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Feeling existent and being in the world under certain conditions. The diagnosis revisited from a relational psychoanalytic perspective

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ABSTRACT. – This article revisits the concept of diagnosis within psychoanalysis from a relational perspective, challenging its traditional reductionist and medicalized interpretations. Diagnosis is redefined not as a static categorization but as a dynamic and co-constructed process that unfolds within the therapeutic relationship. It emphasizes the diagnostic process as a heuristic and narrative tool, rather than a fixed label, acknowledging that symptoms are expressions of a person's unique efforts to exist and make meaning in the world. A clinical vignette illustrates how the therapist's awareness of their own subjectivity and involvement is essential in shaping the therapeutic space. The case of Marina, a woman confronting anxiety, obsessive thoughts, and relational trauma, reveals how diagnostic insight evolves through shared meaning-making rather than predefined categories. Her journey, supported by both psychotherapy and pharmacological intervention, illustrates diagnosis as an ongoing interpretative act, embedded in the relational field, sensitive to context, and rooted in transformation.

Key words: diagnosis, psychoanalytic clinic, psychoanalysis.

Our contribution aims to offer a complex perspective on diagnosis, which, in the psychoanalytic field, is frequently perceived through a reductionist lens and a labeling of suffering. In psychoanalysis, *diagnosis* inevitably becomes part of what moves within the analytic relationship. The manualistic approach, or reference prototype, proposed by classification systems represents merely the surface of a more extensive context that we will soon explore.

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It is well known that skepticism and mistrust, which exist in the psychoanalytic domain not only towards diagnostic tools but towards the very idea of diagnosis, are often linked to difficulties in identifying, integrating, and finally disentangling the diagnostic work within the analytic relationship with the patient. This intricate system is further influenced by the theoretical psychoanalytic perspective from which the individual's experiences and the definitions of 'normal' or pathological forms of existence are interpreted.

We are well aware that pathology and its diagnostic definition are nothing but the way that human beings have found to feel existent. The comprehension and narration of these experiences represent unique moments that no theoretical or nosographic framework can encapsulate fully. From the perspective we intend to support, it is essential to have the psychopathological model and its diagnostic implications interact with an approach and culture that look at the patient's suffering. This reconciliation enables avoidance of misconceptions surrounding pathology – characterized as deficiency and loss – and normality, framed as convention and shared norms.

A common misunderstanding that has made diagnosis an alien terrain for psychoanalysts – something 'ugly' (McWilliams, 2011) to be rejected – arises from the association of diagnostic work with medical diagnosis. Although the starting point of clinical work may indeed consist of signs and symptoms, this does not imply (especially in contemporary times) an equivalent perspective. If etymologically, diagnosis means 'to know through', the diagnostic process has a heuristic value, allowing exploration of the various manifestations of individual suffering and their association with the subject's capacity to organize and attribute meaning to their experiences – an understanding that mandates the psychoanalyst's engagement in diagnosis.

The potential recognition of a qualification (*e.g.*, OCD, anxious, depressed, *etc.*) is constructed and unraveled through the case formulation, conceptualized as the systematic narrative description of the patient's psychological characteristics based on their life history. This narrative facilitates an understanding of the function that such a specific condition (OCD, anxiety, depression, *etc.*) serves for the subject, its subjective and intersubjective reasons and motivations, both conscious and unconscious, that underlie their presence.

Such recognition fosters a therapeutic context accessible to both the analyst and patient, employing methodologies that act as guiding instruments. These methodologies enable the analyst to read not only the Subject in front of them but also themselves as a Subject, with everything that animates the relationship with that patient.

As mentioned, it is unrealistic to refrain from forming an impression regarding the identity of the patient in front of us, and it is therefore almost impossible not to have a diagnostic conception of that identity; indeed, the greatest risk arises when this perspective remains implicit and subconsciously guides the analytical reasoning. What is referred to in clinical contexts as an

'implicit diagnosis' is something we also experience in everyday life. Every human being, simply by entering into a relationship with another, activates an immediate mechanism: constructing within themselves a representation of the other's way of being, functional to guiding their own behavior towards them, whether reflected or not, and to interpreting and making sense of their own and others' actions towards each other. This mechanism guides the direction of emerging feelings and the prediction of future behaviors and expectations.

