relativized and weakened. Then, parents, as well as the children, feel like it is about all or nothing, about being or not being. In this situation, what was in itself only relatively right and good must be fulfilled (if absolutized) at any cost (coping), while the relatively wrong and evil (if absolutized) has to be fended and avoided (→ [Defense mechanisms](#)). Many times, the cause for it lays in misunderstood love, whenever parents transfer such attitudes onto their child(ren). They want to give their child orientation, but they interfere with the kid's emotional and spiritual development if they absolutize Relatives, because the Self is meant to be based on

the actual Absolute.¹⁵ It needs a substantial ground - like a seed is put on solid ground so that it can grow freely. The Self does not only want to be strong, independent and precious, it also wants to be irreplaceable, wants to be itself, whatever it really is. That means that every person deeply longs for a true Absolute - he/she wants to be loved for him-/herself and wants to develop freely based on such love. When I speak about 'free development', I do not mean lack of orientation. The child should develop in a certain direction. Such as a plant grows towards the light, the sun. Without any kind of tightness or coercion. Such as the sun does not always stay in the spot, but is shining on us with an enormous range. The parents/environment are not necessarily the light, because every person/environment also spreads negative influences: In all families, there are (usually unconscious) fixed mindsets, taboos, strict principles, unspoken oaths and so on. Who does not know sentences such as: "Boys do not cry!", "A good child listens to its parents!", "Don't you dare to contradict me!", "A family has to stick together!" and many more. One may say that it is not the love speaking at that point, but the imperative. (To facilitate matters, the parents are named here as the most important reference persons. In reality, the child faces many different influences, such as traumas and environmental influences that have nothing to do with the parents.)



The Relative that invades into the self-sphere will turn into a strange Self: a new, strange, divided center resp. basis on which a new strange I = Ego (dashed lines) will be established. The Ego displaces the actual I.

The initial situation is often that parents or the environment of the mentally ill people are also caught in inversions. Therefore, they lack freedom/independence themselves and are overwhelmed with unsolved problems. Their worldview is usually narrowed, frightening and fixated. Some seem to be strong on the outside and some might actually be strong, but they are overstrained. What they are usually missing is a free, genuine, absolute Self, which is capable to tolerate and protecting a weak, frightened, faulty I. Instead one has to be strong, brave and good - and the weak I will be hidden due to fear and shame. To the parents, another world than the own, a bigger and more independent world is full of danger, because they are not able to control it. And, to be honest, which parents are not affected? The psychological problems within a family can be compared to debts: Families that struggle with psychological disorders usually have psychological "debts". Many times, one or more member(s) of the family will pay those debts by sacrificing their health, while others remain healthy. Later on, we will see why it is that way. One thing is for certain: It is mainly a matter of fortune or misfortune if a person becomes ill or not. As already said: The child needs a stable basis, an invulnerable core, a real, good Absolute and not something Relative, but an Absolute that is

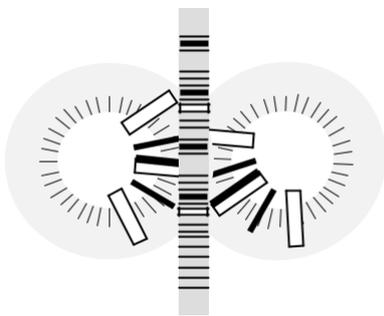
¹⁵ This refers to the + A and its synonyms.

not based on fulfilling requirements, but one that is unconditional and that loves, protects and guides the child to allow normal psychical development. Such Absolute would be the unconditional love of both parents. If they cannot give love enough - usually because they have not experienced such love themselves - the development of the child is endangered. Has the child bad luck, its Self is endangered to go down. Certain living conditions, personal misfortunes, traumatizations also play a big part since they may cause specific sA to occur. Usually, the child is too young to understand what is happening to it and is not able to fight against it. There is an unconscious mechanism that will take place in this dangerous situation. A mechanism that is of high cost. The child identifies itself with the Self of its parent(s). It adapts excessively. That leads us to the second act:

Overadaptation or Enmity

To save one's Self, the child identifies with the parents. Above all, the child takes over what is of absolute importance for the parents.

Collective Absolutes emerge.¹⁶



The graphic shows how the child is shaped by misabsolutized positives or negatives (here by their parents). The created imprinting is just like a barcode with black (negative), white (positive) or black-white (ambivalent) sS (or defects that are not illustrated here). There is an analogy with genetic embossing.

The child mainly adapts to what the parents determine as good* and bad*¹⁷- whatever has to be fulfilled and achieved (the good*, the ideal*) and whatever has to be avoided (the bad*, the taboo*).

Since the parents have absolutized Relatives, the parents and the child have the feeling it is not just about something Relative but about all, about the Absolute, about being or not being. In normal development, the child also adapts to the parents and identifies itself with their worldview. However, it has the freedom to let go of whatever does not match its own identity, wishes or perception without being punished. Yes, children and teenagers have to question their parents absolutely and in a radical way to find themselves. Then they can choose whatever matches their own identity and perception or not.¹⁸ They retain existential freedom of choice. However, wherever the Self of the parents does not match the own Self, wherever the child experiences it as strange-I or strange Self, there will be a central, existential and uncontrollable conflict within the child. The strength of this conflict becomes

¹⁶ I do not believe that the embryo or the newborn is already completely identified with the mother but has an innate absolutely unique (core) Self that is different from those of his parents and all other people.

¹⁷ As I have mentioned, I sometimes label, to emphasize the mis-absolutized with an asterisk (*).

¹⁸ A process which most clearly occurs during puberty.

apparent if we consider the fact that it is about something that is experienced as absolute by the concerned. However, the false Absolute is strange to the Self. Those strange parts are unsolved complexes (like cuckoo eggs) within the Self and suppress the own parts. At those parts, the I is not master in its own house. It has to share its innermost, its own, with something strange, perhaps even hostile. That is the price the child has to pay unknowingly to save itself.

On the other hand, the child also has some advantages from taking over the parent's Absolutes/ Selves: The child does not want to conflict with the parents/ its environment. It can rely on these internalized parts and values and finds some strength and identity, even if they are relative and strange. The child is caught in a golden cage. It basically (unknowingly) agrees with the parents to stay within that cage to be protected. With that, some sort of emergency-solution is being created for the child: Rather having a strange Self than to have no self-perception. Here is already programmed what we also find later in mental illnesses: The division and depression of the Self by strange self-parts.¹⁹

Thus kids will be denied of their first-rate Absolute resp. Self. They may be misused as an expedient, as the parent's or environment's object.

T. Moser explained: "Many mothers need obedient children, to allow their own inner chaos to be organized. Or they need the children to have an echo in their empty lives. Or they need them to heal their own self-contempt by planning the child's future. The emotional life of the kid tips over (dies) like an overfertilized lake that cannot regenerate itself anymore. The person that has to be the pride of their parents never knows if he/she is really loved: there are always requirements or even blackmailing. What emerges was called 'false Self' by Winnicott. That false Self makes the unconscious expectations of the parents to its own matter. The more important the child is as a crutch for the parents, the greater the fear becomes, when later, in a relationship or in a therapy, it finds confronted with the longed-for and at the same time terrifying possibility that one asks: Who are you really? Whoever happened to be the parent's pride, due to expected success or presentable dressage, has to constantly achieve more and trying to adapt in order to avoid panic and depression if the outer appreciation fails."²⁰

Karen Horney described it similarly. "A child suffers from primal fear ... when it has parents whose own neurotic conflicts prevent it from offering the child the basic acceptance necessary for the development of its autonomous Self. Throughout the early years of childhood, in which the child views its parents as almighty, the parental disapproval or rejection may only lead the child to conclude that something is horribly wrong with it. To get rid of the basic fear and to receive the essential acceptance and the love from its parents, the child realizes that it has to become different; it channelizes its energies away from the realization of its own Self, away from its personal potential and develops a construct of an

¹⁹ There are many parallels between what is happening in a person's inside and between the family members, groups, or countries. In principle, they are the same processes.

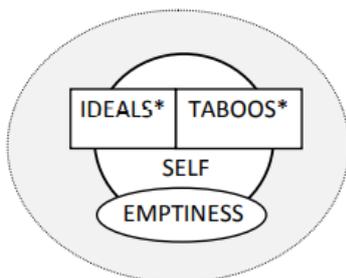
²⁰ Tilmann Moser über Alice Miller: Das Drama des begabten Kindes; DER SPIEGEL 29/1979 p. 141.

idealized self-image - a possibility of how it has to become to survive and to avoid the primal fear."²¹

Kids usually do not have a chance to fight against the negative effects of the strange Absolutes. On the contrary, they unconsciously confirm these attitudes, especially since these are often not false but "only" exaggerated and one-sided. In this respect, the child often believes that the parent's behavior is correct and its own behavior is wrong so that it suppresses its own negative feelings towards the parents and believes that it has to be punished. With that, the child is drawn into some sort of vicious circle, in which the occurrence of symptoms is a typical "solution".

The situation becomes even worse if the child feels responsible for its parent's problems. That is almost always the case. Even if the child is not able to understand and name the parent's problems, it still has an idea of what it is about and tries to help them by sacrificing its Self. The child starts to act like a parent of its own parents and is absolutely overtaxed with that role, even if it is only unconsciously ('parentification'). In worst-case scenarios, the affected children are mentally (maybe also physically) like senile childlike-beings. They are blocked in their free development, and they are additionally confronted with problems that cannot be solved even by the grown parents.²²

The worst thing that could happen is that the child experiences that it has to give up its own Self to receive appreciation and love. The child will despise or even hate itself and love the parents too much, although it unconsciously hates the parents too. However, it realizes that the parents are also caught in the game and it will try to love them still much more. It's an endless circle, and nobody is there who knows how to end it.



The graphic illustrates how the parental ideals*, taboos* and their emptinesses overload and dominate the child's actual Self. However, they also stabilize the child, since the child's Self does not have enough stability on its own.

As I said, there are also over-adaptations in the so-called normal development, which are not necessarily required by the parents. Likewise, in normal development, there are always rebellions and resistance to the parents, which are very important for the self-discovery of the child, and are best taken serenely by their parents.²³ There will be no disruption if the child experiences a basic love from its parents and thus is able to relativize the sA-requirements. The child will not only be able to buffer the sA through this love but will be

²¹ Horney, Karen: Neurosis and human growth; Quoted by I. Yalom.

²² O I recall once again that the parents here are just as typical representatives of the environment. In individual circumstances it can be a matter of many quite different influences.

²³ "Normal" is strictly speaking "ideal".

able to deal with them from a secure position. The child will learn at an early age, not to absolutize pleasure and displeasure and to be so much better prepared for later life. But But “A child’s independence is too big a risk for the shaky balance of some parents.”²⁴ The more the parents depend on something, the greater the risk for them. Then there will be a strong polarization of the differences and a fight against each other, an either that or that, a pro or contra, a black or white way of thinking, a win or lose behavior. The child then bites itself into the parents and these into the child. In addition, as I said, parents often transfer their own unsolved problems to the child. One parent may form coalitions with the child against the other parent, other family members may be involved, and so on. Processes take place which become even more difficult and inscrutable because they are hardly or not conscious of the person concerned.²⁵

However it may have been, the child’s Self usually remains suppressed and enmity with the parents does not lead to real independence. The dependence of the child continues. That means that it leads to the same situation if the child makes whatever the parents want it to do, or if the child makes the complete opposite of what the parents want. The parents remain determining in both cases. However, the phase of rebellion represents a very important step in the right direction that sometimes takes place after many years (or never). Commonly, over-adaptation and defiance alternate with each other - a basic pattern that can be found again in future relationships of the affected people, unless they came to a deeper solution. Often, there will be also over-matched and opposite (pro and contra) parts of the strange Self at the same time.²⁶

It is usually a matter of time until the strength of the child is not strong enough anymore to pay the constant tribute, although that may take multiple years. Whenever that point is reached, there will be a crisis that is explained in the next chapter.

Crisis and Falling III

„Each torpid turn of the world has such disinherited children,
to whom no longer what’s been, and not yet what’s coming belongs.”
R.M. Rilke (Duino Elegies, VII,63-4)

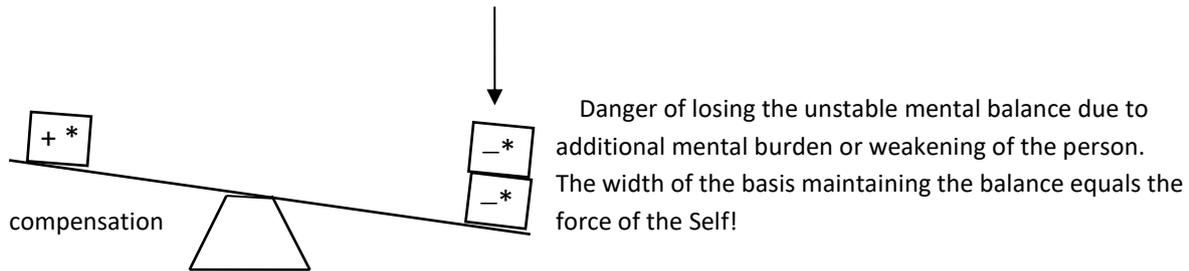
The cause of the crisis is the conflict between the actual Self of the affected person and the requirements of the strange Selves, the conflict between the legit desires of self-determination and the opposite powers. Those opposite powers exist in the shape of real existent persons (usually parents) but also in the shape of internalized parts. That is, the person increasingly puts the strange requirements on him/herself because he/she considers them to be his/her own. The requirements consist of fulfilling the +sA and avoiding/ fending

²⁴ J. Greenberg, p 27

²⁵ The Oedipus complex described by S. Freud is only one of many possible complexes. It arises when the mother and child are symbiotically connected with the father. It is normal for parents in early childhood to adopt certain absolute positions for the child. However, if they are divided into opposite (+ / - or 0) positions, this is pathogenic. Fortunately, the influence of both parents already means a certain healthy relativization that facilitates the detachment of the child.

²⁶ Most of the time one or the other dominates.

the -sA. The person is like a swimmer who has constantly to kick to prevent drowning. The main characteristics of the requirements are the many "musts" with the main requirements: You have to be good and you can't be bad.²⁷ In these cases, it does not matter if what is considered good is actually good and bad is actually bad. Because even the real good can have become bad or ambivalent when forced. Likewise, real bad can be well experienced.

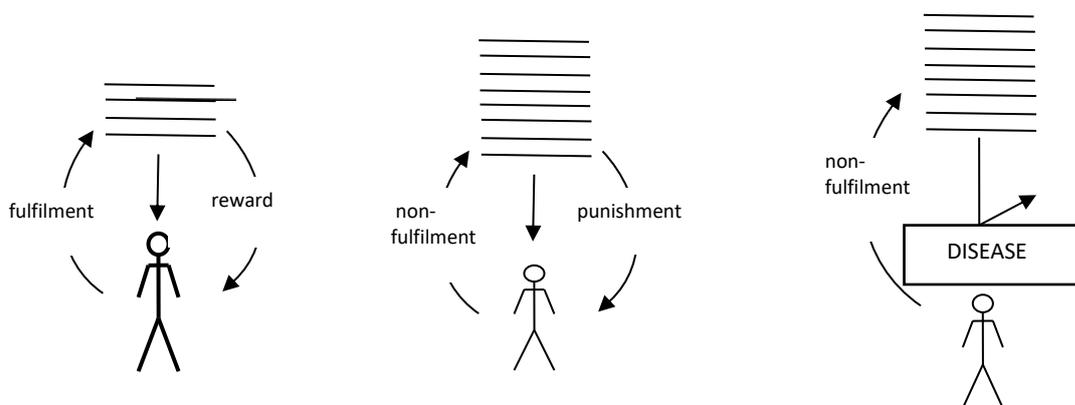


A crisis usually happens if the affected person is exposed to additional requirements. That may be bigger events (starting work life, unfortunate love, death or other traumas, etc.). Often, however, there are small triggers that cause the whole system to lose balance, and the crisis occurs out unexpected and cannot be explained.

E.g., experience of a schizophrenic patient:

The "gods [+*] were laughing, golden personages ... like guardian spirits. But something changed, and Yr was transformed from a source of beauty and guardianship to one of fear and pain [-*]. Slowly Deborah was forced to assuage and placate, to spin from the queenship of a bright and comforting Yr to prison in its darker places."²⁸

(See also [Reversal into the opposite](#)).



This graphic illustrates the different phases of dynamics between the person (P) and dominating It/sA. Phase 1 on the far left shows how the person is "positively" interacting with the It/sA even though the person is already dominated by them: P fulfills the requirements of It/sA and receives an extremely strong positive feedback (such as recognition).

