

The onset of psychosis within developmental trauma: how one's experiential background can block the acquisition of new representations, compromising internal homeostasis

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ABSTRACT. – The following work aims to examine the relationship between the pathogenesis of psychosis and an individual's experiential background, with a focus on traumatic experiences of a cumulative nature. It explores how events from the past and their failed integration can lead to the fragmentation of the psychobiological structure, understood as the dynamic balance among multiple interconnected brain regions. Furthermore, this work sought to explore, through the contributions of various authors, the role played by early life experiences, through which the individual is able to create representations and perceptions that enable them to orient themselves in the world and to acquire new knowledge to be integrated with what has already been stored. It also examines how cumulative traumatic experiences in childhood may reflect a blockage in the formation of new representations, thus serving as an effective springboard capable of triggering the onset of psychosis as a reflection of a developmental arrest, in which preverbal and primitive modes are reflected in adult life and the present moment.

Key words: psychosis, object relations, epigenetic marker, cumulative trauma, representations, state of mind.

Psychoses delineate a psychopathological framework (Garrett, 2022) characterised by both biological and psychological factors, in relation to which personal experience plays an important role in the possible onset. Individual experiences, starting from the perinatal period (Brockington 2007), reflect a field of investigation where experiences and early modes of emotional self-regulation promote the development of patterns that are not only internalised but also leave an epigenetic imprint that can reverberate on neurobiological and behavioural dimensions.

From the earliest stages of life and throughout development, an individual's way of being in the world (and with others) takes shape and gradually

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translates into mental representations (Siegel, 2001). These representations are shaped by an emotional and cognitive resonance that gives an individual's self-perception an internal interpersonal dimension, *i.e.*, a lens through which to navigate the world.

Thanks to the psychoanalytic theory of object relations (Klein, 1946), both individual experiences and the ways in which identity is shaped help to describe the emergence and development of mental representations of the self and others, which are constantly subject to a process of shaping and reshaping. More specifically, this theory highlights how the psychological object (Freud, 1915) reflects the mental representation of a real or imagined person, an entity, or even a personified abstraction, which is of particular interest to the individual. Internal and/or internalised objects are thus the product of the individual's investment of interest, which confers importance on an external figure that exists within the psychic world but not necessarily in physical reality.

What the representation highlights is therefore the set of personal emotional experiences that, in relation to the external world, determine (or have determined) the emergence of feelings, fantasies, thoughts, and memories characterised by strong emotional significance (Kernberg, 1976).

In the context of psychosis (Skodlar, 2013), what emerges is precisely the fusion of a mental representation of a person (or real entity) with an object representation characterised by intrapsychic experiential elements of the self, which, once projected, are experienced as if they were real (Marcus, 2017). Of particular interest is the nature of object relations themselves and their dynamic flow of consciousness, which, as emphasised by Kernberg (1976), can be simultaneously shaped by the conscious and unconscious dimensions, capable of influencing the processing of one's own experience.

In support of what has been described so far, what emerges is the presence of a preverbal dimension (Klein, 1952) which, in individuals with psychosis, seems to reconnect the person to their origins, *i.e.*, to a primitive style that has never evolved but, on the contrary, has caused a maturation block. This allows us to frame psychosis as a psychopathological dimension in which mental processes in adulthood are driven by purely infantile cognitive and perceptual modes (Arlow, 1969), capable of resurfacing in later life and reshaping and/or rewiring (Siegel, 2020) the mind of the young adult. This determines the onset of a layer of the primordial mind that is maladaptive, yet still aligned with the individual's own way of feeling. More specifically, what emerges is a true intrapsychic dialogue, predominantly marked by a primordial aspect (Winnicott, 1962) that is evident in both the thoughts and behaviours of the individual with psychosis. At the same time, it reflects a set of mental operations that, rather than functioning in harmonious balance, reveal a clear discontinuity –namely, the fragmentation and/or underdevelopment of multiple processes. These processes, in a repeated and cumulative manner, evoke interpersonal styles rooted in a period preceding adult life. In

doing so, they promote the acquisition and consolidation of a logic that has never been symbolised, but instead remains ready to surface during times of heightened stress, moments in which a direct equivalence can be observed between the adverse situation the individual is experiencing and a primitive, unsymbolised content.

The emergence of psychosis as a possible response to traumatic experiences

In relation to what has been proposed so far, the concept of trauma emerges as the key to describing the possible dynamics underlying the onset of psychosis. If psychosis reflects a failure in the maturation of cognitive and/or psychological processes – crystallised at a primitive stage of processing the self and others – cumulative traumatic events, by contrast, highlight a perceptual and representational mode of the world rooted in the individual's past. This carries the risk not only of consolidating a distorted view of oneself and others but also of establishing, at a psychosomatic level, an epigenetic marker (Bloss *et al.*, 2010) that may impact individual psychological processes.

On one hand, traumatic experiences are thus capable of inducing significant neurobiological and cognitive changes; on the other, they play a decisive role in maladaptively shaping various brain regions. This can lead to a morphological reorganisation with the potential to reverberate through even the most deeply embedded aspects of the individual's body and psyche (Nasca *et al.*, 2015).

