# ENCOUNTERS WITH THE 'NON-REAL'

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*The present work is an exploration of the challenges I experienced during the first two years of the Constructivist School of Psychotherapy and of the relevant deconstructions and reconstructions. The intention is to re-read so-called 'schizophrenia' and the encounter with a so-called 'schizophrenic' patient in a constructivist perspective. But this paper is mainly about an experience that has redefined the boundaries that used to mark some of my constructs founding the 'real vs. unreal' and 'consensual reality" dimensions.*

Keywords*: schizophrenia, voices, consensual reality*

## MY EXPERIENCE

At the beginning of my path into the field of psychiatry, I found myself every day dealing with dimensions that I quickly construed as delirium, hallucinations, or areas from which the person had to be removed and brought back to so-called 'reality". Influenced by Kelly's idea of experience (Kelly, 1991), I now understand more clearly my anticipations about my constructs of psychiatric patients who are in some way obliged to cross the shady areas of 'unreality', thus showing the 'existence' of a 'real vs. unreal' dichotomy. What would happen if I looked at him/her as a person who is trying to give sense to his experience, making choices, trying to tell me something? The aim of this paper is to go beyond the idea of delirium or hallucinations as symptoms, considering them as forms of meaning, as alternative vehicles to better understand a person.

## MY EXPERIENCE CYCLE BEFORE SCHOOL

My ANTICIPATION of psychiatric patients: they are required to cross unreal lands that are not useful or beneficial to them.

ENGAGEMENT: I am prepared for bizarre encounters.

ENCOUNTER: a person is saying, thinking, seeing or hearing something which is negative, unreal or not helpful to them.

VALIDATION: hallucinations, delirium or suicidal thoughts must be ignored or removed because they do not represent what a person wants or needs, and they are not positive or helpful to them.

REVISION: no need for revision.

But at the same time I felt that my submerged pole of the 'real vs. unreal' duality was embodied by human beings who were not so different from me and, in my personal fragmentation, I sensed that the issue could not be settled by simply appealing to the reassuring diagnosis of the DSM, which was certainly true and definitely identifying the person in front of me and that I could find, as such, in the medical reports. He is a schizophrenic. She is a schizophrenic. What if I defined them as being also-schizophrenic? I wondered, and still wonder, for whom it is more useful not to pay attention to a person who is 'producing unreality'. Is it perhaps useful to escape from the overwhelming sense of confusion that could affect my construct organization? By understanding the other's constructions, do I at the same time validate the practicability, even for myself, of similar paths, albeit obscure? Then the school started to contaminate me, almost in a kind of incomprehensible osmotic bath, with new forms of reality constructions:

"When I direct my eyes to what I think is a tree, I get an image of something green. But this is not an external image. Believing that is already a form of superstition, because the image is my own creation, the product of many circumstances, including my preconceptions" (Bateson, 1987, p. 87). I began to observe my preconceptions and led by the concept of a credulous and non-judgmental approach, I asked myself how I could give a different meaning to those who every day tell me they have bodyguards, or how I could alternatively interpret those who told me, frankly, looking deeply into my eyes: "I just want to die". I wonder if these images of worlds to me unintelligible, and sometimes frightening, might instead be vehicles of information and knowledge. I choose to make a revision, beginning to deconstruct what is apparently solid, trying to experience what is involved in the attempt to escape from the comforting dimension of the so-called real, trying to conceive it not as a fact to discover but to co-construe in a relationship.

## MY ENCOUNTER WITH THE SCHOOL

During my school time I have been inspired by many ideas and movements, but in this paper I will indicate the two corollaries that more than others have affected me and have been a powerful lens through which to reconsider the above mentioned dichotomy.

*Constructive Alternativism*: we assume that all of our present interpretations of the universe are subject to revision or replacement (Kelly, 1991, p. 11); we insist that a man can erect his own alternative approaches to reality (Kelly, 1991, p. 12).

*Choice Corollary*: a person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system; he makes ... the elaborative choice (Kelly, 1991, p. 45).

Going back to my doubts, to the encounters that struck me and made me think, I realized that the person involved was, somehow, making a choice. The person was choosing to think about

committing suicide, was choosing to be delirious, was choosing to hear voices. Sometimes I have been thinking, and continue to think, that considering the disorder at some level as a choice could be a gamble, but I continue to find this hypothesis a coherent alternative in the stories of which I become part, sometimes as a desired component, sometimes as an imposed character. I am going to narrate my experience with a patient, diagnosed as 'schizophrenic', voice hearer, withdrawn from most of the world and hidden in his ecological niche. I will not call him with his real name and I will not give him a fictitious one, but I will outline him through the encounter with his world, which is apparently only slightly amalgamable with mine. Through the two above mentioned corollaries I have given value to both our professional meetings, inside the day care centre, and to our everyday life that allows us to scrutinize ourselves, with new eyes, even if shy and intimidated.