The implicit reasoning that supports these beliefs constitutes an unavoidable process, functional in daily life for mutual regulation. In clinical practice, this same spontaneous process must evolve into a conscious tool, an object, and a component of the analytic work.

It is extensively documented that reliance on 'intuitive diagnosis', common sense, or worse, one's own unreflective feelings, is equivalent to standing in front of a book without knowing how to read, arrogantly claiming the ability to make the other person say what the book is about. Ignoring the analytical relationship or believing that one is not engaged in diagnosis is not only an illusion (since it is a natural endowment of the human being) but also constitutes a harmful perspective for both the patient and the therapist (see, among others, the work of Dazzi *et al.*, 2009).

Employing a metaphor articulated by Fontana (2017), the impact of an effective diagnosis transcends the mere identification of a geographical domain; it establishes a navigational map to facilitate orientation, particularly during challenging phases of therapy when progress appears arduous, disorienting, or confounding. However, the map remains distinct from actual navigation, requiring assessments of currents, adjustments based on observed data, and consultations of environmental conditions to discern, implement, or even envision subsequent steps – processes that emerge and become palpable session by session.

The distinctive nature of the psychoanalytic diagnostic approach appears to be bringing the subject back to the center of the diagnostic formulation, based on the subject's ability to be the active agent organizing experiences with their deep motives (meanings) and their modalities (means). Paraphrasing Westen *et al.* (2006, p. 87), comprehension of symptoms is contingent upon an understanding of the Subject embodying them, and this implies that the embodiment is active. The symptomatic expressions presented by a patient signify more than mere transient occurrences; rather, they are systematically organized and deliberately sustained according to objectives and meanings pertinent to the Subject, reflecting an ongoing interplay between crisis and evolution.

The specificity of the diagnostic process in relational psychoanalytic approaches is also given by the recognition of the relevance of the therapist's role and their way of participating, which serves as a vital facilitator of the therapeutic process. What becomes significant is 'how' we read these internal

movements of the therapist. The existential condition of the analyst as a Subject is regarded as equivalent to that of the patient, both possessing unique personal meanings and narratives.

A pertinent study (Colli *et al.*, 2014) highlighted how the therapist's theoretical orientation does not influence the feelings (understood as emotional responses) that emerge in response to the patient's disorder. These responses appear to be more or less the same for everyone. However, the interpretation of the significance of specific disorders and the determination of subsequent actions post-identification are subject to variation.

Taking into account the intersubjective position within the diagnostic process never leaves the individual characteristics of each Subject in the background; instead, it underscores their significance by emphasizing the active role and autonomy that characterize the individual, particularly within the context of interactions with others and the environment. Interaction, storytelling, and its interpretation thus become the intersection point of two subjectivities (Stanghellini & Rossi Monti, 2009).

In essence, subjectivity enables individuals to attain functional structural stability characterized by habitual modes of feeling, interpreting, and behaving, which are continuously reorganized within relational contexts, thereby presenting novel iterations of these 'usual' aspects. The conception of the individual as a unitary being, referent, and creator of experience, in constant relationship with their environment, facilitates the emergence of resources for further and unpredictable developments (Fontana, 2017; Minolli, 2009; Oyama, 1998; Sander, 2002; Tricoli, 2017) and helps frame the diagnosis as a reading and as a constructive part of the process in the multiple creative dimensions of the work in session.

Moreover, the 'knowing through' inherent in diagnostic practice offers the reassuring advantage of temporal progression: on one hand, it may be less comforting to feel involved with one's own subjectivity and to give up the comfort of the already known, especially when one must tolerate being in the dark; on the other hand, possessing a framework for understanding guides towards a new clarity for proceeding in therapeutic work (Fontana, 2017; Tricoli, 2018).

Contrary to instinctual adaptations observed in other species, humans uniquely adapt through the lens of personal meanings, constantly renewing their self-echoes in the organization of balances (La Moigne, 2007; Maturana & Varela, 1980). The analytic process allows for the continual questioning of self-enclosure, even within the relationship, towards a dialectical acquisition of oneself as an active and self-aware subject (Minolli, 2009; Tricoli, 2017).

The dyadic nature of the analytical relationship engenders a novel process of self and other meaning, contingent upon the distinct modalities of each participant. Instances of stagnation and progression must coincide with new diagnostic reformulations of the functioning and meanings that inhabit the

worlds of both therapist and patient at any given moment, which will become a meaningful tool for rich future evolutionary possibilities.