Looking more closely at psychosis as a response to multiple stressful and repetitive events over time, adverse and/or traumatic events can resonate with everything that had previously been placed outside of consciousness since childhood (Marcus, 2017). Specifically, events experienced in the past and not processed can tune in to those primitive fantasies limited to internal objects, in relation to which fantasy begins to invade the person's experience of reality (Teicher *et al.*, 2016). Through this mechanism, the content of the fantasy connects with external reality, leading people on the verge of becoming psychotic to experience their present life as a reflection of an unconscious fantasy so realistic that they believe and consider it to be happening in their current life (Garrett, 2022). The central aspect that comes into play concerns the entry of primitive content into the experiential framework that the subject is experiencing at that particular moment in their developmental stage. The present and the past merge to create a hybrid mental state, around which emotions, thoughts, and representations converge, lacking not only adequate symbolisation but also a physiological boundary (Rossi, 2016). Therefore, while the reaction to the stressful event may be disproportionate, the modes of self-

regulation and response are directly proportional to the content of the unconscious fantasy that has created a connection with the external event (Van der Kolk, 2005). According to Marcus (2017), a process of fusion and even more so of condensation takes place, whereby the emotional-subjective experience and the experience of reality become one: a true hybrid. Nevertheless, the author emphasises that the main characteristic of psychosis is connoted by a specific and organised experience of condensation between a segment of experience of reality and one's emotional background, which, spilling over into reality testing, is experienced at a level of consciousness far from real parameters and seems to be located in one's own experience. A further contribution in support of what has just been proposed is that of Daniel Siegel (2001), who, through the concept of state of mind, emphasises the recruitment of several distinct brain regions that promote the homeostasis of the individual in a reciprocal and synchronised manner. When placed within a psychotic framework, the individual reflects an experience that is not integrated, not processed, and certainly not symbolised. This confirms how the lack of boundaries spills over into the brain circuits and their lack of role differentiation, to the detriment of the involvement of multiple parts (Hebb, 1949), which simultaneously causes a short circuit and, even more so, a primitive use of functions that are not yet developed.

The mental state thus reflects a multi-factorial perspective, involving perceptual processes, emotion regulation, memory, and behavioural responses.

Together, these take on meaning and find their place within a framework made up of memories, perceptions, feelings, thoughts, and, above all, beliefs, which are able to delineate a key to understanding how to navigate the world.

However, the mind is not always able to adaptively organise itself when faced with certain experiences (Pelcovitz *et al.*, 2005). In fact, in relation to developmental trauma, the sum of interpersonal experiences affects the mind's ability to create cohesive, flexible, and adaptive states. Specifically, chaotic and disorganised mental states emerge, confirming a lack of cohesion that can manifest not only as an individual trait but also as an integral part of their relational patterns.

A valuable contribution to the understanding of developmental trauma lies in the relationship between two key concepts: continuity and flexibility (Fogel, 2002). While the former highlights the tendency of previously acquired states to recur over time, the latter, by contrast, emphasises the system's degree of sensitivity to environmental conditions. This perspective underscores how maladaptive developmental foundations, unfortunately, carry a high likelihood of recurring throughout an individual's life course.

If traumatic experiences are repetitive and cumulative, they can increase 'continuity' by reducing the capacity for change, leading the subject to adhere to previously established and overly rigid states. What we see, therefore, is a real blockage in the past with regard to something that cannot be changed and

which, despite presenting gaps, reflects a void to be filled with a reorganisation capable of restoring new meaning.

From this point of view, the onset of psychosis can be perceived as a restriction of movement in which continuity, flexibility, and the sense of the passage of time take on very different, modified, and not fully adaptive characteristics.

As pointed out by Massimo Germani (2017), a psychiatrist, psychoanalyst, and expert in post-traumatic disorders, what is important to reflect on is 'complexity', *i.e.*, understanding how each story can be approached not only in different ways but also in ways that take into account the individual's background. As a condition that is perpetuated over time, it risks leading to different responses and effects.

Repetitiveness and continuity enable us to understand how much an identity can be undermined, as stressful events present a threshold beyond which a person's resilience is compromised (Sanavio, 2017).

The emphasis is on how deeply the past can affect the present, causing a breakdown in one's equilibrium.

The role of delusion within a traumatic context

Consistent with past traumatic events, this process or cognitive disorder highlights the individual's strong desire to be part of the world. In this context, the delusion itself reflects the possibility of restoring the sense of continuity of one's self, one's reality, and above all, one's identity.

As Tustin (1981) pointed out, in subjects with chronic histories of neglect, traumatic emotions inhabit that part of the psyche defined as the 'unrepressed unconscious'. Within this space, actual 'bodily holes' take shape, capable of evoking a terrifying experience that may manifest in psychotic states.

These non-symbolised spaces fully take on the appearance of a void (Craparo, 2017), within which emotions prevent the subject from living a conscious experience of their mental states, which, in contrast, remain at a pre-symbolic and primitive level.

Therefore, if trauma reflects a trace of one's experiential background, at the same time, the multiple individual responses confirm an attempt to restore one's sense of identity.

By increasingly emphasising the close link between developmental trauma and the possible onset of psychosis, one can hypothesise that delusion plays a significant role as confirmation of a mode aimed at new adaptation and/or learning. In this sense, it represents a tool through which to reorganise one's identity framework.

In its essence, this thinking disorder can be understood as a form of 'dis-

covery', characterised by the feeling that the new idea emerging into consciousness makes it possible to "restore order and complete a picture" (Rossi, 2008).

It becomes a functional process aimed at creating coherence through which to better interpret intrapsychic reality and to structure it in harmony with the individual's respective needs (Meissner, 1978).

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