²⁷ Our situation after we lost the paradise.

²⁸ J. Greenberg, p 52. `{ }` is mine.

Phase 2 (illustrated in the middle) shows: It is getting worse whenever the demands of It/sA become too high and/or the person becomes too weak to fulfill the requirements - such as an imbalance of emotional distress and resilience. The affected person is now being punished by the It/sA.

Phase 3, on the right, is intended to indicate the dual role of the disease. It protects P against excessive demands. On the other hand, the affected person remains ill and allows the continuing existence of the It/sA.

The system decompensates whenever the requirements of It/sA are higher than the compensation forces of the I. More exact: whenever the requirements cannot be fulfilled anymore, or whenever threats cannot be fended off anymore - i.e. in the moment when the power of defense and coping are not strong enough anymore. But also, if the person does not want to fulfill the requirements anymore - and therefore causes a positive crisis! In this situation, the affected person is back in the old position of his/her childhood: He/she feels existentially threatened, it is about being or not being, Self or No-self. The old emergency-solution does not work any longer - especially if the parents (or environments) are themselves in a crisis because they are confronted with similar conflicts that seem to be indissoluble.

This dilemma can also be described as follows: On the one side we are in desperate need of love; But love also became very dangerous, almost deadly for us because parental love was connected to prerequisites or even exploitation. Therefore, many people seek love while they also fear and avoid it. With that, the person is stuck within a dilemma because he/she received a fearful, destroying love. It can be compared to a barefooted person that flees from the ice by running over hot coals and back to the ice again instead of trying to put on his/her own shoes.

All this leads to reenactments (inward and/ or in new relationships) resp. to a compulsion to repeat until the affected person finds a solution. It is as if the person has to find out if he/she is loved for him/herself or not, no matter what. The situation appears hopeless - but the person is adult now. Maybe he/she can find a deeper solution now. What solutions are there? We will find out in the chapters of therapy.

Schizophrenic Symptoms and their Meanings

General Information about Splittings (Partly Repetition)

Here are some notes:

A 'real', actual wholeness/unity cannot be divided. (See motto by R.D. Laing above). I.e., if the subject (resp. person) is connected with the +A, which can integrate all objects, also the negative ones, then no permanent subject-object- or other splittings can occur.

Schizophrenia is a mental breakdown = "Zusammenbruch". The German term reflects two typical features: 'zusammen' ('fused') and 'Bruch' ('split'). Inversion causes our souls to become divisible and fusionible.

Splitting affects the whole absolute-sphere of the person as a result of an experience of absolute opposites. Within the relative-sphere, I only will speak of differences, divergences or polarities.

In the following chapter, I will discuss mainly the phenomena of splitting and fusing.

They stand exemplary for other schizophrenic symptoms.

Spheres of Splittings

Inversions may cause splittings within all aspects. One may differentiate between:

A: Splittings in the dimensions-spheres

B: Splittings in the differentiations-spheres

To **A**

1. The absolute split between **+A** and **-A**.
2. Splittings between A and It resp. between Self and strange-Self.²⁹
3. Splittings within an It into its parts: pro-sA, contra-sA and s0.
4. Splittings within an It-part into one of its three sides (+/-/0).
5. Splittings between the different sA/sS.

To 1) In my opinion, the split between +A and -A is the only absolute split. But you must believe in the existence of +A and -A.

To 2) In relation to the person, the splittings concern the Self and the strange-Self(s). The affected person experiences a contradiction, splittings of the actual Self and the strange-Selves. That contradiction is not absolute because Self and strange-Selves coincide in some parts. Yet, that contradiction will be experienced as absolute. Due to the strange-Selves, the person will be 'de-individualized' and the individual (literally: the indivisible) will become divisible!

To 3) The third area of splittings exists within the opposites inside of the It resp. the strange-Self itself in the splitting in pro-sS, contra-sS and OS (or: +sA,-sA and s0; Example: ideal*, taboo* and 0*).

Self		It	Pro-sS
		resp.	Contra-sS
		strange Self (sS)	0

The graphic illustrates the splittings between the Self and the It resp. strange-Self and in addition, how the It/ sS continues to divide into three parts.

For easier understanding, I recommend taking a look at the chapter [`The Emergence of the It`](#) again. There, I describe the structure of It. The It is made of two/three contrary, yet fixed connected parts, which are the starting point of splitting- and fusion phenomena of different illnesses.

To 4) The 4th splitting possibility arises when one of the three sides of an sS is opposed to another. (This would be the case, for example, if the advantages and disadvantages of an absolutized object were the same.)

To 5) The 5th sphere of splitting develops if two or more strange-Selves are contrary to each other.

To **B** For example

subject-object-splittings, matter-spirit-splittings or soul-body-splittings, or splittings of different realities and people

All of these possibilities of splitting (fusions) exist within the person as well as towards his environment!

Everything, that enters the core of a person and is not the Self, will decay, break apart and therefore causes a splitting or fusion of the person. We all live in a world that is more or less divided (or fused) and whoever internalizes these splittings/ fusions of the world without being able to process or integrate it, will be divided/ fused as well. (O Splitting and/or fusion phenomena otherwise.)

²⁹ In the person I call the It also as a strange Self.

Splitting and fusion phenomena otherwise

- Social, family, divorces / symbiotic relationships
- Other diseases (e.g. dissociative identity disorders, multiple personality disorders, anorexia/bulimia, dyslexia, stuttering - from a certain point on for most mental illnesses).

Parallels to Physics?

We already established, that there are **similarities** between the rules/laws of second-rate realities (such as in P^2), and **the laws of physics**. That also applies to the impacts of pressure on an object or splitting of an object. In both cases, there are both fracture points and compression points (\sim fusions). In some cases, the fractures predominate, in others the compressed. One may even see the third result between the divided parts: the nothingness. Perhaps there are parallels of second-rate dynamics to physical processes such as nuclear fusion or nuclear fission.

The chaos theory describes chaotic conditions which also represent an analogy for psychotic conditions.

Autopoietic system theories also describe bifurcations resembling splittings in P^2 .

Opposites in Schizophrenia and their Dynamics

Here, using examples of splitting- and fusion-phenomena, representative of all other opposing phenomena.

As generally described in the dynamics of second-rate realities, opposites are interdependent and have a particular dynamic: one part generates or fights its opposite, both associated with the loss of first-rate reality.

(See also [`Opposites, Fusions and Negations`](#) and [`Possible Interactions`](#)).

We can find the same in schizophrenia.

More precisely: Similar to the second-rate realities, schizophrenic people lose due to the It/sA their original unities and connections: the connection between A and R, between mind and matter, between person and thing, subject and object, but also between different persons.

But opposing phenomena can also arise: mergers, one-sidedness, false connections, etc. In this case, the diversity of various units is lost, such as those of different persons, different things, mind and body, subject and object, etc., or they are reversed. Thus, people often become more like things, things become more like persons, subjects become object-like and objects become subjective.

The primary identity of different people and different objects will eventually be lost.

Schizophrenic psychoses often develop in families that either have strong tendencies of fusion (symbiosis) or they are very divided or both opposing tendencies can be found side by side. The index patient either takes the pro-side, the contra-side or will be torn apart between those two sides. This person usually has no clear position of his own (no actual Self) and still needs an old position to guarantee psychical stability. But the more this position is overtaxing the affected, the more he will be forced towards the contra-position, or he will alternate between the two positions or becomes divided. In the meantime, the 0-position can be chosen as a balance between the opposite positions, but of high costs, too.

R. D. Laing: "Therefore, the polarity is between complete isolation or complete merging of identity ... The individual oscillates perpetually, between the two extremes, each equally unfeasible. He comes to live rather like those mechanical toys which have a positive tropism that impels them towards a stimulus until they reach a specific point, whereupon a built-in negative tropism directs them away until the positive tropism takes over again, this oscillation being repeated ad infinitum."³⁰ And Manfred Bleuler pointed out that autism and split are two sides of one psychological process.³¹

All of these reactions are associated with deficits of first-rate reality and personality.

I believe that the extreme introversion in autism or schizophrenia is an act of protection to guard the personal core from splitting or decay. Since the affected person has a weaker Self, every additional pressure threatens to destroy the remaining Self too. The person is caught in a vicious cycle of splitting- and fusion tendencies and cannot escape. ('Psychical Bermuda Triangle'). He may find some sort of balance between the two sides but that balance is of the very high cost. It will be very hard for the person to forgo that balance (although which would mean to can lose his symptoms) because as soon as he wants to get away from one side, the other side will threaten him. The threat will be experienced as existential. The affected person believes that he will die if he tries to give up the balance between the dividing and merging positions. Why? Because the person identified himself with the underlying sA, even though that sA is the reason for the splitting and the autistic reactions. To lose the sA and the symptoms, the person basically has to let the sA "die". However, since the person identifies himself with the sA, he will experience the 'death' of the sA like his own death. The person will not take that risk, especially not as long as he can not find a stronger Absolute.

Not only division and fusion can create an expensive balance, but the pro-and-contra positions (\leftrightarrow) of all personal aspects, especially those that lie on the same aspect level.

Here are some examples:

strange-I \leftrightarrow loss of I

splitting, isolation, 'explosion' \leftrightarrow fusion, compression, 'implosion'

chaos \leftrightarrow inner constraints, automatism

peculiarity, specifics \leftrightarrow no individuality

ecstasy \leftrightarrow lack of emotions

hallucinations \leftrightarrow inner emptiness, isolation

symbolized, encrypted topics \leftrightarrow concrete simplified topics

closing, isolating \leftrightarrow opening, exposing

insensitivity, petrification \leftrightarrow sensitivity, pain

reification \leftrightarrow liquidation

bizarre topics \leftrightarrow amorphous topics

emptiness, inner poverty \leftrightarrow heaviness

weakness, powerlessness \leftrightarrow false potency, feeling of almightiness

sense of inferiority \leftrightarrow megalomania

fixation \leftrightarrow instability, dissolution, shifting.

³⁰ Ronald D. Laing: 'Das geteilte Selbst'. Kiepenheuer und Witsch, Köln, 1983, p. 65.

³¹ Manfred Bleuler: Klinik der schizophrenen Geistesstörungen. In Psychiatrie der Gegenwart, Springer V., 1971.

It is not only schizophrenia itself but also single symptoms that can be interpreted as positive sometimes.

They may occur as part of a progression as well as a part of regression.³²

Shifting and Fixation

Everything that I mentioned regarding the opposite-pair 'splittings and fusion ' also applies to 'shifting and fixation' because splitting always goes along with shifting and fusion with fixation. The affected person is therefore not only divided and/or fused but also shifted and/or fixated. We are all not only somewhat split or 'compressed' but also shifted (crazy).³³

The clinically shifted/ crazy person may have adapted himself to our craziness and was not able to deal with them. (See also in the bibliography on this issue the publication by M. Siirala).

As mentioned above, one may find certain opposite-pairs and their symptoms throughout all aspects.

Paradoxes and Schizophrenia

Once, a snake came into my heart,
it had two heads, a black one and a white one.
And each head was telling the opposite of the other.
Both were speaking the truth, but the center of their words was a lie.

Like schizophrenia, paradoxes arise from contradictions within a system that has no meta-level³⁴ - ultimately caused by 'inversions'.

One may also say: **Whatever causes paradoxes, may also cause schizophrenia.**

In their characteristics, paradoxes (as well as schizophrenia) show contradictions/ ambivalence on the one hand and the indissolubility of those contradictions on the other hand. In addition: A characteristic of schizophrenia is its inherent paradoxes, which the person concerned cannot resolve.

The solution for both consists in the introduction of a meta-level that can relativize or resolve the contradictions.

By the way: our world is more or less ambivalent, ambiguous or even contradictory and paradoxical. The paradox is also, that interpretation and counter-interpretation often appear equally true. (See also Chapter [`Emergence of Paradoxes`](#).)

Further Thoughts on Schizophrenia

After inversion, P² will live on many different foundations. The affected individual will experience those foundations as contradicting, ambivalent, incompatible, not capable of being integrated and therefore unsolvable.

The really relative limits become absolute and will be experienced as insuperable

³² See also the theory of `positive disintegration` of Kazimierz Dabrowski with which I partly agree.
Dąbrowski, K. (1966). "The Theory of Positive Disintegration". *International Journal of Psychiatry* 2: 229–44.
https://en.wikipedia.org/wiki/Positive_Disintegration.

³³ The graphic in chapter "[Fear](#)" should illustrate how the sA / It displace (make crazy) the person.

³⁴ Pictures of schizophrenic artists are usually without horizon (~ missing transcendence, meta-level).
See, e.g. Leo Navratil: *Schizophrenie und Kunst*, dtv, München, 1965.

(„**fehlender Überstieg**“³⁵ Conrad). In itself, the Self (as well as God) compensates for all contradictions and opposites, but the sA does not. While the person (P), who is based on the actual Self, has no problems cooperating with all the different areas of life and always remaining himself, now, strange foundations make P opposite and crazy. The strange Selves of these people are sometimes like wolves. They are distrustful and lonely but in a pinch, they will stick together. They are not friends but fellows at most or conspired communities. They quickly have common enemies, but also quickly get into hostility with each other. Or they are like helpless lambs. They can never rest because they are constantly being haunted. They have to escape and overcome different obstacles. Or they have defective or contradicting views and behavior according to that sS on which they depend on. Therefore they act in ways that cannot be understood by others. Or they are forced into further roles by other strange-Selves.

And is the I once it is itself, an I-self, then it is still uncertain in view of other positions, "is it really me or not"?

The schizophrenic patient is lacking the self-evidentness. The individual does not experience himself nor the world as self-evident.³⁶ The 'schizophrenic' lacks a Self that protects him, gives him identity and integrates everything negative. Since P is identified with a number of different objects or other persons, he is very dependent on them. He can see the same thing completely reverse or distorted and crazy, depending on which strange Self dominates him. The person concerned can, as one so aptly puts it, no longer deal factually with these or those things and problems. He takes it personally. The centers, the strange Selves, of these persons, are weak and heteronomous. Their limits are perforated.

“A burglary of something exterior and foreign into one's own experience which means a deep disorder of one's personal identity with blurring of one's ego boundaries and abolition of the clear difference between inner and outer reality” is typical for any schizophrenia. (Ciompi, p. 272).

The person does not give priority to his own Self but the strange parts. Those strange introjects receive the status of a subject, become quasi-personal, and the Ego becomes a passive and assailable object. No wonder that the person concerned delusionally reacts or hallucinates in this situation. Since the strange has established itself in a dominant position, the person also feels how these foreign powers dominate him, how they do something to him, as an object, pursue him, observe him, or even talk to him. As inexplicable as these phenomena may seem, at first sight, they become understandable when we consider the role of the strange-Self (sS) because the strange-Self was personalized while the I-self was depersonalized. If, for example, parents or what they represent are absolutely taken, the child will develop structures that conform to the absolutized parental parts, which now (quasi-personal) take on some sort of subject-role. They act as subjects and will also be

³⁵ ~ „missing cross over“

³⁶ W. Blankenburg called the 'loss of natural self-evidentness' as a sign of schizophrenia (1971), but that affects us all since we have lost the paradise and not just 'schizophrenics'. As a sign of schizophrenia, one should only ascertain a predominant loss of natural self-evidentness (corresponding to a predominant loss of the first-rate Self in the sense of this work).

experienced as such. Therefore, there are many affected people that are able to assign voices to specific people. The sS becomes a quasi-personal foreign body that is also able to 'speak'. One can also say: a strange Ego speaks of an sS basis.

There are many more phenomena caused by the mentioned sS resp. It and are noted in the [Summary table](#) column T-V. Therefore, I will not list them again at this point. Of course, the actual occurrences are barely as simple but I think in principle plausible explicable, and it's amazing why schizophrenia is still considered as a total mystery.