## MY ENCOUNTER WITH A KIND PERSON

He is gentle, always ready to open the door and to indulge my requests. He talks a lot about his mother and her kindness, but without criticizing her, he says that she does not allow him to buy candies when they are together at the supermarket. When we go out together for an activity he usually buys a pack and eats it all fast and greedily. He gave a cat to his mother and is happy because she likes that funny animal. His father died some years ago, he has a brother who he rarely mentions, he has no friends. He often goes to church and can quote the Old and New Testaments. He openly expresses his disapproval of some words considered inelegant or vulgar. He speaks about his voices, explaining that their content focuses on good and evil, devil and God, sin and purification from it. He has been hearing voices since he was twenty years old, he is now forty and looks to me like a child also because of his way of dressing: cap, backpack, sweatshirt. It is often hard for me to stay close to him and talk to him, because of his smell. It's a smell that reminds me of a dirty body, clothes that have been worn without being washed, a closed house, something old and acid. He approaches me with his courtesy but repulses me with his outward appearance: a sort of incongruent

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bumper. He tried to commit suicide some years ago because God's voice told him to do so. A God, from his words, who appears to me as demanding, prescriptive, regulatory, judgmental.

## AN ALTERNATIVE ENCOUNTER WITH HIM

We both live in a small town. We meet when we are simply a woman and a man free from the roles we play during the opening hours of the rehabilitation centre. We walk, we go shopping, we use a bicycle. One day I observed him while in that moment I was not construing myself as an educator. He was walking, talking to himself, smiling, light-hearted and he seemed to me more handsome than I remembered him to be in the morning. We spoke together a few days later. He told me about the dense dialogue that he entertains with his many voices; he plays chess with them. I think of Kelly's idea of dependency (Kelly, 1991): dispersed or undispersed. I imagine that a hypothetical grid of dependency could at a glance give me back my idea of the sources of satisfaction of his needs: his mother, the rehabilitation centre and, of course, the voices he hears. I believe that the quantity and quality of his needs and satisfaction sources are so scarce that the phenomenon may also have a strong relational connotation, dampening possible emptiness or loneliness. I go back to what I feel when I talk to him and he reminds me of the image of a container which in a certain, specific and identifiable moment has the urgent need to empty itself, owing to a painful, terrible, unbearable pressure. His eyes change, becoming full, saturated with anger and then the look goes away from me, searching for a way out, it detoxifies himself and comes back to me gentle, almost meek. In this space I feel scared, I feel time as different and immobilized, paralyzing me, and later quieting down and becoming fluid again. I wonder how I can think that the phenomenon is only a symptom to be removed. I wonder how I can think that voices are an entirely negative phenomenon for him. I also wonder what he would be without that phenomenon, maybe nothing? What would he be without the smell that precedes him? How can I construe my encounter with him in a different way?

## HOW TO FIND CONSENSUAL REALITY?

*Sociality Corollary*: to the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person (Kelly, 1991, p. 66).

*Commonality Corollary*: to the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person (Kelly, 1991, p. 63).

A girl hearing voices asked me: "Don't you hear voices? Are you hearing voices now? No. How is it possible that you do not hear voices?" This dialogue, brief and apparently surrealistic, made me realize that I was observing the situation only from *my* point of view: I found it hard to understand what a person experiences with and during the voices and it was easier for me to focus on my feeling of unreality. But I did not take into account the fact that my concern could have been the same of those who experience the phenomenon when comparing themselves to a person who, like me, does not. "I do not remember how I was before getting sick". This led me to understand that both of our realities were neither consensual, nor shared. My attempt is therefore to find some bridges that may create an anchor between apparently disjointed islands. I think that I am sometimes afraid of asking with the same spontaneity that I would have if I asked a person their favourite colour what the voices tell them, or how the person feels with them, if he/she is afraid of losing them. Therefore, perhaps naively, I think about the power of language which might enable me to understand, in a potentially shared way, what it means to own voices. I then rely on a theory, a theory that can give satisfying explanations, maintaining respect for the dignity of others' experience, whatever it may be.

