Postmodernity: clinical and social reflections about new forms of psychopathology

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Summary

This article proposes a reflection on the impact that some postmodern features can have on the sense of identity and on mental functioning to propose possible explanations for identity changes and new forms of psychopathology. After revisiting the most recent literature on the theme, this study proposes a clinical consideration for a possible link between new forms of psychopathology and mental suffering. It particularly suggests that the changes observed in affectivity (including increase in dysphoria, irritability, restlessness, boredom, feeling of empti-ness) and behaviour (reduction in impulse control ability, in interpersonal skills and reflective function, etc.) are important indices of a bigger change that involves the entire personality and indicates a shifting towards a borderline level of personality functioning. Finally, the article offers a possible explanation for this shift and advances therapeutic questions.

Key words

Postmodernity • Identity changes • New forms of psychopathology

1. Introduction: the literature on effects of postmodernity on identity and new forms of psychopathology

From the group-analytic perspective, "The individual is not only dependent on the conditions [...] of the community and the group in which he lives [...], but literally he is permeated with them" [1]. Therefore, to understand the personological and psychopathological contemporary profiles, we must look for the habits [2] and the rooted conditions of our psyche (if it has changed and how), and recognize in this change the new addresses of the psychic suffering and the psychopathology. Adopting this theoretical perspective and revisiting the literature on this theme, this article proposes a reflection on the impact that some features of postmodernity can have on mental functioning to propose possible explanations for identity changes and new forms of psychopathology.

Over the last ten years, several studies have investigated the effects of postmodernity on the construction of identity [3-19] and have subsequently focused on the effects of postmodernism on new forms of psychopathology and mental suffering [20-31].

Despite the different perspectives, all studies agree with the opinion that mental stress and disorders are strictly related to context and environmental changes. Multiple results show that from the modern to postmodern ep-och, social changes have caused increasing stress levels in both individual and collective terms, with a risk to mental health.

In particular, some studies suggest a significant reduction of impulse control ability, an increase in behaviours linked to obsessive-compulsive spectrum and a general deterioration of interpersonal skills with negative impacts on family, school and work performances [21]. Similarly, other studies highlight an increase in the crisis of human reflexivity with repercussions to the relational functioning [6 7].

Different studies consider the increase of dysphoria and uncomfortable mental states (irritability, restlessness, boredom, feeling of emptiness, shame, etc.) as specific examples of postmodernity psychopathology, and underline the link between these affective states with borderline personality disorder (BPD) and functioning [3 4 8 9 22 26 32 33-35]. Other studies highlight a progressive loss of body language as the original anchor for the sense of self [3] (such as, for example, in eating disorders) and an increase of communication problems with alterity [9 22 36].

Additional studies show an increase in multiple weak identifications, a collision between localization and globalization and a change in social bonds [8 27 37].

Finally, some studies discuss the increase of impasse in life projects caused by an excess of "present time" and this negative impact on the continuous sense of identity [4-6].

To understand these changes, it is necessary to think

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about the changes in collective demands (in psychoanalytic terms, the super-ego requests) for the integration in the social world as suggested by many authors such as Kohut [38-40] and Lash [41]. These demands are dramatically and radically changed from a social experience based on avoiding guilt to a social experience based on avoiding feelings of shame.

Overall, as evidenced by the literature, the reflection on these social and clinical changes is still in progress, and because of this, more theoretical, epidemiological and empirical studies are necessary. Placed within the context of the literature, this study suggests a possible common thread that binds the new forms of mental and psychopathological suffering.

2. Three steps to understand a possible link between postmodernity and new forms of psychopathology

From our point view the socio-cultural changes are reflected not only in the singular aspects of psychopathology, but in the whole personality functioning.

We particularly believe that the indicated current changes in affectivity and behaviour are important indices of a larger change involving personality functioning in its entirety. Indeed, we believe that the changes in affectiveness (increase in dysphoria, shame, irritability, restlessness, boredom, feelings of emptiness, etc.) and in behaviour (reduction in impulse control ability, in interpersonal skills and reflective function, etc.) indicate a shifting towards a borderline level of personality functioning.

But, how can we explain this shifting? And what are the effects of this shifting? In our studies, we propose some social and clinical reflections to answer these questions. In particular, starting by the group-analytic perspective, we assume that:

1. postmodernity has partially corroded and modified our constituent matrices;
2. this corrosion has created favourable conditions for the birth of a sense of discontinuity in one's self experience
3. this sense of discontinuity has empowered the pole diffusion, in the index: "identity integration *versus* identity diffusion" used for assess of the level of personality functioning.