Regarding the causes of schizophrenic reactions, I follow these remarks and hypotheses:

- Illness should not solely be interpreted as the consequence of misbehavior!
- Illness should not be viewed as the absolute evil that has to be destroyed. Illness and health are of relative importance. As Relatives, illness and health have both, positive and negative sides.
- Every person can become ill (mentally and physically).
- The causes of illness are similar to the causes of misfortunes: Every misfortune can hit any person, although with different probabilities. The person concerned can become sick without or by his/her own fault.³⁷
- The most frequent primary (!) causes of illness are Inversions.³⁸ 'Isms' or ideologies are typical examples of this.³⁹ Of course, mental disorders may also be caused secondarily by physical disorders ("secondary causes").
- Causes of mental disorders are rarely to be found only within the affected person him-/herself but in all of the spheres that affect him. A similar statement can be found in various references about the discussion of the genesis of many mental disorders: "The genesis is assumed to be multifactorial, with genetic, neurobiological and psychosocial factors constituting the relevant pathogenic causes."
- The share of the single factors is different in every case. I tend to focus on the spiritual spheres because I am also convinced that there are the most options of efficient therapies. That is usually not the case if one only tries to influence the biological-material sphere (brain, genes) usually by using psychotropic drugs.⁴⁰

If we read these sections from the point of view of splitting phenomena, we find that the most frequent and typical genesis of schizophrenic reactions is the following "story":

The most important reference persons (mostly the parents) of the later ill individual are sS-determined if they are apparently ill themselves or not. These strange-Selves of the most

³⁷ Undoubtedly many clinically healthy people are much crazier than many patients. How is that possible? I believe that these people will not be ill because they do not call into question their morbid attitudes and shift their disadvantages to others.

(See also [Emergency Solution at the Expense of Other People](#) in the Psychotherapy section).

³⁸ In this publication, I neglect the role of the [-A](#) as an important cause of disease intentionally, because it escapes a therapeutic influence.

³⁹ The ideologies are only a well-known example of at least as important dogmatic and pathogenic attitudes in families or individuals, they make a claim to absoluteness that excludes other attitudes.- or for those who lack fundamental orientations at all.

⁴⁰ This of course does not mean that such symptomatic therapies should not be used (see corresponding chapter).

important persons add up in their effects. The child is confronted with different absolutized positives (+*) and negatives (-*), with things they have to obey and things they have to avoid. The core of this child will depend on if it obeys or avoids the specific subjects. The actual Self of the child that mainly wants to be free and independent, has to subordinate itself and will be forced aside. This is the main splitting. Surely, we all have such splittings within us. They will have a more negatively effect, the more the actual Self will be forced aside, the less the child is itself but has to be strange-self. The parents barely ever deal with such a process consciously, which does not mean that the parents do not make conscious mistakes. As already said, they are very often strange-determined themselves but either they have enough own Self still not become ill or they can compensate the sS-parts somehow or live with another emergency solution (that will be discussed later on). As long as the child takes over (mainly unconsciously) the strange-Selves of its parents, existing splittings or other symptoms will not be as noticeable as at the point where the individual tries to live more out of its own actual Self-basis. That point can also be later on in life when the child is all grown up. Then, the affected will stand in distinct opposition to his outer and inner strange-ideals* and strange-taboos*. The contradictions will be experienced now as full of tension or even highly existentially threatening. That is a very important point: Even if the situation seems to be easily manageable, the personal experience is very otherwise because the affected person (P) perceives it as absolute. P will feel as if it were a matter of life and death. While some people, who are a little more fortunate find a solution, others do not. The tensions and splittings threaten P to tear apart. As mention in the paragraph 'solutions', there are different possibilities now. In our case, the individual will become ill (which we refer to as [Emergency Solution at One's Own Expense by Disease](#). That means, that the person takes a compromise (alternative) as a solution, which relieves him to a certain point but is also of high cost: the price is his health.

People with psychotic reactions, or mental illnesses in general, often want to live deeper, want to live their own lives. Therefore, it seems important to me not to regard mental illnesses only as something negative, because even if the individual tries to do the right thing - for example, to part with his parents, he can become ill.

Even though we all have latent schizophrenic phenomena within us (according to my theory), not every person will become clinically schizophrenic. Why not?

For one, extent and nature of the sS play a big role. Then, whether they tend to weaken or intensify each other's effects. I believe, schizophrenic phenomenons will be experienced, above all, if the person dares to venture into the tension between the actual Self and the strange-Selves. The sick person experiences the sS resp. It as 'gilded cages' and wants to escape somehow. (Mostly unconsciously.) He tries to change his basic life foundations, his strange Selves because the old ones increasingly constrict him. He tries to cross the border of the strange-Selves but the danger is: He falls in between the chairs or will be torn apart. He could make it simple and just sit on the old sS-chairs. Then P wouldn't become schizophrenic but would pay the price of a second-rate, over-adapted life. It seems like many people decide on that. But some affected people prefer a divided life that is at least halfway real and maladjusted compared with a life that is all the way adapted and inauthentic but

then they risk a crisis.

I believe that many clinically healthy people have more inner splittings or similar phenomena than those who are diagnosed as schizophrenic because they solve it in an easy and comfortable way with being adjusted. Even though they prevent their own manifest disease, they will become some sort of transmitter of the causes of illness. I do not want to condemn this, but I want to show people with psychotic reactions, that they might be more courageous (even if unhappier) than some so-called healthy people. They are often more honest in a frightening, but also a self-destructive way. Frightening for us so-called normal people, who barely dare to face the lies of our lives and the heteronomy. The clinically healthy people are therefore not automatically less crazy, they only suffer less. R.D. Laing said: "Thus I would wish to emphasize that our 'normal', 'adjusted' state is too often the abdication of ecstasy, the betrayal of our true potentialities, that many of us are only too successful in acquiring a false self to adapt to false realities." [R.D. Laing in 'The divided Self'].

On the other hand, psychotic reactions can, of course, also occur in a regressive way. While the above-mentioned people tried to jump into life but crashed halfway, others are running away from a life that seems unbearable. A psychosis can, therefore, arise both, when moving forwards ('progressive') or backward ('regressive') since the future is unknown and insecure or past and present seem unbearable. Often the stalemate situation appears to be the safest. But it is too much to die and too little to live.

Schizophrenia can be described as life in conflict between the actual Absolute and the Relative that seems to be absolute, as live between the Self and strange-Selves or between different strange-Selves themselves.

It is a suffering from contradictions that is experienced as unbearable for the person concerned. This fact can only be explained by the assumption of disturbances in the absolute realm in the person because there are no relative fragmentations. Those affected try to live on two or many bases, two or many Absolutes. They are chronically desperate and undecided. They live in an existential dilemma.⁴¹

I think also, we tend to overemphasize the differences between the different mental illnesses, while not seeing the common in depth, like the strange-Selves.

I also have no problem to see direct parallels of schizophrenic psychodynamics and corresponding external situations, such as those of divorce - only with the difference, that in case of schizophrenia, the 'divorce' takes place inside and the schizophrenic person cannot separate completely from himself, although he tries. By the way: I would give a human in divorce and a human with schizophrenic reactions medication only if they could be overwhelmed by the respective suffering, but not as self-evident "relapse prevention" from the outset.

I also want to point out, that I do not think that the elimination of schizophrenic symptoms is the first and most important step of therapy. Above all, the therapist should accept the

⁴¹ 1. "The desperate is like a wave, which is driven by the wind back and forth. He is a man with two souls." (James 1: 6,8).

2. I have, as I said, placed the symptom of 'splittings' in the center of this article because it gave its name to schizophrenia - it is, as the Summary table shows, by no means the only and most typical symptom of schizophrenia.

patient with all his splittings and unsolved problems. Symptoms are not the absolute bad, just as health is not the absolute good. By not giving absolute significance to schizophrenic symptoms, the therapist does not cause any additional disturbances that would otherwise occur. But also the relativization of symptoms is not of absolute importance and does not guarantee their cure but the chances are much higher.

Finally, the positive sides of the schizophrenic symptoms should be pointed out once again. Here, they shall be named only as keywords and hypotheses:

With psychoses, the patients defend their remaining parts of dignity, freedom, individuality and self-determination, albeit at the cost of giving up part of themselves. The disease is both protection and self-abandonment. "You know, the thing that is so wrong about being mentally ill is the terrible price you have to pay for survival."- so it says in 'I never promised you a rose garden'. Or as a patient of Luc Kaufmann said: "If I woke up I would die!". On one side, it will be good if doctors and patients respect this psychotic defense but on the other hand, the question remains whether the patient cannot do without this expensive protection. Therefore, I present the psychotic reactions, like mental illness in general, to the patient as an 'allowed emergency solution'. With that, the patient has the opportunity to allow that option without feeling guilty but one should also always questioning the necessity of that very expensive protection. The same applies to medication protection. Psychosis is not only emergency protection but also offers an emergency solution in all other personal aspects: it can give substitute individuality, substitute dignity, freedom, variety, order, reality, past, present, and future. It can give substitute communication, substitute well-being and all other positives of the second-rate reality. Better an expensive alternative than a total loss of Self. Thus the disease can become an emergency rescue of the Self.

Comparison with Other Schizophrenia Theories

Do not all common concepts of schizophrenia have a certain rightness? At least in the sense by describing many different possibilities of causes of schizophrenia. I can integrate most of the theories into my concept without any problem i.e., with the concept of inversions with their It/sA, I am trying to find a common denominator.

The known schizophrenia theories emphasize the following factors as the cause of schizophrenia:⁴²

- High-expressed emotions (HEE) (G.W. Brown and others).
- Double-bind-theory (Gregory Bateson).
- Entanglement (S. Minuchin).
- 'Delegation' and 'impossible mission' (H. Stierlin).
- 'Paradoxes' (M. Selvini Palazzoli).
- Narcissism and contradictions based on internalized object-relationship (Kernberg).
- Ego-weakness, often emphasized by psychoanalysts.
- In older literature, the question of broken-home-situations played a very big role,

⁴² Hints: Here are just extremely brief keywords. The causes mentioned overlap.

without finding specific results.

- Disturbed family / interpersonal relationships (H. S. Sullivan, Th. Lidz et al.).
- Schizophrenogenic mothers (Frieda Fromm-Reichmann).
Similar Margaret Mahler, D. Winnicott.
- Social isolation, especially emigrants (Schefflen).
- Vulnerability-stress-model. (See below).
- Psychosis is the result of a collapse of openness in the face of the event. (Henri Maldiney).
- Schizophrenia as the result of the 'loss of the natural self-evidence' of the person. (W. Brandenburg).
- Genetic, neurobiological factors, immune disorders, birth defects and Infections are in my opinion overestimated as the polluter. It also remains open whether some are not the result of primary psychogenic disorders. (→ [Neuroscience](#)).
- Drugs and alcohol can induce psychosis.

Each of these theories could easily be assigned to one of the aspects in column A of the [Summary table](#), as I do with the following examples.

In the following paragraph, I will compare these most common theories with the hypotheses of this work: the vulnerability-stress-theory, Kernberg's Object-Relations Theory, the Double-bind theory and the Expressed-Emotion Concept.

Vulnerability-Stress-Theory

“Authors such as Zubin and Spring, Ciompi and Nuechterlein all used the vulnerability-stress-model to explain the multifactorial psycho-social-biological development of schizophrenia. People at risk of schizophrenia ... show a particular vulnerability and sensitivity which - combined with stress and social or physical strain - can lead to an outbreak of psychosis.”⁴³
Typical for any schizophrenia is “a break-in of something exterior and foreign into one's own experience which means a deep disorder of one's personal identity with the blurring of one's ego boundaries and the abolition of the clear difference between inner and outer reality”. (Ciompi, p. 272).

With the following two pictures I try to explain these views with my theory:⁴⁴

⁴³ <https://de.wikipedia.org/wiki/Diathese-Stress-Modell>, 2015.

⁴⁴ An overview of the numbers of the named psychical aspects can be found in the [`Summary table`](#).

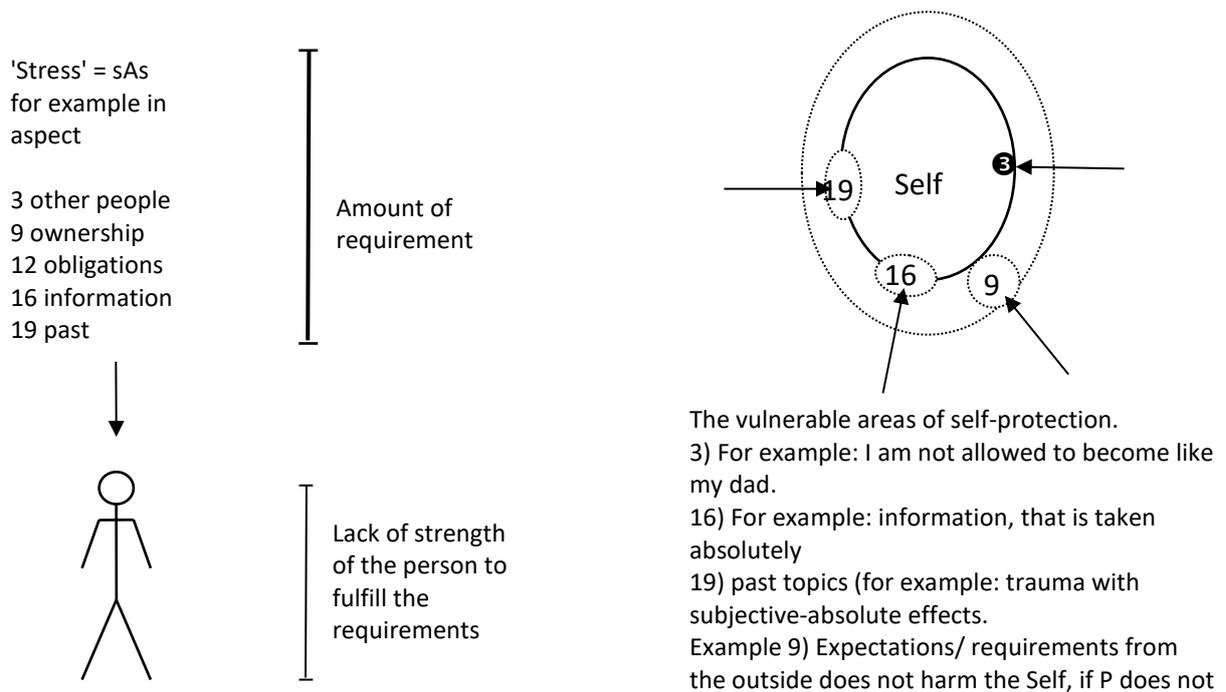


Fig. The stress-vulnerability concept applied to my concepts.

Note: The vulnerable spheres are also spheres for manipulation and spheres in which overstimulation can take place because the external stimuli can freely penetrate into the self-area. In the [Summary table](#), this topic is shown above all in the row of Asp. 23.

All psychiatrists agree that many factors must come together, that are also rather unspecific by themselves.

It is probably a mistake to find *the one* cause, especially since there are not one but many forms of schizophrenia, which also differ individually.

Note: The so-called '**Demands and Capacities Model**' (explanation for stuttering) is very similar to the vulnerability-stress-model.

Kernberg's Object-Relations Theory

Kernberg's theory of the confusion of self- and object-representations and the related lack of distinction between inner and outer worlds can be explained by the above right figure. It is illustrated how absolutized objects of the world penetrate the self-sphere of the person, become strange-Selves thus disturb the differentiation between one's own Self and the strange objects, or the inner and the outer world. Ciompi also describes the blurred borders between self-representatives and object-representatives and the connected problem of schizophrenic people to differentiate between the inner and outer world.

In the [Summary table](#), this topic is represented particularly in row IV (subject-object relations).

Melanie Klein emphasized the child's relationship to good and bad objects in their development and the difficulties or disruptions in their integration.

In the [Summary table](#), this topic is represented particularly in row III.

Double-Bind Theory

The double-bind theory is G. Bateson's theory of schizophrenic disorders, presented as early as 1956.

In the following paragraph, I describe the double-bind theory using information taken from Wikipedia.⁴⁵

It will be shortened and written in italics, and I compare my corresponding hypotheses in this regard in square brackets [].

“The classical double-bind theory describes the following requirements for a double bind to take place:

A primarily negative commandment or prohibition that is essential for survival and incompatible with a second essential commandment, and a third commandment that prohibits the victim from attempting metacommunication and makes it seem impossible for him to leave the conflict. These conditions are usually internalized and a self-runner.”

[This theory is largely compatible with my concept: it emphasizes the absolute character of that which binds twice, the incompatibility of commandments with one another, the impossibility of the person concerned to resolve these contradictions, even if they could objectively be solved and that it is impossible for the individual to solve them due to subjective reasons because they have acquired an absolute meaning and a relativizing meta-level is missing.]

"The main difference between a [relative] contradictory and a paradoxical rule of action is that in the case of the former, one can consciously perceive and choose the alternatives. Although one loses with the choice of an option the other option, but one consciously accepts its loss. "(Which is not the case with the paradoxical rule.)

[Here, the loss of the option to choose in a paradoxical situation is rightly mentioned because the individual has no superordinate Absolute which would allow the choice of option. Instead, the differences are absolute.]

“The double-bind theory considers two levels (at first): A dominant parent and the dependent child. A third, superordinate level, such as social norms, ideals, or goals, to which the dominant sender of the double bind message feels committed, is not considered at first. However, such a third superordinate level can be found in the Stanford-Prison-experiment and in the Milgram-experiment.”