## THEORY

According to Faccio and colleagues (Faccio, Romaioli, Dagani, & Cipolletta, 2013), psychiatric practice tends to be oriented to a taxonomy of hallucinations based on their form, paying less attention to the contents of the phenomena, omit-

ting to understand the role played by the latter in subjects' lives and neglecting their informative potential. Bannister's research, carried out on schizophrenic patients with thought disorders, showed the presence of more structured and stable constructions of physical objects rather than people. Patients thus demonstrated possession of tight constructs in relation to the physical world of things and, on the other hand, of loose constructs for people. The results suggest that the disorder could be connected with the interpersonal construction process, as the result of serial invalidations. The subjects therefore loosen their constructions in order to minimize the impact of future anticipation failures (Bannister, 1963). In their research work, Faccio and colleagues suggest that auditory hallucinatory phenomena may be subjected to the same process: serial invalidation and loosening of constructions; the latter may bring out the phenomenon in terms of loose constructs which may lead to variable anticipations (Faccio, Ramaioli, Dagani, & Cipolletta, 2013). Salmon (2004), reconnecting to Bannister's previously mentioned work, reasons on a purely relational narrative level, referring to the work of some authors who attribute to symptoms the quality of meaningful responses to a confusing or contradictory family communication system. This kind of analysis can be put into relation with the Double Bind Theory (Bateson, 1976; Bateson, Jackson, Haley, & Weakland, 1979) that is configured as the victim of the double bind receiving serial messages with two levels of meaning conflicting with each other (for example, a verbal content contradicted by non-verbal codes). The person must therefore face two possible opposed constructions, which do not provide support for effective anticipation (Bannister & Fransella, 1986). Other authors have instead revealed a tendency to parental invalidation towards autonomy, thus not enabling children to create a separate identity in a symbiotic relationship where you and I become fused together (Salmon, 2004). It could therefore be said that there is an explicit, or implicit, opposition to a change in the dependency system among the family members. Kelly (1991) assumes that the child construes some people in relation to its own survival. Obviously the child becomes an adult, but the fact of depending on others for their own survival still remains alive. With reference to the world of meaning, Allen (2005) suggests that voices can express the submerged pole of core constructs in which the person does not want to be included as an element. Voices are constructed as depositaries of material that is separate from the person, having thus a sort of 'not-me' quality.

## THE KIND PERSON - REVISION

### Voices and core constructs

According to these theoretical references I presume that being good/kind/impeccable vs. being mean/rude/vulgar is crucial for him.

"I'm weird, I have to go to confession". "Why do you have to have confession? From my point of view you are a lovable person". "I'm not, I sin. Voices sin".

I therefore wonder what could be his preferred pole: is it the apparent delicacy with which he faces the world of people or is it the dark, scary, irreverent side that I perceive in some situations? At the same time, whereas the content of the voices concerns prescriptive issues such as good and evil or sin and redemption, I wonder which is the submerged pole. I assume that the 'not-me' identifies itself, albeit some specifications which are set out below, with the voices, presuming that (the characteristic of) 'the other from me' is the result of a process somehow at the same time chosen and suffered, necessary for his own survival.

### Serial invalidations and non-separation

His mother is described as a good and very religious woman; his father, in addition to be characterized as a good man, is portrayed as incapable of saying 'no' or opposing. I can hypothesize that within the family both the attempts to experience others to the prescribed rules and the definition of a separate identity (compared to the parental ones) had not been promoted, but invalidated. I can assume that the construction of the family system had not been revised, but had instead been reiterated the dominant model aspiring to holiness, and thus assigning the less

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noble and transgressive experience to other standards which, through their laxity, allow variable anticipations. It seems to me that voices take charge of the unsaid, dreamed, perhaps even craved, but not authorized. I think about the image of a good refuge, a convenient hiding place, a room where you can be who you are, and not what others are asking you to be.

*Dependency.* The map that I will present below may not be formally described as a dependency grid, but from my point of view provides a reading (interpretation) of his social network and the role of the auditory phenomena in his life. I present the drawing, the descriptions and the distances between the elements, according to the original map.

FUN IN MY LIFE (the arrow indicates that fun should occupy the second circle, but it occupies the first one) – FUN = VOICES
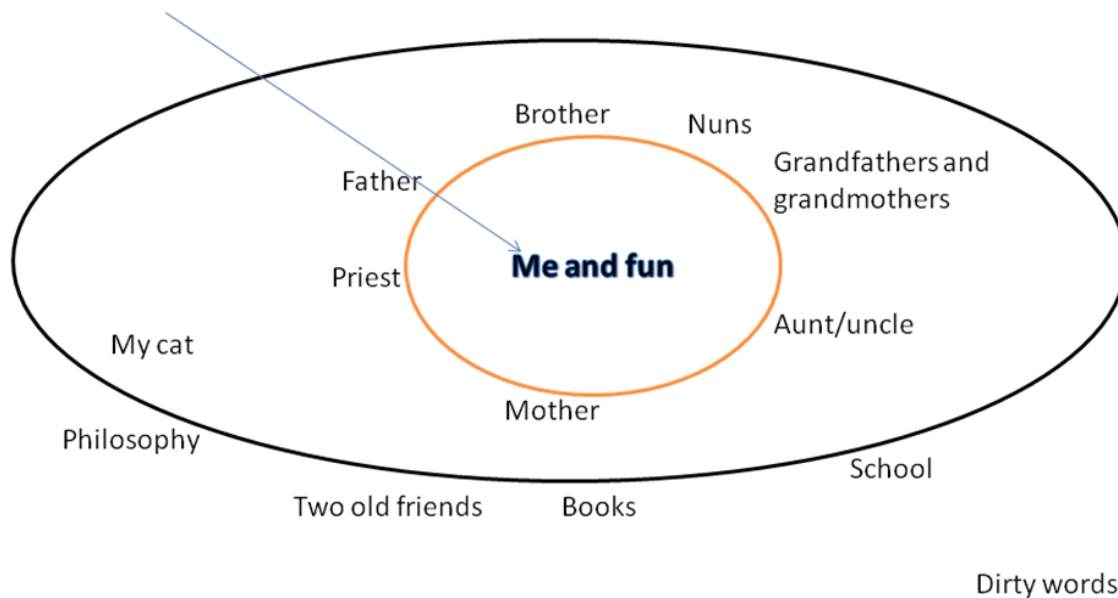