But let us try to better define the proposed assumptions. About the first point: postmodernity has partially corroded and modified our constituent matrices. On his concept of mental matrix, Foulkes [1] argued that there is no difference between internal psychic reality and external social reality, because what is inside is outside. From the group-analytic perspective, indeed, the social is not only external but also internal, and it penetrates

the more intimate essence of the individual. Starting from this concept, the Italian group analysis, and namely the *Subjectual* [a] group analysis, has made explicit the idea of the correspondences between the internal and external through studies on the *Transpersonal* levels, which we can metaphorically consider as the "places" where all the aspects composing our identity have consolidated [b], and of which the anthropological and social conditions represent a specific aspect [42 43]. In group-analytic theory, the constituent matrix concept corresponds to the "sameness" concept [44], and it is the presence of the constituent matrix precisely allows the dialogue between identity and alterity. This presence guarantees the dynamic balance between identification and originality, self-fidelity and adaptability to different social contexts, continuity and discontinuity, permanence and change. But, in the absence or given a lack of elements of sameness (metaphorically fixed into the constituent matrix), each biography risks getting lost in small, disconnected pieces that would make it difficult to integrate the sense of identity. Constituent matrices, indeed, offer the possibility to identify oneself (both consciously and unconsciously) with unconscious expectations, behavioural codes, relational modalities, internal or social prohibitions, etc., starting from which each individual can work to develop his own identity (for adhesion or differentiation). Therefore, the corrosion of constituent matrices generates uncertainty in "self-construction". More precisely, we believe that the contemporary corrosion of the constituent matrices impairs the continuous dialogue between the sameness and the alterity. From our point of view, postmodernity is responsible for the lack of established codes, or for the deficient support of sameness for identity building [26 36 45]. Adopting group-analytic language, we would say that the anthropological and social changes have involved the dialogue between identification (with the constituent ma-

[a] "Subjectual" is a new term with a broader meaning than "object relations". It emphasizes the importance of the relationship between bios and real relational experience with other subjects life [42].

[b] From the most biological to the most cultural, from the most aware to the most unconscious, in the interweaving of different levels of articulation: the biologic-genetic, ethnic-anthropological, familiar, institutional, socio-communicative five levels of transpersonal matrices. From this perspective, the human psyche is founded on the transpersonal mental/bodily/relational configurations of anthropological organizations of all subjects, e.g., family, reference community, institutional groups and new forms of social communication, such as media and the internet. These sum up the main collective experiences that originate and connect individual psychic life and offer useful reading tools to understand the psyche in therapeutic and non-therapeutic groups [42 43 45].

trices) and originality, or between Idem and Autòs [44], determining the loosening of some social and internal structures that constitute the boundaries of meaning-making. The consequence of this phenomenon is an "epiphany" of signs and symptoms that are completely different from those that characterized the previous modern epoch.

Starting from these considerations, we have proposed the concept of "dis-identity" [26 36 45] initially to describe "the health status of our constituent matrices" and subsequently to understand the new forms of psychopathology, particularly the common thread of the new forms of psychopathology.

About the second and third points: we started from the concept of the sense of discontinuity described by Kernberg [46], particularly from the index "identity integration vs identity diffusion" involved in the assessment of personality functioning. As emphasized in the psychopathologic literature, the dialectic between identity integration and identity diffusion is very important in order to preserve a sense of self. In particular, the sense of identity integration is linked to the feeling of temporal and affective continuity that the patient has of himself or herself and of significant others. The sense of identity diffusion, instead, is linked to the difficulty of integrating, temporally and emotionally, images, experiences, and representations of self and others in complex and non-contradictory pictures. Hence, the sense of identity integration allows the patient to preserve stable and deep relationships with significant others, of which the patient can feel multifaceted representations, including both positive and negative (as about the self). Instead, the sense of identity diffusion is characterized by the presence of the split representations of the self and significant other. Representations appear to be, in fact, poor, rapidly changing, two-dimensional, extreme and unmodulated. Furthermore, as a result of the discontinuity in the experience of self, the sense of identity diffusion is associated with a sense of inner emptiness and a strong aggressiveness. Kernberg suggests that other aspects characterizing the sense of identity diffusion are: the so-called "not specific manifestations of ego weakness" (namely the lack of control of the anguish and the impulses), the lack of mature sublimator channels and sometimes the inability to differentiate the image of self from the object.

As we have seen, many of these aspects are highlighted by the most recent literature.

Now, we more closely explore our hypotheses and consequently wonder: did postmodernism really corrode our constituent matrices? Did this really create favourable conditions to the birth of the sense of discontinuity in the self-experience? And finally, does this sense of discontinuity really involve one of the indices for the assessment of personality functioning?