[The necessity of considering a third, superordinate meta-level is mentioned here. That also means considering an absolute sphere in which the “offenders” are also captured.]

“There is ... a wide field of potential contradictions that are not really contradicting itself on the level of logic. The real determinant is ... the subjective excessive demand in the awareness of the child. A certain problem may overtax the child but as long as the child must not solve the problem, the child can look at the problem with a relaxed interest, and will learn from the situation.”

[With those statements, the classic double-bind theory is expanded to all the problems or contradictions of the individual that seem to be unsolvable, which coincides with my hypotheses.]

⁴⁵ <https://de.wikipedia.org/wiki/Doppelbindungstheorie> 6/2013, 2017.

Regarding the pressure to adaptation and the self-image:

"... in double-bind relationship patterns, the kind of influence also includes the kind of self-perception the victim has for itself."

[Important reference to the disturbance of the victim's identity whereby not just the identity but all psychical aspects are disturbed. And the causes are not only double binds (or splittings) but all inversions.]

My concept confirms and extends the double-bind theories.

In detail:

- The counterparts of double-binds are **double-splittings** and **lack** of ties. They are the other It-effects (when the [It as nine-sided Triad](#); i.e., there can be two, or three different effects of the same It/sA.
- Double bonds/splittings can occur if the solution of an inversion is forbidden or impossible, as it is of absolute importance to the persons concerned. Uncovering of fundamental errors in the system is banned because it would plunge the system into crisis, and system members therefore believe that their common Absolutes must remain in all circumstances.
- All inversions can have double-bind, multiple-bind, -splitting or deficit effects.
- Even one single It/sA may cause double-binds or double-splittings or deficits.
- All P² can be the cause, as well as the target of those double-effects because every P² is dominated by It/sA that can have contradicting effects. But keep in mind: the whole P does not only consist of P²-parts.
- If people live sA-determined (= P²), they send double-bind messages.
- Every (absolute) bond is also a discrepancy of outer or inner necessities and the inner need for freedom.

Note: With terms such as double-bind or double-message, also paradoxical binds, predicaments, dilemmas, traps and so on can be described. When S. Freud stated, that these are the results of "two opposite affective reactions or drive reactions where one of them is a partial drive" and "the other one tries to prevent it" and that this is absolutely typical of neurotic symptoms, then the similar is said - as is also the statement of H.F. Searles that one cause of the double-bind is, "that one is in the same relationship with the other on two (or even more) different levels at the same time, that do not have any kind of connection with each other. This has the tendency to force the other person to dissociate his participation from one or other of these levels (possibly both) because he finds it inappropriate to refer to a particular level if it has no relation whatsoever to what is going on at the other level ...". Searles describes how a very attractive and provocatively dressed woman made him nearly crazy by a sterile discussion with him about theology and philosophy.⁴⁶

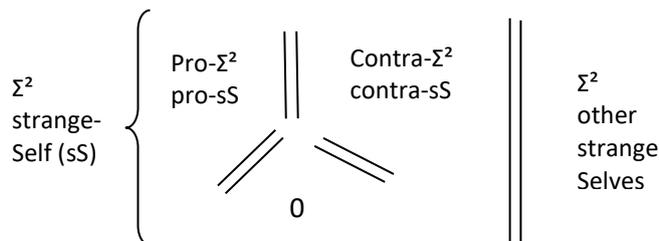
- Double-binds/splittings may also occur if they originate from two contradicting sides of one part of an It (e.g., a front side and a reverse side). But because they are based on the same part, it falsely seems like they cannot be contradictory. A second possibility: A part and the opposite part state the same thing because the reverse side of a part and the front side of the opposite have the same connotation.

⁴⁶ Harold F. Searles: Das Bestreben, den anderen verrückt zu machen - ein Element in der Ätiologie und Psychotherapie der Schizophrenie. In http://www.alex-sk.de/D_Searles.html (S. 132/ 133).

- There are 1000 causes that may lead to bonds or separations or deficits of two (or many) people, as well as 1000 causes that may lead to bonds or separations or deficits within one person. In both cases, many different possible causes, that may lead to one very specific but individual various result. (→ [Spreading and Compression](#)).

Examples:

- Mother and father take an absolute position for the child. This creates a double bond: The child must follow both mother and father, although they are different. But this is also a splitting of the childish image of the parents and the truth, which states that that the parents are not of absolute importance.
- Analogous example: Mother is the good, father is the bad → bond, splitting and trap for the child.



Possibilities of double-binds and splittings in systemic and dimensional spheres².

In the [`Summary table`](#) this topic will be displayed particularly in row a4. If a first-rate +metaposition is engaged, the subjective or objective contradictions (including all dichotomies and their double-binds/splitting) will be solved or at least relativized.

Expressed-Emotion Concept

“High expressed emotions (HEE) means, that the family members mention a lot of critiques towards the patient. They show animosity or are characterized by an emotional hyper-commitment. The unfavorable influence of HEE on the relapse rate of schizophrenia, depression, bipolar disorders and eating disorders is scientifically proven. However, there is no recognized theory on the mechanism of action.”⁴⁷

Even this concept accords with the ideas of my theory, which emphasizes the absolute importance of certain people and their attitudes toward the person affected. That absolute importance has certain consequences in the area of emotion and behavior (esp. aspect 7) and, regarding emotions that are illustrated in cells I7 and N7 of the [Summary table](#) (hyper-emotion, mis-emotion and insensibility). I believe that common literature over-interprets hyper-emotion, while neglecting mis-emotion and insensibility.

Criticism on Certain Schizophrenia-Theories

- Holistic concepts seem to be missing.
- Questions: How can theories that have no concept of a whole explain sufficiently schizophrenic phenomena?
 How can therapies solve splittings that split off anything that is not scientific and thus are split themselves, too? Don't they lack a meta-theory that integrates everything that is

⁴⁷ <https://de.wikipedia.org/wiki/Expressed-Emotion-Konzept>, 7/2013.

psychical relevant? I.e., a band for the person/system that encompasses everything and 'holds together'? The integrating instance has to lie on a meta-personal, or meta-individual level if the person is no longer able to solve the splitting by himself, or with the help of other people.⁴⁸ The index-patient and his family can be considerably relieved if the main responsibility for solving the problems lies in an instance outside of the affected people. Here, we can also notice a disadvantage of one-sided psychiatry. I refer to the predominant personal image of psychiatry today, consisting of many self-representations that are not being held together by a superordinate unity so that an unfavorable initial situation of therapy of schizophrenic psychoses exists.

- Many concepts solely focus on the elimination of disorders. In contrast, Eugen Bleuler said, that basic characteristic in psychoses is, that the healthy parts remain over in schizophrenia. They are not be gone but only hidden.⁴⁹

- C. Kulenkampff stated: Griesinger's statement from the second half of the 19th century, that states that mental illnesses are brain diseases was too dogmatic. His hypothesis - "schizophrenia is a somatic-based illness" - eventually became an "unreflected assertion". "The elephant of worldwide biochemical, anatomical, genetic and natural scientific research has not yet given birth to a mouse when it comes to the area of etiology."⁵⁰

I have the impression that nothing has changed in principle about this statement to this day, even if more detailed neuropathological research results are available today.

- Most of the theories of schizophrenia are based on a positivistic principle which means, they only accept hard facts. M. Musalek, on the other hand, is right to say: "The main problem of positivistic research approaches lays in the circumstance that nature obviously knows nothing about our principles of classification and order. We are the ones who create disease categories into which we then order the nature surrounding us. Nature does not know those forms and categories. Therefore, on positivism based schizophrenia-researches ... remained without any success."⁵¹ R.D. Laing even went so far as to regard schizophrenia as a projection of some schizophrenic theories.⁵²

Why can be seen, regarding the above-named theories, inversions with their effects (sA/It) as the common denominator for the schizophrenia genesis?⁵³

I have stated in the previous sections in what way the inversions-impacts explain the vulnerability-stress-model, the double bond theory, the "paradoxes" (M. Selvini Palazzoli), the pathological narcissism after Kernberg and the High expressed emotions theory.

Regarding other theories:

- S. Minuchin says, that the entanglements happen because the affected individuals are not able to find a solution at the certain (sA dominated) spheres, i.e. they are not able to engage

⁴⁸ As Antoine de Saint-Exupéry said: "For one day I will speak to you about the necessity or the Absolute, which is the divine knot that connects things." 'Citadel', Karl Rauch publishing house, p. 216, 1956.

⁴⁹ Eugen Bleuler: Lehrbuch der Psychiatrie, 1975.

⁵⁰ In the foreword by Bateson et al. „Schizophrenie und Familie“, Suhrkamp-Verlag. 1978, p. 9.

⁵¹ Musalek, Michael: Die unterschiedliche Herkunft von Schizophrenien und ihre philosophischen Grundlagen. *Fortschr Neurol Psychiat*, 73 (Sonderheft 1), 16 – 24, 2005.

⁵² Aus https://de.wikipedia.org/wiki/Ronald_D._Laing, 12/ 2015.

⁵³ For the sake of simplicity, I refer here only to the sA and not to the more comprehensive It.

a solving meta-level.

- "Delegation" and "impossible mission" (H. Stierlin) may be explained likewise: The affected individuals are not able to fulfill the sA-demands delegated by other people.
- The common I-weakness can be explained with an Ego that is overtaxed by the sA.
- The "broken-home-situation", often described in older literature, may be found, as well as the opposite form of fusion, hyper-proximity, etc.
- The schizophrenogenic mothers (Frieda Fromm-Reichmann) can also be found in addition to all other schizophrenogenic factors.

Delusion

Delusion can be explained by the fact that the person (P) does not judge himself and the world from a first-rate perspective, i.e. from the actual Self, but P interprets the world from foreign, distorted, partly contradictory points of view by the Its/sA. This disturbed way of thinking and interpreting cause disorders that are particularly found in aspect 18 of this work. I am assuming, that other absolutizations are also added which determine the content of the delusion. The topics of delusion reflect certain absolutizations: e.g., absolutization of one's own responsibilities and morals → everything is my fault → delusional guilt; Others, depending on the absolutized topic: paranoia, delusional impairment, persecutory delusion, delusional jealousy, megalomania, hypochondriac delusion, and so on.

The connection between ideology and delusion seems obvious: ideologies believe to possess absolute truths. In other words, ideologies are more or less delusional and encourage delusion. One may assign the different delusions to certain aspects of differentiation of this work. Instead of a +A, the individuals experience strange Absolutes in their systems. "Such people live in their own solar systems ..." said F. Nietzsche once.⁵⁴

The causes are by no means only to be found in the person affected. People with delusions are often the victims of healthy people with non-clinical delusions whose price the sufferers pay. Therefore, misidentifications play an important role in delusion: I identify myself with somebody/something or I identify somebody/something with me. Exterior topics then represent the inside of P² and the other way around the exterior acquires other meanings to the person. Example of delusional jealousy: A patient who compensates his low self-esteem by representing his attractive wife like an object towards other men: "Look what a guy I am that I have such a sexy wife." But at the same time, he develops the delusion that his wife might like other men better and he could then lose his love object* (sA), his wife. E. Bleuler: "The development of delusion seems to be less puzzling if one imagines it as a result of a comprehensible confrontation of an inner and outer conflict-situation: [e.g.,] an ambitious, young man wants to achieve great things but he does not accomplish great things. His self-esteem does not allow his own inability to be the reason for his misfortune: he protects himself from inferiority feelings by ascribing blame for his fate to the evil intrigues of other peoples. Or, a girl, who has no boyfriend because of her contact difficulties, dreams of men of much higher rank falling in love with her but she blames evil people who prevent coming

⁵⁴ F. Nietzsche: Über das Pathos der Wahrheit. München 1954, Band 3, S. 267-272.

together with those men.”⁵⁵ Bleuler is only able to imagine the transition from normal to psychotic by picturing a certain 'point of no return'. That would be the point, where the confrontation of the own situation with the reality becomes as painful and shattering, that one gives up the reality and is caught in a surreal world of imagination.”⁵⁶

⁵⁵ Bleuler E.: Lehrbuch der Psychiatrie. Springer, Berlin-Heidelberg-New York, 1983.

⁵⁶ I would describe that 'point of no return' as the point where a Relative became a strange Absolute (resp.It) that is not to integrate.

Table: Example of the Genesis of Delusion (Extract)

Ideologies and individual attitudes	Inversion of:	Effect of Its on person	Disturbed forms of schizophrenia	Functional disorders of schizophrenia	Quality disorders of schizophrenia
E11 dogmatism bureaucracy technocracy anarchism	order	G11 It orders, organizes / chaotizes	T11 disturbed (dfh) orders laws	U11 disturbed (dfh) organizing, arranging, integrating/ dissolving, resolving	V11 Incoherence of thoughts (E. Bleuler), dissociations, vague, e.g. absent-minded thinking, "word salad" - imperatives! ritualized
E12 moralism legalism / antimoralism	duties	G12 It orients, positions It does not line up; lets float	T12 disturbed (dfh) superego	U12 disturbed (dfh) of orientation steering Pat. can't orient himself (Bleuler)	V12 divergences, e.g. "intrapyschic ataxia" (Stranski) / single-track in P, e.g. in behavior, feeling, thinking, perception etc. .
E13 liberalism laissez-faire-attitudes restrictive ideologies	N rights D control	G13 It regulates / doesn't regulate	T13 disturbed (dfh) rights	U13 missing and false controlling / binding	V13 constrictions, unfreedoms, restrictions / uncontrolled, overshooting, e.g. movement storm, logorrhoea
E14 creativism also progressivism chthonism, secularism	I news V and old	G14 It generates / does not...	T14 disturbed (dfh) new shared	U14 lack of creativity / "grounding" false creativity: above all there hallucinating delusion strange inspirations	V14 trivial level, sterile, stereotypes (motor activity, speech) artificial, abstruse, bizarreness, e.g. neologisms, hallucinations, (delusion) mannerism
E15 activism utilitarianism pragmatism	I dead U behavior	G15 It activates / paralyzes deactivates	T15 disturbed (dfh) done results	U15 disturbed (dfh) movements, actions, e.g. absurd, inadequate actions, catatonia, stupor. activity ↓ passiveness	V15 immobile, lame, made, tense, stiff, tense in P, e.g. in behavior, feeling, thinking, perception etc.
E16 rationalism scientism gnosticism scepticism antirationalism	A information L information	G16 It informs / contradicts	T16 disturbed (dfh) Information consciousness	U16 disturbed (dfh) perception, data processing, (think, see Asp.18) "double accountancy" illusions information ↓ misinformation	V16 incomprehensible, too unconscious, contradictory absurd, e.g. absurd activities, speech overconsciousness.
E17 exhibitionism occultism esotericism	reproduction	G17 It represents / hides, becomes invisible	T17 disturbed (dfh) expression reproduction	U17 disturbed (dfh) expression above all speech e.g. paraphasia ("word salad") schizophasia verbigeration echolalia. the reality false reflect	V17 concealed, too unconscious unclear;-Symbolism facades, e.g. symbolic, coded language, thinking, paramimia, paraphasia
E18 anti-/ logicism/-cognitivism ethical nihilism/ 'absolutism' (psych.)	K meanings D values	G18 It de-/valuates	T18 disturbed (dfh) value meanings above all self esteem	U18 disturbed (dfh) judging, thinking (basic symptom Bleuler), illogical thinking (paralogia) Delusion ↓ Important/ different meanings	V18 too insignificant, unimportant false meanings, hyper-meanings in the thinking, behavior, experience...
E19 conservatism empiricism traditionalism /modernism	A past T past	G19 It chronificizes It works away	T19 disturbed (dfh) past	U19 development is faultily and faultily remind, regressions ↑ of different times	V19 archaic atavisms, e.g. archaic thinking, archaic behavior, Ego-anachoresis / false habits
E20 carpe-diem modernism actualism	I present T present	G20 It realizes perpetuates eludes the present	T20 disturbed (dfh) present	U20 disturbed (dfh) time experience, e.g. of the time shutdown, merge of the time, time breakdown (Jaspers) ↓ times	V20 delays, "blockage" no/ too long post duration, e.g. of the affects, subj. feeling, e.g. flow of thought is tough/ high-speed
E21 utopism progressivism / apocalypse fatalistic ideologies	U future D future	G21 It preprograms anticipates / remains	T21 disturbed (dfh) future	U21 disturbed (dfh) future relation ↑ from different future	V21 disconnected, unpredictable e.g. unpredictable reactions (Benedetti, Redlich)
E22 perfectionism laissez-faire-ideologies	E right and wrong S	G22 It does not correct ; takes revenge	T22 disturbed (dfh) error/ lack of error	U22 disturbed (dfh) correction regularisation ↓ from guilt and innocence	V22 uncorrected unsolved, e.g. uncorrectable wrong thinking, convictions (see also delusion) Faulty in all functions of the psyche possibly
E23 pacifism masochism / militarism nazism sadism	protection	G23 It armour-plates arms, It becomes not influenceable/ becomes weak, helpless	T23 disturbed (dfh) protection	U23 disturbed (dfh) defense, vulnerability (G. Benedetti, Jaspers) defense often based on symptoms. Resistance ↓ from first and second-rate protection	V23 raised vulnerability, (Subj.: feeling of the overwhelming, also of the "made" see above); Pat. feels threatened

dfh = deficient/ faulty / hyper. ↑ = confusion, mistake

Analogous to the previously mentioned derivations of splitting and other schizophrenic phenomena mentioned earlier, this table is meant to illustrate some possibilities of the

development of delusional thoughts and similar mental disorders due to inversions. Especially absolutizations and negations of different meanings and values will promote the development of delusions. Those are often about idealization or degradation of people. The table also emphasizes the fact that it is not only inversions of meanings and values (asp.18) that can cause delusions but potentially also all inversions of the other aspects. Dogmatism and anarchism, for example, do not solely cause disorders of order but may also lead to disorders of thought and judging and therefore promote delusional thinking. Or, if we are fixated on responsibility and functionality, then we will feel secure and self-confident towards other people as long as we fulfill the responsibilities and functions. If we do not fulfill them, we may become ill and even paranoid.