His social network is composed of his family members and parish environment. Outside the circles he refers to two old friends and to school/university, abandoned after the onset of his psychiatric disorder. I am struck by what is missing, i.e. the people he stays with, almost daily, in the structure: he does not mention any patient or educator. Initially, at the centre of the map along with him, he had indicated the construct of 'fun", explaining it later with an arrow and its meaning. Only the voices therefore seem to be the joyous element of his life. He also inserts dirty words, explaining that they are said by

the voices. During a dialogue, he reported that the voices tell anecdotes or funny stories, jokes, and it is difficult for him to escape from this dimension. He said that he wants to understand their origin and when another patient told him, with surprise, that he only wanted to explain them and not to eliminate them, he insisted on his willingness to understand. I remember the feeling I get when I perceive his urgent need to move away from the relationship with a person, and I wonder to which dimension he returns, where he runs away, perhaps going to feed his heart and relax. I am left with the idea that the

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auditory phenomena are somehow necessary, allowing him to have relations, although not with human beings, and at the same time avoiding contact with people without being entirely alone.

## NEW POTENTIAL EXPERIENCE CYCLES FOR THE KIND PERSON

### Validations/Invalidations

I think about the experiences that could be useful to remove: the perverse game of invalidations from the less noble parts of himself, and how he could be a kind of different, separated son. Perhaps allowing him to say 'no', being sometimes rude without sanctions, and without invalidations, could take away power from what now appears as a reified dictatorship of a seemingly unreal phenomenon. At the day care centre we are promoting and accepting his 'nos', for example to proposals for new activities. At the same time we avoid asking him for some little courtesies, in order not to contribute to fossilizing him in the role of a person you can easily address because he is always available. We also try, in his presence, to use language that is not always polished or clean, in an attempt to convey the idea that a person can be inelegant, without in any case losing his respectability. In one of the activities, through the use of role-playing, he expressed the desire to buy, in opposition to his mother, the food he likes and to refuse a certain kind of dish.

### Dependency, commonality and sociality

In partnership with other patients and without the constant support of educators, he is managing a public area with free internet access. I assume that this type of task might contribute both to the creation of an identity freed from his family, and of new roles differentiated from the voices, allowing him to be recognized and valued not just on the dimension 'hear vs. does not hear voices', but as a man who can assume responsibility. We try not to interfere, when not absolutely necessary, in spontaneous dialogues among people experiencing voices. In parallel, in a sort of theatrical workshop, patients have the opportunity to discuss what they (sometimes with shame) experience, in an atmosphere of acceptance and non-judgment (voices, aggressive thoughts, death wishes, etc.). I assume that patients could have a certain type of construction, also enhanced by a certain psychiatric practice: "they think I'm fine only if I do not hear voices", which perfectly fits with the frequently used operators' construct: "he/she is fine only if he/she does not hear voices".

## MY EXPERIENCE CYCLE TODAY

My ANTICIPATION of psychiatric patients: the 'symptom' has a meaning in their history.

ENGAGEMENT: I am ready to meet a person.

ENCOUNTER: the person is saying, thinking, seeing or hearing something which can be difficult to construe for *me*, but he/she is choosing something, which is real for him/her.

VALIDATION: I can give a meaning/I cannot.

REVISION: yes/no.

## CONCLUSIONS

I conclude these reflections on what this bizarre, destabilizing, sad, joyful, warm encounter led me to feel, think, anticipate and revise using Neimeyer's words, which I read in a recent inteview, hoping to "access the perspective and the other's point of view in a quite radical way, because I believe that until I can see the world through his eyes, until I can understand the meaning that this act has had for him, I will not be able to help him (Bordin, E., & Dagani, J., 2014, p. 53).

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