3. On the corrosion of constituent matrices, the discontinuity sense of identity and the index "integration *vs* diffusion" identity

In order to catch the sign of social changes in the individual and proceed towards a review of theories on psychotherapy, we now go into the details of our social and clinical reflections by highlighting some key points. We begin by exploring our first questions: Did postmodernism really corrode our constituent matrices? Did social life really change so much as to require an adjustment of psychodynamic and psychopathological readings? If so, exactly which aspects of postmodernity corrode our constituent matrices? Below, we underline only some postmodern changes which can have a strong corrosive power on constituent matrices. Later, we will try to understand the effects of these corrosions.

Among postmodern characteristics with a hypothetical corrosive impact, we have:

1. the loss of the "big frameworks" (metaphysical, ideological, religious, political, etc.), which makes it difficult to understand the world starting from universal principles and promotes a context in which everyone is returned to himself [8 47]. Until the previous epoch, in fact, big frameworks and constituent matrices have inspired (consciously and unconsciously) the attitudes, behaviours, etc. guiding the previous generations;

2. the eradication of social relations from their local contexts and the transfer of them to indefinite and global space-time dimensions [21 48]. This process is exacerbated by psychic retreats and virtualization of relations" in terms of change in psychic and neurologic architecture[50], but also in terms of failure of "real relationships" and in new forms of web related psychopathology like internet addiction [51-54];

3. the multiplication of the "non-places", as defined by Augé [55], that increase the loss of the sense of continuity in the self and also the sense of strangeness from the community. From a clinical perspective, the loss of references regarding oneself and the community recalls the psychotic and pre-psychotic experiences [56]. From the sociological perspective, Lasch [57] offers an analysis of the dominant cultural patterns in American society since the 1970s, highlighting the exaggerated individualism and its effects as the widespread fall of moral and political tension, expansion of the cult of the body, the obsession for old age and death, etc. These are all aspects that we would say are dominated by the death instinct;

4. hypertrophy of the present [4-6], as described by Minkowski [58], can corrode élan vital (that is, the impulse that allows humans to create the future in front of him). The possibility of reuniting past and future to

the present time, indeed, gives everyone the feeling of being on a the road towards the realisation of one›s existence. Disconnected instead, past and future make the present moment excessive and overflowing, but without a developmental perspective and stagnant. Therefore, inclined to depressive psychopathological feelings;

5. the so-called "liquidity" [59 60], namely the fact that human action is lost even before being consolidated and transmitted. With the concept of liquidity, we are not referring to normal liquidity in the self, as suggested by Bromberg [61], but to the impact that the new lifestyles (also geared to the satisfaction of pleasure and consumption from the relational point of view) may have on some psychopathological aspects reported as an increase from psychopathological contemporary literature: narcissism [12 57], dissociation [29 30], addictive behaviours, etc. Especially together with the absence of reference frameworks and the resulting self-reference increase as we said above.

But, above all, through these aspects, the triumph of the sense of fleeting, of the ephemeral, and of the fragmentary, as expressions of the contingent, creates favourable conditions to the birth of a sense of discontinuity in the experience of the self. Besides, these aspects put to the test the "integration *vs* diffusion" index of identity.

If we accept the idea that these postmodern features tend to corrode constituent matrices, we should analyse subsequent questions and wonder what the effects of this corrosion are. Indeed, in our explanation, we said that the corrosion of constituent matrices creates favourable conditions to the birth of the sense of discontinuity, and that this sense elicits/reinforces an important index which is involved in the assessment of the level of personality functioning.

As we said, the psychopathological literature teaches that the "sense of identity diffusion" is the result of the discontinuity in the experience of self, and that it appears also through those behavioural aspects that contemporary literature defines as increasing (dysphoria, irritability, restlessness, boredom, emptiness and "non-specific manifestations of ego weakness", that is, lack of impulse control and of mature channels of sublimation, etc.) [3, 6 7 9 21 22 26]. Therefore, if we consider them all together, it is possible that these aspects show an increase of borderline personality functioning (regardless of any specific diagnosable disorder).

In more detail, the traditional literature underlines that borderline personality functioning reflects difficulty in integrating (both emotionally and temporally) images, experiences, representations of self and other people in complex frameworks; in having poor, two-dimensional, rapidly changing representations; and finally, in having

painful feelings of inconsistency due to unstable beliefs. Therefore, the general shift of the younger population to a borderline level of personality functioning could lead to loss of important psychic experiences such as the feeling of invariance and personal integrity (even in a process of continuous change); the commitment toward some representations of oneself and toward social roles that can help to define it; a commitment toward a set of values and rules that can guide behaviours; and the experience of internal solidarity toward a social group [62-64].

Now, in our opinion, this shift is more likely and frequent than before because it finds its reason not only in the individual biographies but, together with them, in the changed social and anthropological conditions that accompany these individual stories.

Certainly, the social and anthropological conditions are the frames of the individual biographies, but the absence of good social references can increase certain forms of discomfort and, particularly, the difficulty to mentalise, that is a fundamental function for monitoring our experiences, affect and behaviour [65-70].