I want to explain this from my own experience: When I myself had to be psychiatrically treated about 30 years ago, the main reason was that I was full of absolute "musts". I believed that I had necessarily to be a good human being (also by misunderstood Christian views). I had ever to be helpful and available to my patients but also to gain a certain amount of appreciation. As long as I fulfilled those requirements I received a lot of appreciation and had a strong Ego. However, it all collapsed when I was not able to fulfill all of the requirements anymore - maybe I did not want to fulfill them either. My fellow men, especially my patients became more and more alien threatening. Everyone who entered my consulting room during this phase made me think: "That person is expecting much help, and I have to give it." I was not aware, that my attitude made me vulnerable and that it caused me to view his wishes as unconditional demands towards me. The patient eventually became my opponent and I became my own opponent, too. "Why is everybody asking me for everything?", "Why do some people weirdly look at me?", "What can I do?", "Nobody can help me." Fear, strangeness, despair and helplessness became overwhelming. I was only moments away from experiencing a manifest delusion, only moments away from losing my mind. Fortunately, I decided to seek professional help. I experienced a turning point when I realized that I am absolutely loved by God, that I may be, whoever I am, who does not make his love and my self dependent on whether I fulfill these or those responsibilities and functions, no matter how good or meaningful they are, or not.⁵⁷

Questions:

- Can't any ideology create delusion?
- Does not have every person or every group or society its delusion in the shape of absolutization of growth, progress, performance, perfection, feasibility, beauty and other delusions?
- What distinguishes the delusion of the healthy from the delusion of the sick? (The so-called healthy person does not suffer from it, because his delusion is still positive for him, while the delusion is sorrowfully experienced for the sick person.)
- Doesn't the madnesses of us "healthy" promote the madnesses of the sick?
(See also about the therapy of delusion in [`Values`](#))

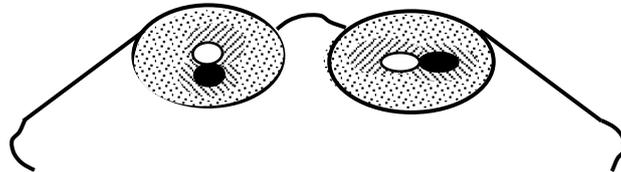
⁵⁷ Although the psychotherapy did not intend this at that time, it fortunately lead me in this direction, for which I am grateful.

Hallucinations

Delusions and hallucinations are closely related. Hallucinations are sensory illusions, without a demonstrable cause of stimuli.

Hypotheses: While the main reason for delusions is most found in aspect 18 (thinking and judging), the main reason for hallucinations is found in aspect 16 (perception). The affected person has a contradicting perception of himself and the world. He sees, hears and feels everything in an alienated way.

I believe, like all the other psychological symptoms, hallucinations are mainly be caused by inversions.



Due to certain It/sA, the affected person views the world as though looking through a faulty pair of glasses: black and white, too clear or unclear, distorted and so on.

Acoustic hallucinations are mainly developed through internalized absolutizations of people that act like a [Homunculus](#) in the affected person. It speaks to him, gives advice or orders etc. It is expressions of a special strange Self (sS) that become effective here as pseudo-personal, homunculus-like "central internalization". It was pushed from a subject role and the affected into the object role. ("It commands me...", "It comments my behavior", "It threatens me" etc.) These kinds of personal voices are being created because the personal sA/It (as 'humunculi') are often stronger than some other personal forces. Acoustic hallucinations are mainly voices of introjections of absolutized people (of people as sS), that were/are loved or hated too much. Or they are a transference of pathogenic behavior patterns of people surrounding the ill person. These are usually healthy themselves but they transfer their pathogenic issues and attitudes onto others who cannot defend themselves. I think, that phenomena such as delusions and hallucinations should not be viewed solely negative and absolutely pathological. Those disorders may also be an expression of going the right direction and may have progressive characteristics. Thus, they may also be an expression of the actual I-self. Consider, how many intuitions, illusions or predictions were thought to be abnormal and turned out to be absolutely true.

(See also about the therapy of hallucinations in ['New and Old'](#) in part III and [Remarks about Other Disorders](#)).

About Anti-Psychiatry

The list of 'anti-psychiatrists' is long. I will name the most important ones: Silvano Arieti, Franco Basagli, Fred Baughman, Ernest Becker, Clifford Beers, Laretta Bender, Richard Bentall, Peter Breggin, Paula Caplan, Ted Chabasinski, Judi Chamberlin, David Cooper, Lyn Duff, Michel Foucault, Jan Foudraine, Leonard Roy Frank, Erving Goffman, James Gottstein, Otto Gross, Jacques Lacan, R. D. Laing, Peter Lehmann, Theodore Lidz, Kate Millett, J. Moncrieff, Loren Mosher, David Oaks, Elizabeth Packard, Sascha Scatter, David Smail,

Thomas Szasz, Stephen Ticktin, Robert Whitaker.

Some of their publications are listed in the bibliography.

The anti-psychiatrists had/have different professions and criticized the established psychiatry in diverse ways. The criticism varied from radical denial to suggestions for improvement.

In my view, established psychiatry has not integrated meaningful 'antipsychiatric' ideas to its own detriment. It is also regrettable that psychiatry and anti-psychiatry are contrasted in literature. Therefore I would speak better of 'complementary psychiatry' instead of 'antipsychiatry'.

REMARKS ON THE PSYCHOTHERAPY OF SCHIZOPHRENIA

I refer to the corresponding explanations in <https://www.new-psychiatry.com> if the reader wants to know. Here, from this only the most important. Because materialism is the philosophical basis for most of the psychotherapies used today, a few points of criticism.

Criticism of Materialism Criticism of Materialism

“Behold! I show you the last man. What is love? What is creation? What is longing? ... thus asks the last man ... The earth has become small, and on it hops the last man, who makes everything small.” F. Nietzsche (‘Thus spoke Zarathustra’).

It seems, to me, that the basic assumptions underlying today's psychology and psychiatry are still the same atheistic-materialistic premises of Marx and Lenin.

Quotation of Lenin: “You cannot argue about the soul without having explained psychical processes in particular: here, progress must consist precisely in abandoning general theories and philosophical discourses about the nature of the soul, and in being able to put the study of the facts about particular psychical processes on a scientific footing ... materialist dialectics ... reflects the most general laws of the development of the objective world and human thought.”⁵⁸

Whether or not Lenin, Marx or their successors admit it, they themselves only assume basic assumptions that can only be believed. Even though they absolutize these theses, they rarely allow their own a-priori to be criticized. Regarding this point, H. Hempelmann writes: “The position of naturalist reductionism is itself metaphysical, thus self-contradictory, thus self-annulling.”⁵⁹ To that Peter Möller: “The primacy of the spirit convinces me more than the primacy of matter. Creative intelligence, creativity and imagination cannot be explained with the primacy of matter and consciousness as a mere mirror image”.^{60 61} Materialists leave the people in this world completely alone. Basically, a loving, overriding force, God, is missing. God is absent. The sky is either empty or a mirror in which a person only sees himself but also has to see himself alone. But what happens if we do not know how to proceed? Then the person is left to himself and overwhelmed after a certain point. Life as a materialist or atheist seems to me too exhausting,⁶² with too little credibility, neither sufficiently meaningful nor satisfying. It seems to be too one-sided, short-sighted, hyperrealistic/ unrealistic, sterile and soul-less.⁶³ For a materialist, dreams, love, hope, solace, grace, salvation, spirituality, eternity, paradise, soul, God etc., in themselves, are of

⁵⁸ <https://www.marxists.org/archive/lenin/works/1894/friends/01.htm>, 2019.

⁵⁹ <http://heinzpeter-hempelmann.de/hph/wp-content/uploads/2013/01/%C3%A4pfel.pdf>. 2013.

⁶⁰ Peter Möller in: <http://www.philolex.de/lenin.htm> 2/2015.

I think, God is not in opposition to matter but to its primacy. Even Jesus used saliva and sand (thus matter) to heal a blind person.

⁶¹ See also the problem of the ‘Qualia’ - the subjective content of the experience of a mental state.

⁶² This statement expresses what happens in general; in individual cases, there are those who make their life all too easy for themselves, at the expense of others.

⁶³ Matthias Krieg: “The materialist is short-sighted by nature.” (Verbal message).

little consequence, since they appear to be immaterial and cannot be proven.⁶⁴ The materialist resembles F. Nietzsche's 'last man' mentioned above. Psychotherapy, on this basis, has then similar tendencies. Even if materialists do not intend it, their attitude of mind, like that of all ideologues, is susceptible to totalitarian views and systems. They themselves may then become more or less totalitarian and exclusionary. The material endowment of a person, their functionality, their usefulness and their efficiency quickly become the main criteria for their evaluation. This is a phenomenon that affects society as a whole and not only psychology. Performance is to be ever more enhanced, the economy is to grow ever further. Growth for the sake of growth is, however, "the ideology of a cancer cell" (Edward Abbey). Is this not similar to the attitude of 'knowledge at any cost'?

Criticism of Psychoanalysis

Only some key words here as well.

- The psychoanalysis knows no transcendence. Freud: "Whoever asks after the sense of life is sick because the sense of life does not exist in an objective way."⁶⁵
- Love is presented as libido.
- The psychoanalysis basically describes only the second-rate processes. That, what I name first-rate, I cannot find.
- The further developments of Freudian psychoanalysis also represent anthropocentric self-solution concepts, which, in my opinion, overstrain people. People have to deal alone with their problems. Especially with regard to severe mental disorders, such as the psychoses, these therapeutic concepts seem to be too weak as they build on Ego-strength and less on Self-strength. S. Freud may have had therefore a reason to be skeptical about psychotherapy of psychoses.
- Psychoanalysis characterizes the person based on pathology. The three main instances are ultimately instances of a strange or ill person. They are therefore defined accordingly. According to psychoanalysis, the Ego has the task of establishing the mental balance between the instances (to get the Id and Super-Ego in the "grip"). Freud: "An action of the Ego is then correct if the requirements of the Id, the Super-Ego and the reality are fulfilled at the same time, in other words, if the action reconciles their demands with each other."⁶⁶ [What an effort and tightrope walk (!) if the Ego has to mediate between the Super-Ego, It and reality. It is more favorable when Ego/resp. I, Id and Super-Ego are subordinated to the Self of the person. This is only possible when they have no absolute meaning. Then the person does not get panicked if the Id crosses the line and cannot be made guilty by the Super-Ego, nor does the person demand the Ego to bring everything under control or balance. In this way Id, Super-Ego and Ego/ I are accents but not dominants.]
- The enmity between father and son as described by Freud in the Oedipus complex is only

⁶⁴ Predominately, materialism - overall - has the characteristics of a second-rate reality with its advantages and disadvantages. (See also the [Summary table](#)).

⁶⁵ 9 S. Freud cit. from: Thomas Aucter and Laura Viviana Strauss: „Kleines Wörterbuch der Psychoanalyse“ Göttingen (Vandenhoeck & Rupprecht) 1999, p. 154. (Translated by the author).

⁶⁶ S. Freud: Abriss der Psychoanalyse. Fischer Verlag (Paperback), 1983, p. 8. (Translated by the author). (Remind: For Freud is I = Ego and Id = It)

one possibility of an unresolved problem between father and son, a kind of anti-complex. Another possibility is the symbiosis between father and son. The third possibility is the indifference between the two. Especially the latter two are now more common than the Oedipus complex. These possibilities apply to all the relationships and not just the ones between father and son.

- It is a contradiction when Freud wants to illuminate with his "God Logos" the unconscious, from which he says on the other hand, that the unconscious is not subjected to the laws of logic.
- Before Freud, the drives were suppressed by morality, after Freud, they are suppressed by rationality.
- S. Freud has also expressed different views on the phenomenon of freedom and marked it generally as unscientific. [Question: Why should P be treated with an ultimately pessimistic therapy?] C. G. Jung emphasized the archetypes in his teaching. Criticism to it from W. Schmidt (?)⁶⁷ - 'the archetypes are the new gods of C. G. Jung. Only the reference to them gives life its meaning. The last metaphysical hold of a human being lies within himself. Psychology becomes a worldview. The idea of the archetype is a mentally hypostatized product of abstraction.' Regarding to C. G. Jung's statements: "Become who you are," "Recognize yourself".⁶⁸ Criticism by Trüb: Jung looks for 'the essential determination of man ultimately in the process of psychological self-reference'.⁶⁹ (See also my criticism concerning Jung's concept of '[Individuation](#)'.)

Primary Therapy of A. Janov

I particularly mention this therapy by Arthur Janov because I refer to some of his thoughts, although his theories have never been recognized by official psychotherapy and have become less and less important in the last 20 years, at least in Germany. In the early 1970s, his book "The Urschrei" appeared, to which I refer.⁷⁰

There he describes his 'primal therapy', which, similar to the Psychoanalysis of S. Freud, assumes that neuroses arise by repressed memories of traumatic experiences from childhood. However, Janov did not only talk about early traumatization but also about peri- and prenatal traumas, here, in particular, a rejection of the fetus by the mother and / or the father. The primary needs of the unborn or infant of unconditional acceptance and love were not satisfied, and so a "primal pain" arose in it - the cause of later neurotic disorders. This primal pain must be made conscious and lived through once more ("cathartic experience") - usually linked with the so-called 'primal scream' to release the 'true self'. Later it would be entirely easy to live. Janov: 'It is a herculean task to be what one is not. To be yourself is the simplest thing to do.'⁷¹

⁶⁷ I can not find the source again, but the quote corresponds to my opinion.

⁶⁸ Wyss p. 399

⁶⁹ Wyss p. 43, 302, 399.

⁷⁰ Janov, Arthur: Der Urschrei. Ein neuer Weg der Psychotherapie. Frankfurt: S. Fischer, 1982/1993. (*The Primal Scream*. 1970)

⁷¹ Janov developed his theory after he had initiated a regression in a patient by making him scream for mama and papa. After the patient screamed for them, he collapsed with a "penetrating death cry" but afterward he felt like a new-born baby. Some Christians experience their spiritual rebirth similarly. They cry for God, who is stronger than mama or papa.

Discussion:

- I also believe that you have the easiest life with your true or original Self, which you do not have to earn but you have it already.
- Janov connects the 'true self', just like me, with being a child. But on the other hand, I think that this being a child in itself is problematic, if this is the primary therapeutic goal and this 'child' is not protected in a larger whole (for me 'God'). Otherwise it is alone and vulnerable and the therapist is not always present and overall for this role too weak.
- Janov tries to reduce the defense mechanisms or make them superfluous but generally, he sees them too negatively. I see their role as second-rate and try to strengthen them so that they are available in an emergency.
- Janov transfers the causes of neuroses, the primal pain, into the prenatal or perinatal sphere not foremost into early childhood. This is somewhat similar to my theory, according to which, as described in the part 'Metapsychiatry', I see the primal pain as the pain of the loss of paradise.
- Unconditional love and recognition are central to Janov, but without religious affiliation. For those affected too weak because no one can love completely unconditionally.
- Relativization of authorities: Old gods, as they can be represented by morality, parents and so on are rightly dethroned. The concerned learns that nothing will happen to him and that he does not die if he has overthrown the morality, the parents or other things - on the contrary, he feels liberated and good.

