Collectivity Disorders

Favre D*

FMH specialist, Psychiatry and Analytical Psychotherapy (Jungian), Switzerland

*Corresponding author: Dre Dragana Favre, Ph.D. FMH specialist, Psychiatry and Analytical Psychotherapy (Jungian), Rue Ferdinand-Hodler 13, 1207 Genève, Switzerland, Tel: 076 491 69 50; Fax: 022 518 04 88; Email: dresse.dragana.favre@gmail.com

Opinion

Remember those games of anthropomorphizing countries, flowers, trees, and animals, for example: If Switzerland were a flower, it would be…" and similar? I have always enjoyed them; that was "a very human" type of fun." However, sometimes it is far from fun. Working in psychiatric emergency care makes emergency care makes us scan rapidly for the personality types of the patients. It is overly unprofessional and again human as well. The wish for survival comes before the wish for curiosity. The severely alcoholized patient who is acting with access to violence can be a sad person expressing the suppressed rage of abandonment but could be a potentially dangerous person looking for the pain, own or that of others. Instinctively we scan for danger before we look for origins of the behavior. Rapid jumping to conclusions could have long-lasting consequences.

Classification of humans has deep roots from four Socratic types, through different phrenological attempts, esoteric approaches, and new professional coaching techniques. We try to divide, label, and then belong to one while being part of another. Briefly, we try to prolong our individual existence on this planet.

Animals, humans included, have typical reactions in a crisis: freeze, fight, or flight. It is a widely exploited theme, especially in psychotraumatology. We often try to save ourselves by acting what seems the most appropriate/known/efficient to our body. The mind follows, although their relationship is probably intertwined, the question of who precedes who is meaningless.

We act like that in crisis. Nevertheless, sometimes, the threshold of naming a critical situation fluctuates or lowers. Sometimes, everything is almost always crisis-like. In some other cases, there is no crisis, but the acting is as it is. We call it a personality disorder. Person is stuck in survival mode and therefore performs a rigid battery of behavior, not risking another nor any new. After all, surviving is more important than human relationships if one has to choose. On the contrary, living is all about them, happiness being often related to the deepness of interpersonal relationships. We are trying to reestablish the importance of human relationships in psychotherapy and to minimize any risk of harm.

But what about the world? The premise here is simple. Social groups/systems/collectives have disorders, not personality disorders (unless we play that anthropomorphizing game) but those of collectivity.

We should state here that transposing the individual psychology on the collective lever is oversimplified. The social system deals with other parameters, and combinatorics of possible interactions are considerably different. However, we choose here to use the analogy as a starting point while being aware of the limitation of this "anthropomorphizing exercise."

Society can also do three "F's": freeze, flight, and fight. It is observable with different groups, religious, sociocultural, political, and so on. When a natural or human-caused catastrophe happens, the first response is shock and immediate surviving instinct: avoiding the treat which activates a reaction (becoming a secret society, migrating), passively adapting to the new situation (capitulation, group suicide, assimilating) or entering the conflict (wars, active, explosive and visible or long-term full of revendication). A crisis threshold (the point of the onset of the "F reaction",

a minimal possible threat) can be damaged, changed, or variable. In the fragile groups, already bullied and stigmatized, the new situation could trigger a different response than in one that enjoyed the appraisal and wealth before the crisis.

Furthermore, who/what is the enemy (the one who triggers "F reaction")? For the individual, it is the other individual or a big group. For the collective, it is individual or other collectivities. The better question is: are there enemies, or is it a matter of seeing it? Are the others perceived as hostile because they are different, they could estimate our presence as dangerous, or they had a history of violent behavior? Or are the others only Not-We?

In individual psychotherapy, the therapist, in beneficial and nutritive alliance with her/his patient, can progressively serve as the bridge between the social reality and norms, the patient's need for assuring her/his safety, and the origin of that constant need. The therapist knows (or should know) her or his psycho-developmental scotomas to differentiate the countertransference, empathy, and the optimal distance from the patient's inner world.

In collectivity, there is one major difference. No outside observer (although this place was often dedicated to different forces, entities, and, soon, artificial intelligence) makes any attempt to analyze the collectivity (groups, human species) biased. The analyzer is part of the system, and her/his personal history could influence the choice of criteria and the interpretation of the *zeitgeist* phenomena.

This being said, we will apply the common cluster approach in the analysis of personality disorders with the starting hypothesis that in today's world, we can observe collective psychopathological behaviors. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), a personality disorder is defined as an enduring and inflexible pattern of long duration leading to significant distress or impairment and is not due to the use of substances or another medical condition. There are three clusters: A: odd or eccentric disorders; B, erratic or emotional disorders and C, anxious or fearful disorders.