But returning to our reflection: what we called "the process of corrosion of constituent matrices" is a transversal phenomenon which precedes the birth of our youngest patients (indeed, postmodernity started fifty years ago). This process is not strictly linked to personal experiences but to general loss of frameworks and constituent matrices that we talked about (particularly in family, ethic-anthropological and institutional aspects [42 43]).

To consider that the reason for what patients – increasingly – complain about in treatment no longer (or not only) resides in their personal stories but in socio-anthropological changes introduces a series of important clinical and therapeutic consequences.

4. Therapeutic considerations

So far, on the basis of signs and symptoms reported in literature, we have discussed new forms of psychopathology proposing the general shifting from the neurotic level to the borderline personality functioning as main effect of postmodernism. Now, it is useful to reflect on the therapeutic consequences of this shift.

Generally, the therapy for borderline personality functioning is a very difficult matter for mental health professionals [71-73]. The reason is that, together with "the sense of identity diffusion", patients with borderline functioning often show other indices which directly intervene in therapeutic process (making it more complex). These indices are:

• the ability to observe their own pathology or to have the so-called "observing Ego" (patients with borderline functioning do not have these abilities and not

develop this capacity quickly within the therapeutic process);

- implications of transference and countertransference (that with these patients are frequently intense and disturbing independently from the fact that they are positive or negative); and
- the main "near *vs* distance" conflict (that makes it more difficult to involve these patients in treatment) [74].

Besides, if it is true that this shifting finds its justification not (only) in individual stories but more generally in social-anthropological changes, this makes therapeutic work more difficult, because unlike historical and biographical reasons, social and anthropological ones are more difficult to recognise and rework in therapy.

Regarding this, in a previous publication we referred to a study by Winnicott [75], who highlighted the need to "remember" but also the inability for psychotic patients to do so because their psyche broke up before their minds were formed [c]. Therefore, according to the author, despite their need to "remember", they are not able to do it because it is not possible to remember something that happened while they would not (mentally) present.

We believe that something similar happens with the corrosion of the constituent matrices. For this reason, thinking about all of this, we insist that the psychic functioning plan may be inclined towards the most archaic functioning levels.

There are many examples of this. The so-called "new depressive affectiviness" [28], for example, does not find any longer its epicentre in the Superego internal-scolding voice because, differently from "classical depression", patients who refer to "depressed affectivity" today do not feel guilty (both consciously or unconsciously) for something they lived, but for interchangeable opportunities and for dictates of postmodernity [10 31] because they frequently do not feel themselves to be at the height of society's demands.

This does not mean that the classical depressions no longer exist, but that the younger population is more exposed to different depressive experiences that involve borderline and narcissistic vulnerabilities. In particular, as we have seen, while borderline vulnerability reveals itself through dysphoria, chronic widespread feeling of inner emptiness, irritation, a tendency to complain and to act out, experiences of depersonalization and sometimes even the expression of violent rage, the narcissistic area is more latent and keeps patients in check. They are continuously busy in activities of hyper-compensation of self-esteem to exorcise that inner emptiness that is a real precipice on their identity and value (in this case as in the first).

Kohut's pioneering work on narcissism [38-40] theorized that personality disorders ("disorders of the self") concern primarily the poorly differentiated self-its cohesiveness, stability, and affective colouring. The anxiety of a narcissistic personality is a result of a realistic appraisal of the vulnerability of the self to fragmentation ("disintegration anxiety") and/or intrusion of archaic forms of grandiosity. The theory places unusual emphasis on cohesion, or coherence, of the self and on creativity and self-actualization; this differentiation, albeit with different gradients, will be taken up by the theorists of group analysis and become central in our perspective.

Other examples we can find in the psychotic functioning, as in cases of libidinal disinvestment and social withdrawal.

In any case, what seems to be stronger is a kind of psychopathology no longer based on the removal of desire but on the defence of anguish.

All this calls us to new responsibilities in clinical practice which are useful to discuss together. For example, as we know, there is a continuum of appropriate interventions at different levels of functioning [76], so we ask: is it a task of psychotherapy to move toward a more supportive side? Naturally, we know that good psychotherapy has always included a mix of supportive and expressive interventions, but in which measure? And, in order to take patients to more mature levels of functioning, which kind of abilities does the therapist have to sharpen? In which way should we promote the formation of therapeutic alliance with patients who are so "culturally" accustomed to untie from relations, tasks and objectives? [d].

About all this, we believe that it would be useful to confer with colleagues, on a theoretical and clinical level, to better understand both the meaning of new forms of psychopathology and the suitability of new therapeutic interventions.

Conflict of interest
The Authors have not received any grant.

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[c] During the failure of maternal containment capacity.

[d] More generally, considered not only as three specific aspects of the therapeutic alliance.

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