Do we not all have the longing to be allowed to be free and absolutely loved: without responsibilities, without necessary achievements, without fear? Are not the most beautiful moment in our lives these, in which we simply let go, like in an orgasm, nothing more to control, no defense mechanisms needed and we sometimes scream out like with primal scream?

In my opinion, primal therapy has insights that should not simply be dismissed as unscientific - perhaps because it sheds light on the sphere that science alone cannot illuminate? We also try to create in our psychotherapies a similar atmosphere for our patients in which they can feel free, safe and understood like beloved children. Have not therapists repeatedly recommend we should love the "inner child in us", and called this "rebirth" like the "reincarnation therapy" following the Buddhist religion? Even the Christian religion speaks of being (spiritual) newborn when we dare to be God's children (not the child of our parents!). But how might establish psychotherapy, which understands itself as science and therefore favors above all measurements, examines and controls, can agree with such an uncontrollable method as the "primal-scream-therapy"? Dear reader, imagine how it would have been if the "primal-scream-therapy" would have entered our practices and clinics. Who would have accepted the whole moaning, talking and shouting of rebirth? We, psychotherapists, hardly dare to hug a patient or cry with him.

Other opinions:

Bert Hellinger about his own therapy with Janov: "It affected me. But on the other hand, you will have incredible freedom at such a moment."

But see also at the very negative criticism by Hansjörg Hemminger.⁷²

Behavioral Therapies

In this chapter, I limit myself to a few aspects of cognitive behavioral therapy (CBT). [As before, I comment positions, which deviating of me, in square brackets.]

Keywords on **Cognitive Behavioral Therapy (CBT)**:⁷³

CBT is based on cognitivism. Cognitivism is a branch of psychology, which is primarily concerned with information processing and higher cognitive functions of man. Cognitivism has a materialistic basis.

The cognitive therapy methods, including cognitive behavioral therapy (CBT) and rational emotive behavioral therapy (REBT), assume that the way we think determines how we feel and behave. The aim of the therapy is to communicate to the client, that thought-errors and irrational assumptions have negative consequences. Therefore, it is important to identify and correct negative thoughts. This shall lead to the development of more precise and more adapted thinking and behavior.

Concerning the discussion with CBT here, I refer to the [Criticism of Materialism](#) and to [Discussion about secular psychotherapies](#).⁷⁴ Since these criticisms essentially apply to the CBT, I will not repeat everything here again. The discussion between cognitive and non-cognitive standpoints can be followed in corresponding publications.⁷⁴

I want to add *additional criticism* of the known cognitive therapy of depression by A. T. Beck.⁷⁵

Due to the schemata learned during childhood - according to Beck - information-processings of depressive persons are flawed. This leads to the following 11 thinking distortions:⁷⁶

1. ALL-OR-NOTHING THINKING: You see things in black-and-white categories.
2. OVERGENERALIZATION: You see a single negative event as a never-ending pattern of defeat.
3. MENTAL FILTER: You pick out a single negative detail and dwell on it exclusively.
4. DISQUALIFYING THE POSITIVE: You reject positive experiences by insisting they "don't count" for some reason or other.
5. JUMPING TO CONCLUSIONS: You make a negative interpretation though there are no definite facts that convincingly support conclusion.
6. MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION: You exaggerate the importance of things ... or you inappropriately shrink things until they appear tiny.

⁷² Hansjörg Hemminger: Flucht in die Innenwelt - Primärtherapie als Meditation der Kindheit. Ullstein 1980.

⁷³ From: https://de.wikipedia.org/wiki/Kognitive_Verhaltenstherapie and [https://en.wikipedia.org/wiki/Cognitivism_\(psychology\)](https://en.wikipedia.org/wiki/Cognitivism_(psychology)) 2014; <http://www.lernpsychologie.net/lerntheorien/kognitivismus> 2014.

⁷⁴ See e.g. In Wikipedia under these keywords.

⁷⁵ From: https://de.wikipedia.org/wiki/Kognitive_Verhaltenstherapie 2014.

⁷⁶ <http://mysite.du.edu/~chmorley/Beck.pdf> (Citation abridged by author)

7. EMOTIONAL REASONING: You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."
8. SHOULD STATEMENTS: You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders.
9. LABELING AND MISLABELING: This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself.
10. PERSONALIZATION: You see yourself as the cause of some negative external events which in fact you were not primarily responsible for.
11. SELF-WORTH: You make an arbitrary decision that in order to accept yourself as worthy, okay, or to simply, feel good about your- self, you have to perform in a certain way.

Discussion

Like Beck and others, I also assume that such 'thinking distortions' can cause diseases. They are similar to the SA/ It complexes in this script.

There are, however, the following differences in the concepts:

I regard these unfavorable schemes as only relatively unfavorable, even if they have an absolute character for the person concerned. Even if they are generally rather unfavorable they can also be relatively favorable since they can have an important function or a meaning for the person concerned. This view means that it should not be a primary therapeutic goal to identify 'negative thoughts' and to correct them to develop more accurate and adapted ideas. More in detail:

(1) As said, these 'false thoughts' might be favorable and meaningful for the person concerned.

(2) Even if they would be objectively unfavorable to the person, it may be the case that he is not capable of correcting these "deficiencies in thought" and then faces a therapeutic claim that overburdens him and thus possibly intensifies his symptoms.

This is often the case when the affected (especially as a child) is confronted with overstraining ideologies against which he has no chance. For that reason, in a particular case, I would not only rate some relatively unfavorable schemes and mental deficits as positive, but even advise to exacerbate or exaggerate them - especially if they are taboo by the person or the environment (and also by his therapists). This type of procedure is also the basis of paradoxical interventions. They have the goal to break open fixed attitudes, even of us therapists, and to show alternatives. But as much as they go in the right direction, even they do not produce a real independent meta-level, because these paradoxical interventions are ultimately used now with the aim to achieve the therapeutic goal. What in both cases is missing is a, of all therapy-targets independent, meta-position, a +A, which states that all therapy goals have a value but ultimately are only of relative importance. Should we not embrace and console someone who is not doing well and we like him and only after that consider what one could do but not have to do? Behavioral therapy does not embrace, it lacks love.

The approach of the CBT resembles some "Christian" advices, e.g.: "If you only live properly, believe or pray enough, then you will become healthy." In the sense of this work, one could

also formulate, that the CBT and similar secular therapies try to expel a sA by a new sA. These new sA are here first of all Ego-strength, correct cognition, health, functionality, correct behavior, ratio, reality and objectivity.

(See also: absolutizing of [Health](#), [Functioning](#) in 'Metapsychiatry'.)

When certain symptoms occur, such as phobias, very good results can be achieved with the aid of cognitive behavioral therapy. Some symptoms, however, will be difficult to eliminate through reason. Every psychiatrist knows how ineffective rational arguments are against the delusions of a psychotic. On the contrary, the more one appeals to reason and logic of the patient all the more the latter retreats into his insanity, because he does not feel understood in his irrationality - he cannot feel understood! Likewise, quite reasonable and objectively correct corrections of the negative views of a severely depressed one will hardly succeed, instead even make him more depressed from a certain point onward.⁷⁷

Summary

- CBT is a much differentiated therapy with good success in phobias and other mild mental illnesses.
- CBT is anthropocentric with all its advantages and disadvantages. The main disadvantage: man is left to rely on himself (self-redemption concept).
- CBT appears like a too symptomatic therapy.
- Learning and functioning are absolutized. Man, however, is more than this and can achieve more than only with knowledge and logic. Man is also irrational by nature. In this concept, his irrationality receives a too negative evaluation and must be countered or negated/repressed by CBT (unconsciously). "Rational arguments often prove to be ineffective despite the client's insight." (J. Teasdale)
- CBT is too psychological, too operationalized.
- The by Beck mentioned errors in reasoning (see above) are too one-sided (negatively) evaluated.
- In Beck's concept, among other things, the opposite of depression (mania) as well as their common background are too little considered.

Systemic Psychotherapy

I personally consider a systemic viewpoint in analysis and psychotherapy as essential. A 'weak point': System members are seen as too context-dependent. Then, they have no own Absolute after the concept of this theory.

I dealt with this topic in the chapter '[Complex personal system- and relationship disorders](#)' more closely.

Resilience Research ⁷⁸

Resilience research (resistance-ability) took its starting point in the investigation of trauma victims and their vulnerability. Thereby the following factors were identified that allow adults to process traumas:

⁷⁷ One also knows this mechanism from everyday life when one is sad, but a well-intending fellow man wants to prove how beautiful the world is.

⁷⁸ https://de.wikipedia.org/wiki/Resilienz_%28Psychologie%29 2/2014.

- They deal with stress effectively.
- They have good problem-solving skills.
- Having problems they ask for help.
- They believe there are ways to deal with life problems.
- Their relationships with friends and family members are tight.
- They talk about the trauma and their feelings with friends and family.
- They are spiritual/ religious.
- They see themselves as survivors instead of as a "victim".
- They help others.
- They are trying to get something + from the trauma.
- They are supported by friends and family.

Discussion: No fixation on pathology, resource-oriented, spiritual-religious resources are taken into account.

Body Psychotherapy and Embodiment

Regarding the move away from pure cognitive behavioral therapy towards integrative and body psychotherapy, I would like to quote W. Tschacher and M. Storch: ⁷⁹

"For years... it has been observed how the cognitively oriented therapy approaches are reforming with the inclusion of non-cognitive aspects... (Dialectical-behavioral therapy: Linehan, 1993, schema therapy: Young et al., 2005). There are also approaches to a 'general psychotherapy' that seeks to integrate all proven mechanisms of action ... (Grawe, 1998). In the "third-wave approach" of behavioral therapy (Hayes et al., 2004), attitudes and views are adopted that had been developed in the field of humanistic psychotherapy schools in a non-academic and research-free manner since the middle of the 20th century (Kriz, 2007). In addition, there are elements of the systemic approaches (von Schlippe & Schweitzer, 1996), which ... led to the contextual or constructivist perspective in cognitive behavioral therapy (Mahoney, 2006)"

And elsewhere: *"The first body psychotherapeutic schools emerged as a kind of spin-offs within psychoanalysis from the 1930s onwards by Wilhelm Reich (vegetotherapy) and later Fritz Perls (gestalt therapy), Jakob Moreno (psychodrama) and their numerous students and successors."*

In many publications on the theory of embodiment this information is seldom given.

Instead, one speaks of a new wave of cognitive therapy.

I can't help saying that this is probably neither the last nor a new "wave". (See quote above).

When Tschacher and Storch go on to say that embodiment is meant

"That the psyche is always embedded in a body ..." and only against this background

"a complete theory of psychology becomes possible" - then the question remains open, in which again the psyche and body are embedded, before one can speak of a (somewhat) complete psychology. I suspect that by then there will still be some paradigm shifts in psychology and I predict that with the next "wave" one will discover that psychology and psychotherapy also have to consider spiritual and religious issues.

⁷⁹ Tschacher, W. & Storch, M. (2010) Embodiment und Körperpsychotherapie.

https://www.majastorch.de/wp-content/uploads/2020/04/1106_Embodiment-Koerpertherapie.pdf

In A. Künzler, C. Böttcher, R. Hartmann & M.-H. Nussbaum (Ed.), Körperzentrierte Psychotherapie im Dialog. Heidelberg: Springer.

Neuroscience

"One thing I have learned in a long life: that all our science, measured against reality, is primitive and childlike." Albert Einstein ⁸⁰

Critical remarks: Today, psychiatry tries to explain mental processes or diseases with brain functions.

For example, I read something about the consequences of a mental trauma:

"PTSD (post-traumatic stress disorder) can be developed by someone who was confronted with an extreme degree of anxiety, dying and pain ... The sensory perceptions ... can lead to sensory overload.⁸¹ The almond nuclei ... are then overburdened."⁸²

Does this take us any further? Yes, a bit! But should a primary psychical process, how I assume it, not be primarily explained and cured in the psychological field? I fear that most mental processes and conditions in the future will only be explained neurobiologically, which, on the one hand, creates illusionary security but, on the other hand, ignores the main therapeutic options.

I follow the criticism of Felix Hasler: "Explanation models from brain research penetrate former territories of the humanities and the cultural and social sciences far beyond the boundaries of natural sciences. The brain research of our days is very confident in proving the non-existence of free will, in discovering biological markers for criminal behavior or in finding neuro-molecular causes of anxiety, compulsive disorder and depression. Not today but in the foreseeable future, such big-caliber problems are to be solved. ... The fundamentally false impression is made that brain research is well aware of the biological processes underlying our experience, thinking and action. And therefore medicine should be able to intervene in the brain in an 'evidence-based' and goal-oriented way if something goes wrong. For example in the case of a mental disorder. A dramatic shift towards biology has long taken place in the classical 'bio-psycho-social model of mental illnesses'. The most striking feature of this scientific-ideological orientation is the increasingly out-of-control practice of prescribing psycho-pharmaceuticals."⁸³

Heinzpeter Hempelmann argues similarly: "Neurosciences allow - finally - precise statements about human thinking. They must, however, not forget or even withhold that their - hopefully lasting - success is based on a decisive reduction of their thirst for knowledge. Obviously, they do not ask philosophically. ... This perspective is very limited. It looks at the human as a brain, more precisely: as a nervous system. And it examines this nervous system from the point of view, what can be chemically and electrophysiologically represented by different potentials. It does not ask about the essence of thought, the essence of man as a thinking being, the essence of mind, the sensations, and the consciousness. It does not even claim to be able to answer these questions as science - I speak ideal-typically here! - for this is the task of philosophy ... This limited perspective leads - while paying the price of a

⁸⁰ <http://nextaz.com/info/Albert+Einstein>

⁸¹ The possibilities of sensory overload can also be explained well psychologically → [Vulnerability-Stress-Theory](#).

⁸² From Zeit online <http://www.zeit.de/2011/44/C-Traumatologie> 10/2011.

⁸³ Felix Hasler: Neuromythologie. Transcript, Bielefeld. 3. Ed. 2013, p. 7-8.

reduction of the initial question - to very precise and quantitative results with claims to high scientific validity. Neuroscientists can give us very precise information about, which electrical potentials are shown in certain regions of the brain due to certain signal stimuli but they cannot tell us what the man's essence/nature is".⁸⁴

Since the access to a spiritual-psychical influence is much easier and probably ultimately even more effective and incidentally also cheaper, I think that corresponding psychotherapy should be prioritized.

I believe that most of the causes of mental illnesses, which are found in the neurobiological field, are second-rate causes - which, in turn, are results of primary (in my opinion psycho-spiritual) causes. This opinion is also supported by the possibility of brain- and even gene changes due to stress and traumatization!⁸⁵

Also, the recent recognition of epigenetics stating, that different genes can be activated or deactivated by certain circumstances,⁸⁶ relativizes a one-sided emphasis on organic-biological influences.⁸⁷

See corresponding literature to criticism of the 'Human Brain Project' which aims to capture neural networks of the brain by computers and is supported by the EU with 1 billion €! (Similar in the USA).⁸⁸

Spiritual / Religious Based Psychotherapy

Spirituality in Psychotherapy?

I quote M. Richard and H. Freund, who present this topic from today's point of view:⁸⁹

"Academic psychology ... has always been understood as a secular science. In its rapid development in the twentieth century, it increasingly occupied interpretations and fields of action, which until then had been reserved for theology and ecclesiastical institutions. Up until the 1980s the clinical psychology primarily investigated the negative effects of religion and it was only later when it highlighted health-promoting aspects, too ... A few years later C. G. Jung (1940) argued that almost all psychical problems have a religious dimension and that religion should therefore be constructively integrated into psychotherapy. Other pioneers of psychotherapy such as Viktor Frankl and Carl Rogers also recognized the existential value of religion in the field of crisis management (Demling, 2004). Newer psychoanalytic authors discuss that it is significant for mental health to be able to believe something (Britton, 1998). The renaissance of religious/ spiritual concepts from the context of Buddhism and Far Eastern religions has recently been observed in behavioral therapy ... In summary, it can be seen that the image of the psychotherapist initially drawn as religious-

⁸⁴ Heinzpeter Hempelmann <http://www.iguw.de/textsammlung/view/article/von-aepfeln-und-birnen-geistern-und-gehirnen-elektrischen-potentialen-und-potentialen-der-freiheit.html>

⁸⁵ https://en.wikipedia.org/wiki/Transgenerational_trauma, 9/2018;
<https://www.theguardian.com/science/2015/aug/21/study-of-holocaust-survivors-finds-trauma-passed-on-to-childrens-genes>, 8/2015.