Can collective consciousness, can *Zeitgeist* be odd, erratic, or anxious? Can it react to the current world instability (ecocide, wars, contagious diseases in the context of the globalized world, nuclear weapon threads, biodiversity crisis, and so on) by prolonged fighting (in the B cluster way), by long-term flight (as the C cluster disorders) or by "odd" freezing (the cluster A manner)? Perhaps the mixed disorder would be more suitable since the well-being range does not seem to be the current state of this year (well-being is understood as a state of absence of suffering, concordant to the WHO health definition[1]), and society coping mechanisms are diverse.

Another interesting classification of non-wellbeing states is disease, sickness, and illness. The disease is the absence of well-being seen through biological lenses (the body physiology or/and anatomy is suffering). There is objectivity about the disease. Illness is a subjective disturbance of health, an inner experience of not being healthy. Sickness is a social term, "a social role, a status, a negotiated position in the world; a bargain struck between the person henceforward called 'sick,' and a society which is prepared to recognize and sustain him[2]", with its valence enhanced by the contrasts in the society.

Seen from this perspective, is unhealthy, which we question here, a disease of collectivity, an illness, or a sickness? There is no need for precise references when claiming that society today has an experience of being unhealthy. Turning on any common media or discussing with colleagues, friends, or patients is sufficient. The current state of the world is widely discussed, and praising its health is a rare practice. This is interesting if we remember the previous elaboration on personality/collectivity disorders. Patients with personality disorders rarely consult the therapist because they feel the state of the disorder. They feel anxious, sad, and scared; they experience physical, emotional, or spiritual pain. This makes them search for relief. Slowly they work on the patterns which repeat and on their first-line responses, which aggravate or even trigger their unpleasant experiences in the first place. Naming a disorder by its name helps, but only when it is ripe for that naming. In the collective consciousness, we are generally aware of unhealthy functioning patterns. Did the time for this realization come, or did we reach the suffering level when we could not ignore it anymore? Or, as it seems the most probable, are we more at ease to call it illness because each individual hides behind the collective? In other words, "we" are ill, but not "I" is ill. "I" can be ill if it is not separated from the group (crowd). Being anonymous (not named, not defined) helps the acceptance of the "self-diagnosis."

"Objectively" is hardly distinguishable. What is objective when the observer is within the observed object? Analogously to personality disorders, disease is probably not the convenable term for this state. Biological correlations may be searched and found but with no clear cause-effect argument. Finally, do we judge our system as sick? We can determine sickness if we can sustain it. For that, we must have some healthy parts that will envelop the sickness or serve as social judges. As written earlier, for the collective, the opposite is another collective (here, a healthy one, but according to the experience of illness, it is not easily imaginable that there is one) or individual. Thus, the individual serves as the observer, the one who names the collective a sick one, which

is counterintuitive. Outliers or out-of-system individuals may be able to see the system as a totality with an appropriate distance. However, there needs to be a clear argument why some individuals could serve as observers and others not. The future may answer the outcome of the choices, but it remains in the abstract domain of trust. If we remember the comparison to personality disorders, it is widespread that the environment suffers from the behavioral model of those with it. As discussed earlier, the environment of a society with collectivity disorder could be more definable.

Therefore, collective disorders are different from personality disorders by their experience of illness (and by the absence of disease and sickness categories of classification), by their easy self-diagnostics (or self-signaling of the state of unhealthiness), and by the absence/presence of the observer.

There is no psychopharmacological treatment for personality disorders. There is only symptomatologic medication for its impact on the body and mind. Psychotherapy is considered as the first-line treatment. Thus, how do we treat society through psychotherapy? Which one, by whom, in what setting, and with whose unconsciousness as countertransference catalysator?

Transforming the flight reaction into creativity is the desirable objective of therapy for the unbalanced coping mechanism. Another one is providing safety and trust to those parts that freeze to stimulate them and allow them to take risks and learn about the unknown. Similarly, those who tend to fight need to reassure them on how to assertively confront and support the obstacles without losing their empathy for those about to be confronted. Three words are essential: transformation, trust, and empathy. However, society is complex, intrinsically, spatially and temporally. Therefore, solidarity, integration, and synchronization can be added as objectives to the "psychotherapy of collective disorders." Obviously, in the absence of neutral and objective other, it is up to each individual (analogously to the Ego-complex following its path through the Ego-Self individuation axe in Jungian psychotherapy) to be the stable holder of these qualities. Thus, we are back in the loop. To sustain the world, we need to sustain ourselves. This does not mean that each of us needs to be free of her/his traits or personality. Diversity is necessary for progress, and asymmetry feeds creativity. We do not need to seek sameness and passive symmetry. However, each of us holds inside a potential for solidarity, synchronization, and integrity, as well as for trust, transformation, and empathy. Three latter can be tackled, challenged, and stimulated by personal or group psychotherapy and good enough education. The first three need other. Only by being capable of (really) meeting the other while staying individual, we can reach a healthy Collective.

References

1. WHO (2023) Constitution.

2. Boyd KM (2000) Disease, illness, sickness, health, healing and wholeness: exploring some elusive concepts. Journal of Medical Humanities 26: 9-17.