This means that what has been inherited by genes can be based primarily on psychological and mental damage.

⁸⁶ In short, you could say that genes can be closed with a snap or opened.

⁸⁷ Perhaps former psychiatrists were right when calling psychoses mental diseases and not brain diseases.

⁸⁸ https://de.wikipedia.org/wiki/Blue_Brain, 2016.

⁸⁹ https://eh-tabor.de/fileadmin/eh-tabor/forschung/MIRP/Vorträge_Veröffentlichungen_MIRP/Artikel_Richard_Freund_3/2012.

critical or indifferent does not coincide with the empirical findings in Germany ... **It is time to overcome the previous shadow existence of this topic in the scientific-therapy-discussion and turn to it more and more ...**⁹⁰ Existing approaches such as the buddhist psychotherapy (Ennenbach, 2010), the transpersonal behavioral therapy (Piron, 2007) or the concept of the 'IGNIS Academy for Christian Psychology' (Halder, 2011) are leading a shadow-existence ...".⁹¹

Although many psychotherapists protested against the existing directives in the 'Bonn Declaration' already in 2006, little has changed in Germany. However, there are more and more authors like M. Seitlinger, D. Heil, P. Schellenbaum, E. Frick, J. Kornfield, H. Jellouschek, J. Armbruster, M. Utsch, E. Frick and others in recent German literature who recommend the consideration of spirituality in psychotherapy.⁹²

"Third Viennese School" of Psychotherapy

I have already mentioned Viktor Frankl's Logotherapy. Frankl, Caruso and Daim form the so-called third Viennese school of psychotherapy. Of these, Wilfried Daim has a religiously based approach.⁹³ Theoretically, he is very close to me because, like me, he places the Absolute, which he identifies as God, at the center of his considerations. However, there are some differences in our concepts but it is not the place to address them here. Daim sees himself as a psychoanalyst who, in a certain sense, belongs to S. Freud but also, in contrast to him, on crucial points. Dieter Wyss describes this contrast. He means, according to Daim and Caruso, the spirit is displaced by the drives, while according to Freud the drives are displaced by the spirit and thereby the neurosis develops. With this reversal of the original approach of psychoanalysis, however, according to Wyss, the problem of the relation between spirit and drive is not resolved. Wyss continues: Both is possible - drive can be displaced by spirit and spirit can be displaced by drive.⁹⁴

To stay with this choice of words: I see the emergence of the "neurosis" above all in the suppression of the absolutely positive spirit by absolutized Relatives who act as "strange Absolutes" (sA), which can be of more spiritual or impulsive or otherwise nature.

Ps. Wyss misinterprets Daim's religious perspective as a moral position.

Self-Help Groups with Spirituality

[The citations are from www.aa.org and <https://www.cleanandsobernotdead.com/Pages/promises.html>]
Our patients also find spirituality, away from the official psychotherapeutic mainstream, in the following non-professional and very successful anonymous self-help groups such as: Anonymous Alcoholics (AA), Workaholics Anonymous (WA), Relatives and friends of alcoholics (AL-Anon), Children of alcoholics (Alateen), Drugs / Narcotics Anonymous (NA), Anonymous Messis (AM), Sexaholics Anonymous (SA), Borderline Anonymous (BA), Co-Dependents Anonymous (CoDA),

⁹⁰ Emphasised by me.

⁹¹ Institutions such as the Klinik Hohe Mark (Oberursel), de'ignis Fachklinik (Egenhausen), Magdalenen Klinik (Georgsmarienhütte), Klinik Sonnenhalde (Riehen/ Switzerland) or Klinik SGM Langenthal (Switzerland) have introduced christian content to their treatment programmes since a couple of years.

⁹² Seitlinger, Michael (Hg.): Was heilt uns? Zwischen Spiritualität und Therapie. See bibliography.

⁹³ See: Daim, Wilfried: Tiefenpsychologie und Erlösung; Herold publishing company, Wien, 1951

⁹⁴ Wyss, Dieter: Die tiefenpsychologischen Schulen ..." p. 409.

Emotions Anonymous (EA), Anonymous eating disorders (sA and OA), Gamblers Anonymous (GA), family members (Gam-Anon), and Internet and Technology Addicts Anonymous (ITAA).⁹⁵

The anonymous groups are not a religious organization and do not recommend a specific belief system. At the center, however, is the trust in a 'loving, higher power', the attempt to "trust our God's care as we understand it." They teach fundamental spiritual principles such as faith, trust, honesty, openness, willingness and humility.

The following are the original twelve steps as published by Alcoholics Anonymous and adopted by the other anonymous groups:

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power, greater than ourselves, could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

In parallel, there are '12 promises' for a new, better, more relaxed life (without addiction).

It also says: "We realize that God is doing for us what we could not do for ourselves."

Discussion:

- These "anonymouses" do not care for the ideological border between official psychotherapy and pastoral care but simply take what they need.

- In contrast to academic psychotherapies, the last instance in these people's life is not man but "a higher, loving power/ God, as everyone understands him", so a serenity can grow that knows "that with us in the world and in the hereafter everything will go well when we turn to him."

- **The concepts of these self-help groups are very close to me and are very similar to what I mean by 'primary psychotherapy'.**

- **The concept is particularly suitable for people who are psychically 'at the very bottom' and cannot get on with their own strength or with the assistance of others. Therefore, I also believe that it is well suited for people with (not acute) psychoses.**

⁹⁵ 1. There were over 100,000 AA groups worldwide in 2008. <https://www.anonyme-alkoholiker.de/>

2. Meanwhile, the AA program also adopted by groups without reference to the problem of addiction (EA groups).

PRIMARY PSYCHOTHERAPY

"Love grants in one moment what effort hardly achieved in a long time."
(Goethe in `Torquato Tasso`)
Love is stronger than death! (~ Solomon 8,6)⁹⁶

Introduction

Concerning the Name

This psychotherapy, which I present here, is ultimately Christian-oriented ⁹⁷ but I intentionally did not call it 'Christian psychotherapy'. Why?

1. I believe that the desirable therapeutic optimum, which I define as +A, is best to be called God or Holy Spirit. However, this good spirit of love can be found in other religions and worldviews, too, albeit weaker. As the bible already says the Holy Spirit blows wherever it pleases - not only in the Christian religion and not only in churches or mosques.
2. Many people identify the Christian message with church institutions or have questionable interpretations (as I sketched them in [Christian" One-Sidednesses and Misinterpretations](#)). Unfortunately, the concept of "Christian" will then create false ideas.
3. The term "Christian-oriented psychotherapy" could also be misunderstood as if one were to neglect or negate all scientific knowledge. I use similarly the term 'metapsychotherapy', because 'primary psychotherapy' has its main focal point in the metapsychotherapeutic field. Other synonyms for `primary psychotherapy` could be: metatherapy, redemption oriented psychotherapy, psychotherapy of love, Christian-based psychotherapy and alternative psychotherapy.

Content and Goals

`Primary psychotherapy´ is supposed to be a therapy without demanding preconditions because it should be usable and implementable by even the simplest and most sick persons. It is undogmatic and free from ideology. The main thing would be that the most important things are to be given by God. Such therapy requires no analysis, no behavioral training, and no special knowledge. It first establishes the most important thing: an unassailable, positive Self - the absolute and existential basis of the person, on which then further therapeutic procedures can take place as required. "Primary Psychotherapy" integrates all positive psychotherapies.

Belief in God and his love, however, does not guarantee a carefree and healthy life as the love of parents for their child this guarantees. However, the likelihood that the believer, as well as the beloved child, leads a fuller and healthier life seems much greater than that of a life without love. Because the best, most sustainable and yet free therapy (by the way, also power means) is love. This is an old experience that is always rediscovered and formulated.

Psychoanalysts also dealt with this issue albeit using other terms. So they investigated whether and how a child tolerates the withdrawal of a love object which corresponds to a +sA. The dearest mother will have to withdraw the infant of her breast (being referred to by Melanie Klein as the most important object of love)

⁹⁶ Also: R. Niebuhr: „God, give us grace to accept with serenity the things that cannot be changed, Courage to change the things which should be changed, and the Wisdom to distinguish the one from the other.“
Similar, but more exhausting, the modern motto: „Love it, Change it or Leave it“.

⁹⁷ Eugen Biser rightly speaks of a therapeutic religion. https://de.wikipedia.org/wiki/Eugen_Biser.

from time to time. There is no disturbance, despite the withdrawal of the mother's breast or similar frustrations, if the child feels the mother's attitude of unconditional love, i.e. that this love works as an Absolute and relativizes the above-mentioned frustrations.

This also applies to the +A-effects on all other love or hate objects. The child (or any other person) can cushion the frustrations not only by subordinating them to this love but also by supposing that - seen in a broader perspective - it will benefit from these failures, though they are connected with negative feelings at first. Basically, the person starts early not to understand pleasure or displeasure in an absolute meaning and will be much more prepared for later life.

Similar Kohut: "There is a lifelong need to be mirrored by so-called empathic self-objects. The failure of this empathic reflection process is due to numerous pathological phenomena."⁹⁸

In short, we all need love. But where from should the person (P) get love when the environment is unloving and the person doesn't love himself? From God? But even with God not all problems are gone - but they are at least relativized. After all, if the absolute felt problem is solved by choosing +A/God (→ [Absolute and Relative Will](#)'), then all the others are only of relative importance and then they can be solved much more easily or if not solved, better tolerated. Then all the others are only of relative importance and then they can be solved much more easily or if not solved, better tolerated.

Primary psychotherapy does not begin with "You should" or even "You must" but with firm promises: "You are loved and unique," "You may be, whatever you are!" And then you can try to set these or other goals or solve problems. Through the assumption of the +A, every strange Absolute becomes a Relative, the strange Self becomes real Self and the unredeemed becomes principally (no total) redeemed - for "God's reconciliation with the world also allows man's reconciliation with himself, so that, as a `Christian, he has no longer to be a man of eternal conflict' (Bonhoeffer), of indissoluble ethical turmoil."⁹⁹ The religious mediated redemption can be understood, according to Tillich, "as an overcoming of the existential rule of the negative (fear, guilt, meaninglessness), as a 'salvation of the person's center' to its existential being."¹⁰⁰ Alike Hans Küng writes: "He who has not known religion will never know the great spiritual resources that can be decisive for a patient's well-being."¹⁰¹ When even Freud stated in a letter to a priest: "**... you are in the fortunate position of being able to lead them to God and bringing about what in this one respect was the happy state of earlier times when religious faith stifled the neuroses. For us this way of disposing of the matter does not exist. Thus our patients have to find in humanity what we are unable to promise them from above and are unable to supply them with ourselves. Things are therefore much more difficult for us, and in the resolution of the transference some of our successes come to grief.**"¹⁰² - Then the obvious question comes to mind: Why not offer this possibility?

It is rather stressful if you have to serve several or even many gods - as in some religions. This also applies to the many ideologies or nameless "gods" we carry within ourselves. It is

⁹⁸ Quoted (and freely translated) from Wolfgang Wöllner and Johannes Kruse: Tiefenpsychologisch fundierte Psychotherapie. Schattauer, Stuttgart, 2005, p. 21 following.

⁹⁹ H. Wahl, p. 252

¹⁰⁰ H. Wahl, p. 301

¹⁰¹ Pfeifer, Samuel: Die Schwachen tragen; Brunnen, 2005. There also Hans Küng „Verdrängung der Religion in der Psychiatrie“.

¹⁰² The letters of Sigmund Freud and Oskar Pfister <https://archive.org/details/psychoanalysisifa00freu>

freedom, having a God who does not demand for anything. If we free ourselves from the wrong musts, the basis is removed from many mental illnesses. You do not always have to solve the earthly problems necessarily and certainly not always in an optimal way. The person has now no longer to revolve around himself alone existentially - he rests in God. I believe that people who are mentally very ill, like psychotics, therefore have the greatest chance of getting well with God. Where from they should have got the fulfillment of the basic need of unconditional love, security and so on from, while having experienced their environment as existentially unreliable or destructive and thus having lost faith in humanity and in themselves? It is primarily a matter of strengthening the personality core, which gives us the image of God (imago Dei) beyond of good and evil (in the usual meaning of the word), beyond of right and wrong, beyond of other people's opinions, one's own deeds and health or illness.

Primary psychotherapy does not fight but leaves free choice. It primarily supports living. It can allow and integrate the relative negative and the relative positive, but tries to influence the Relative. It allows to override and stand above all the earthly things.

What are the conclusions?

If we take the Absolute into account, we will recognize:

- Health and disease are not everything, so we can remain calm and not have an existential anxiety if we get sick.
- The Absolute (personal: the Self) has priority and is already there and does not have to be acquired or elaborated - that means also that the strongest solution is gratuitous and easy. Relative problems can be solved only relatively well, thus not completely. This would also be a more realistic view and unnecessary disappointments would be avoided.
- Sometimes suffering and disease are unavoidable companions of positive developments - which should encourage us not to give up. Instead, we tend to look at ourselves as a failure and at disease as an enemy.
- From an absolute standpoint "healthy" and "normal" people can be more sick, abnormal, and more insane than those which are labeled so from a medical standpoint.¹⁰³
- In addition to scientific knowledge, psychotherapy should not only convey a good basis of belief and not only "treat" the psyche but everything psychological Relevant to the person concerned.¹⁰⁴

Differences to Other Psychotherapies

I think, a therapy concept developed from what has been said so far, will set different accents than conventional ones. Most of concepts will be similar as regards questions that lie in the relative range. A great difference is, however, the consideration of an absolute area of the person to which all other areas are subordinated. Decisive therapeutic consequences are the results of it. The main point is not the person's periphery, such as his behavior or

¹⁰³ This is not about being against unavoidable technical terms, but against its abuse as a label.

¹⁰⁴ This also corresponds to my definition of psyche in a broader sense (→ [New Definition of the Psyche](#) in part I).

character, his guilt or innocence, his successes or failures and so on but his center: his Self, his Absolute. Just like - from a negative point of view - a person is most likely to be spiritually destroyed when one destroys his center, so, from a positive point of view, he is most likely to be healed if one heals this center. Once the person's Self is healed (and thus also the aspects of the Self such as the self-esteem, self-determination, identity), the most resolves itself. The point is, however, that this "central healing" is not an elaborate process but ultimately a simple act of faith (better: "act of will"), which gives back the Self its original role, namely that of life and existence without any preconditions.

Why coming to terms with the past so painstakingly if I have the right to live freely and without any burden anyway? Why so much effort to become a better human, more mature, wiser, cleverer, calmer, more analyzed, more knowledgeable, more respected, more loved, more successful and so on if I am already good enough for God, and my blessedness does not depend on these attributes? There must be no +sA to be reached, no -sA to be repelled and no lack to be "filled", necessarily - what a relief!

Of course, such therapy is not against analyzes, improvements, becoming more mature, revisions, successes etc. but against setting these attributes absolute and against making the person's center independent from having to achieve them. As liberating as it is, on the one hand, not to have to be defined by the above mentioned attributes, it can be difficult to renounce the 'advantages' of the strange Selves, because they also give us 'hyper-security', 'hyper-stability', 'hyper-self-confidence' and 'hyper-happiness', even if only temporarily and only for a price, which can also be a disease.

I see the following **main differences** to the usual psychotherapies:

1. In the first place stands with these the 'Ego-strength' and second place the 'Self-strength'. In 'primary psychotherapy' it is the other way round: first comes the 'Self-strength' (religious: the strength of God) and secondly the 'ego-strength' / the human power.
2. Another important difference to many other psychotherapies is the fact that health and disease are of relative importance and that their absolutization leads to undesirable disadvantages and is even disease promoting in the long run.

While psychotherapies often have the problem of setting certain therapeutic goals absolute and thereby simultaneously excluding their opposites, primary psychotherapy also integrates opposing therapeutic goals. It integrates and promotes both the Absolute as well as the Relative, both unity and diversity, both the person's protection and his sensitivity, the security and at the same time the openness. It simultaneously promotes life and functioning, the person and the things, the subjects and the objects. It lets man grow wings and roots at the same time. Moreover, it strengthens his Ego but also the You and the environment. It does not unilaterally promote a therapeutic goal at the expense of opposing or other goals. It does not promote the first-rate reality at the expense of second-rate realities - or in other words, it does not promote heaven in us at the expense of the world.

Some readers have concluded from my explanations that it is absolutely necessary to recognize and remove one's own mis-absolutizations. Whereas in the past illness or parents or one's own guilt or something else was the thing to be eliminated, now mis-absolutizations

or the strange Selves are the ones. This is a misunderstanding. I do not mean that the mis-absolutizations are the evil that has to be eradicated. They are only Relatives, even if they are absolutely felt and lived. They are rather unfavorable, but, as I said, not the negative. Yes, as described, they can function as emergency, substitute solutions if the person concerned does not dare to live out of a true Self. They can be the "minor happiness," as B. Hellinger once called it, albeit in a different context. The 'It' becomes a small 'it' all by itself by God - it does not have to be combated and liquidated. As a small 'it' it gets back into the position it belongs to.

3. Psychotherapy should be able to use **all psychically relevant aspects** (→ [Summary table](#)).

I.e. The pPT may (!) Include physical closeness (→ [Body Psychotherapy](#)) or - where appropriate - spiritual or religious practices (see examples below). Just as love does not exclude anything that helps, neither does primary psychotherapy exclude any kind of help.

But:

4. Every patient should receive a **very individual** therapy - regardless of all psychotherapy guidelines.

Examples

- I would like to mention the treatment of therapist Sergeant Choi with mentally ill soldiers in South Korea. In short: she embraces the soldiers, caresses their faces, washes their feet, and so on. She also says: "I share your pain, take care of yourself, I will not forget you, I will visit you from time to time. If you need me, call me, keep doing good work, etc."
- Therapeutic Touch (TT)¹⁰⁵
- Similar: Professional "cuddle therapies", which fortunately are increasingly being offered.
- Meditations (see German long version, if applicable), blessing, praying for the patient (with or without him).¹⁰⁶
- Art therapy, sport and everything else that makes sense - this also includes what is normally / on average nonsensical, because that which makes sense is also a relative category.

Case study showing the difference between usual and "primary PT":

A 60-year-old patient reports that she has suffered from the death of her little brother all her life. She had to look after her little brother as a ten-year-old girl, because her mother had little time. At that time, she and her girlfriend were playing with the little brother "doll". They bathed him in a cold bath, and her brother got a lung inflammation due to which he died. She knew not only from previous psychotherapies that her brother's death was not to blame on her because it was her mother's responsibility and not hers. On the other hand she was also aware that she made a mistake. That is why she is still tormented by feelings of guilt.

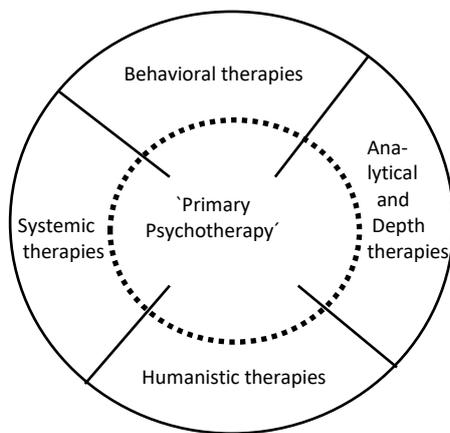
I told her that it was not important before God whether someone was guilty of 100% or only

¹⁰⁵ More in https://en.wikipedia.org/wiki/Therapeutic_touch, 2019.

¹⁰⁶ This also includes the problem of so-called exorcism, which I do not completely reject. This can not be discussed further in this work.

1% and that it was also second-rate, whether it was an actual or a supposed guilt. (Because who is able to judge this?) Only God knows in the end. The size of the guilt being a fact at all or not is not decisive for him but that the person only thinks 'I'm sorry'. And thereby all guilt is lifted/ eradicated for him. His grace is always greater than our guilt. His grace is the real greatness, and our guilt is "small and low" in comparison (G. von le Fort). Besides, I believe her brother is now in heaven and there he is doing well. And when he sees his sister from there with her feelings of guilt, I am sure he would advise her to go on living freely and untroubled.

Accordances with other Psychotherapies



In primary psychotherapy, as well as in the message of Jesus, all psychotherapeutic schools can be found (but relativized !).

E.g. Behavioral therapy: many things are similar to the commandments in the Bible which desire correct behavior.

Systemic therapies: See the corresponding notes in the Bible. Like, for example, Jesus' statements about dealing with the closest relatives, with the enemies and friends, the equality of all men before God, the support of the weak and sick and so on.

Analytical Therapies: The psychoanalyst creates a framework of emotional security in the transmission situation, in which the patient can solve his problems fearlessly. This framework is similar to the one we get, even more strongly, by the +A.¹⁰⁷

The most important humanistic psychotherapies can be found in the table

'Psychotherapeutic Schools'. One could also mention: body therapies, meditations, blessings and similar 'methods' as Jesus has practiced. It's about a '+ A-based' variety of methods that do justice to the diversity of individuals - just as a mother, at best, does not educate her child by a particular method.

General: The importance of empathy is generally recognized by all psychotherapies. A good therapist does not necessarily have to believe in God. God forbid! The Spirit of God blows where he wants and is not bound to a particular denomination. It would rather be that a good therapist should have a basic love for the patient and also for himself. I think many therapists have such love. In my opinion, such an attitude is crucial and will be transferred to the patient, even if the therapist is pursuing strategies that do not directly imply such an attitude. On the other hand, it is astonishing, though typical, that the term 'love' seldom appears in the current psychotherapeutic literature.¹⁰⁸

With most schools of psychotherapy nowadays there is also agreement that not only the person is treated in isolation, but also their entire environment - i.e. everything that is psychically relevant for the person at all.

¹⁰⁷ Only the usual schools of psychotherapy are shown in this graphic.

¹⁰⁸ For example, you can not even once find the keyword 'love' in the „Wörterbuch der Psychotherapie“ by Gerhard Stumm!

Emergency Solution at One's Own Expense by Disease

I play dead to survive. (A patient)

This is the most important emergency solution for our questions. It is solving the problem by disease at own expense. Normally, the person (P) in question has already lived from the "substance", for a long time without being aware of it, because the affected is stimulated by a hyper-wellness condition produced by +sA and does not notice when living from the substance! If this behavior is not sufficient to remain stable, the concerned becomes manifestly ill. The further mechanism of the emergency solution via illness is the following: First, it should be noted that these processes take place subconsciously.

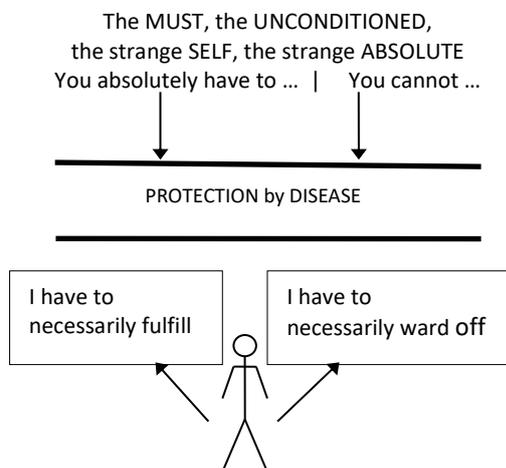
Since the person concerned has no other solution, the unconscious helps itself - it "makes" the man ill.

How does this happen? The initial situation was that the person concerned is no longer able to meet the requirements, which in most cases come from the parents, and does not see or dare another way at the same time. He is overburdened and gets sick in his need. Although not removing the requirements, he protects himself from further excessive demands and alienations and creates an unconscious (!) alibi, which saves his ego from the ruin. He "sacrifices" a part of his ego (health) in order to maintain this protection.

(See also '[Sacrificial dynamic](#)' in part II).

Note the double character of this solution: On the one hand, the above-mentioned fundamental conflict between the dominant strange Absolutes and the Self is partially solved or at least weakened; but on the other hand, the person pays a high price (illness) for it. Thus psychogenic diseases have important functions (!), without which their penetrance and persistence cannot be understood.¹⁰⁹

The ill can thereby mitigate the indispensable demands and gain certain stability, security and protection. He thus weakens the tyrannizing ideals* and taboos* but also himself. It is a hard and self-destructive solution but it works. The (partial) sacrifice of the Self is the logical consequence of putting a strange above the actual Self. The inner formula is: "I really absolutely would have to meet the requirements but because I'm sick, I can't do it." The person in question does not dare to say: "I don't want this! I want what I want!" (In my opinion even better and easier: "I want what God wants because God wants the best for me and has a better overall view of my life.")



The illness protects the ego from further overload. The person (P) now has an unconscious alibi to escape the demands of the strange Absolutes (sA). The disease thus protects P from +sA and -sA.

But the disease also protects the sA, because it also ensures their continued existence.

¹⁰⁹ See also: [Morbid gain](#) and [Resistance](#).

The person concerned makes also indirectly via the illness what he does not dare to make directly.

It can also be said: The person concerned has faced a life, mostly in his childhood that seemed to be too dangerous, hostile or overstraining. In order to escape this, a kind of instinctual playing-dead-mechanism occurs, which can look differently and ranges from mild to severe mental illnesses, such as autism and psychosis. In order not to die the 'big death', the death of that what one considers to be the Self one dies the 'small death' - one becomes ill. The psychical illness seems thus the lesser of the two evils, because the loss of the strange Self, which he regards as his own Self, appears to be the bigger one. From his subjective point of view he is not wrong. He has never known his own Self, how can he then believe that it is indestructible. So he rather dies a bit to survive at all. Since one cannot live (or dares not to), one only survives, vegetates or only functions. "Better ill than ... (useless, unsuccessful, evil, etc.)" is the unconscious, deeply internalized motto. The very thing which one does not want to sacrifice differs from person to person. It can be every absolutized relative (earthly) thing. Thanks to the disease the person remains in mental balance: If the punishment by the strange Absolute is followed by the patient's atonement (here in the form of illness), then everything seems to be well again and the person feels better. However, if the person dares to defy the sA demands, P feels out of balance, guilty and bad or may become even sicker. We are thus faced with the paradoxical situation to feel safe and "well" in the old family processes, even if they make us sick, while the liberating way can initially trigger negative emotions and symptoms (!)¹¹⁰

The patient may think: „Now I have paid the price, now I have peace.“ Error! The problem remains unresolved and this or another price needs to be paid further on (e.g., to continue to take medications which are not really necessary, etc.). Certainly daring our own life and our own identity is a common problem but many people are fortunate enough to face less resistance than others in their lives. Therefore it is neither an award to be healthy nor it is a failure when becoming ill. It is wise to try the actual solution again and again - in my opinion, it provides the best basis for mental health but this is not an absolute guarantee.

If one tries to summarize the role of psychical illnesses, one could formulate: Psychical illnesses express compromises between absolute internalized foreign demands and vital personal interests, that is between the strange Self and the Self. They are the result of unconsciously solving conflicts at one's own expense (at the expense of health). They are expensive emergency solutions to protect the ego from its downfall; alibis, so the ego will not lose its self respect. They sacrifice the ego partly and protect it partly, they self-destruct partly and strange-destruct partly others, they bend partly to the "idols" and rebel partly against these, they give partly into these and take revenge partly on these, they adapt partly to these and defy partly these. They are weapons with which man inflicts wounds onto himself as well as defends himself; the expression of a struggle being a little won but still majorly lost - a stalemate, where no one is checkmate but everyone half checkmate, and where no new, decisive moves are seen or dared; They are expression of gilded cages, crutches, of inner conflict situations in which one does not dare to renounce the corresponding advantages despite the huge disadvantages, because one is afraid to perish otherwise. They express a lack of self-love and misunderstood or false foreign-love; a, even if usually only unconscious, neglect of one's own ego and of the permanent attempts to give

¹¹⁰ Prisoners often feel this way when being released after many years. The patient is in a similar situation: He does not "want" to be healthy although really quite wanting to.

value and meaning to the ego via some achievements. They express a relative life. The disease, as well as the underlying strange absolutenesses, became partly friends but mostly enemies. The patient is partly free but more a prisoner and an enemy of himself. The person is in a kind of permanent crisis in which he is under pressure to seek a new Absolute. Mental illnesses have different forms and courses. These are essentially determined by the underlying complexes. I have discussed elsewhere, why this or that disease arises in certain situations or constellations. However, the disease always has a little bit of a life and laws of its own and fulfills certain functions (defense, balance, balancing out blame, even meaning etc.). Therefore, the disease does not disappear immediately when the underlying conflicts are resolved and therefore it is also problematic to want to get rid of it as soon as possible. Thus there is always something which we can fear more than the loss of our self or the disease.

That is why we are always faced with attitudes like:

"Better ill and good than healthy and evil."

"Better sick than ... (for example, unsuccessful, fat, aggressive, evil, ungrateful, unpopular etc.)"

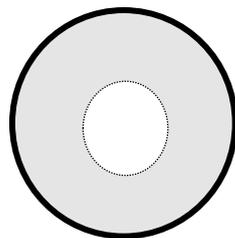
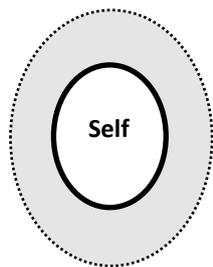
"I'd rather die myself than to let die the foreign Absolute."

"I sacrifice my health for"

"Better to live on the substance and get sick than to disappoint others, better to become sick than to live on welfare, better to become sick than to be a burden to others/ than to endure the emptiness that might arise if I do less/ than to hurt someone" etc. The list goes on and on.

Thus, many times potentially easy solutions are omitted and very unfavorable and expensive ones are preferred instead. (See also chapters: [Defense and Anticathexis](#), [Resistance](#)).

The Emergency Solution through Foreclosure



This illustration shows a further emergency solution at your own expense.

The left icon image shows a protected Self that is sensitive to the outside world, too.

The right icon image shows a weak, vulnerable Self that protects itself by having to seal itself off to the outside world, thereby paying a high price (e.g., autism).

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[Further references are also given in corresponding footnotes].

References

Open here the PDF [Summary table](#) (**Read with zoom!**)

(abridged and unabridged German versions)

Other references later.

[Further references are also given in corresponding footnotes].

All abbreviations

+ = positive

- = negative

¹ = first-rate or primary

² = second-rate (or secondary) not to be confused with coordinate (nebengeordnet)

→ = 'see or 'result is'.

* = Sign for absolutizing and / or dominance. (Often used to point to an absolutizing.)

| = a sign that the German original version has been shortened at this point.

A = the Absolute (+A = positive Absolute, -A = negative Absolute)

All (∇) = here strange everything, which stands in opposition to the nothing(ness).

asp. = aspect

C = general abbreviation for complexes that dominate personal and other areas of reality.

D = Dynamism D¹ = first-rate D., D² = second-rate D.

DM = Dimensions

DM = Defense-mechanisms

e.g. = exempli gratia (for example)

etc. = et cetera

I = I in general (I¹ = first-rate I, I² = strange I = ego)

i.e. = id est (that is)

ibid. = ibid.

It = dominating entity/instance, consisting of 2 or 3 cores:

2 parts: all and nothing (∇/0) = 'dyad' or

3 parts: pro-sA or + sA, contra-sA or -sA and 0 = 'triad'

It/sA resp. It/sS: if I want to emphasize the absolute role of an It-part.

KW = keyword = headword

ns = new-strange/ new-second-rate (new secondary)

No. = Number

P = Person; P¹ = first-rate personality; P² = second-rate personality (often only P labeled)

pr = psychically relevant

r = relative

R = the Relative (R represents everything that is not A or 0.)

R* = Relativistic

resp. = respectively

s = strange = second-rate (²)¹¹¹

sA = strange resp. second-rate Absolute

pro-sA and contra-sA = opposing sA.

asA = absolutistic strange Absolute

rsA = relativistic strange Absolute

s0 (or 0) = strange, determining nothing(ness) = nihilistic

sS = strange Self

BLQC = being, life, qualities, connections

syn. = synonym

W = World, reality

WPI = world, person, I.

¹¹¹ Discussion and definition of this term as in literature - see in 'Metapsychiatry': The '[strange Self](#)' (the strange personal absolute).

References

- <http://www.new-psychiatry.com/>

(All parts of the publication: "METAPSYCHOLOGY and PSYCHOLOGY, METAPSYCHIATRY and PSYCHIATRY, METAPSYCHOTHERAPY and PSYCHOTHERAPY.

A new theory of psyche, mental disorders and their psychotherapy - in particular schizophrenia."

- [Summary table](#)

Author and Contact

I am a neurologist psychotherapist and have worked for decades above all psychotherapeutically.

I have no liabilities or obligations to any individuals or groups.

I am glad about feedback to:

Dr. Torsten Oettinger
Wewelsburger Weg 7
D- 33100 Paderborn
Germany

Mail: torsten.oettinger@yahoo.de

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This publication is partly translated or proofread by:

Dr. Robert Oettinger, Astrid Quick, Pia Burt, Joschua and Barbara Minnich.
We try to keep improving the translation.