A psychoanalytic conception of diagnosis is, therefore, necessarily dynamic and perpetually intersects with the theme of transformation. It is imperative to remember that it is not merely words that shape our cognition, but rather the way in which they are developed. This principle equally applies to diagnosis, which is never a single act but takes shape from piecing together the details and fragments the patient allows us to participate in, not forgetting that we can only partly know and understand the other's world.

In this context, a clinical example that highlights the 'diagnostic' reading of the process, even from the therapist's side, may help clarify the aforementioned assertions.

Clinical vignette

I first encounter Marina as she is about to complete a PhD in the United States. She is a 40-year-old woman employed as an art historian. In our initial meetings, Marina's focus is predominantly on the future necessity of her doctoral thesis, while her narratives and emotions are largely anchored in her past, particularly her formative years in a small town adjacent to a major city. In the first sessions, she reveals that she is an only child, noting that her parents' separation during her adolescence contributed to a profound relational isolation to which she was subjected.

Marina recalls, with notable intensity and difficulty, her experiences of being bullied as a child and feeling different from her classmates, more introspective and introverted. Incidents of mockery, including a particularly humiliating episode at a swimming pool, are etched in her memory. However, the most painful aspect for her is not related to what happened at school or during those afternoons at the pool, but rather her feeling of being invisible to her family. No one, according to her, noticed her distress – not her mother, whom she quickly identifies as pathologically depressed, nor her more affectionate and stable father, who was, in reality, absent from family life, perhaps, as Marina hypothesizes, to avoid dealing with his wife's depression.

It is precisely the desire for belonging that leads her, during high school, to join the Jehovah's Witnesses, which she describes as an initial experience of considerable relief. In this community, she perceived a parental figure who guided her actions and associations, leading her to fully embrace this new identity. However, as I listen to her recount her experiences within the Jehovah's Witness community, I note a dissonance between her seemingly submissive role and her current self-identification as an independent woman, proud of her ability to navigate life autonomously. Marina's aspiration to attend university ultimately catalyzed her departure from this previously comforting

environment. Although she initially feels isolated, the enriching experiences of her university years compensate for the loss and significant transition.

In Marina's words, what brings her to a therapist's office is something she cannot push out of her path and that hinders her from maintaining the perfectly functioning life she wants to define around herself. It is the obstacle of anxiety, the same anxiety she felt during her earlier years in the United States, when the pressures of academic and social performance exacerbated her feelings of alienation. Marina expresses profound desperation during a period characterized by disorientation; she describes days spent languishing in distress, contemplating drastic measures to alleviate her anguish. Assistance from a school counselor, who moderated her academic workload, enabled her to rediscover her intrinsic resources. I recognize a parallel inclination within myself to adopt a counselor's role, driven by the desire to alleviate Marina's suffering and provide her with relief.

To mitigate the risk of conceptualizing uncertainty as a state to be eradicated and suffering as an issue to be resolved, I become aware of the temptation presented by Marina's compliance as a patient (always on time, never missing a session, directly expressing the usefulness of our space…). Encouraging her to articulate the challenges inherent in her analytical journey fostered an environment where difficult aspects could be addressed without jeopardizing our therapeutic relationship. This dialogue ultimately served as a mechanism for elaboration, not validating the vision of a wounded existence that, when exposed to others and to the world, must be protected and safeguarded.

Upon her return to Italy, Marina meets Marco, an engineer 15 years younger than her, with whom she quickly begins a stable relationship. There are some concerns regarding the age difference and the fear of betrayal, but the relationship progressed, leading to cohabitation. In the course of organizing her mother's house, she discovered old family photographs, which sparked memories of an ambiguous female figure, possibly a babysitter, who had been abruptly removed from their lives. Marina spends several weeks revisiting this theme, once again feeling completely absorbed by her mother and the years when she was bullied, even hypothesizing a strongly ambiguous approach by this female figure who had been around for a period.

In a particularly intense session, Marina makes a slip of the tongue, and the babysitter's abuse becomes the psychologist's abuse. This raises questions regarding whether I have inadvertently guided Marina towards a trajectory that is not entirely her own, compelling her to conform to my interpretative framework regarding her life. Simultaneously, I recognize the struggle she endures in failing to fully acknowledge herself as a victim of abuse, not in a traditional sense, but rather as a consequence of the disempowered narrative she was sustaining through recounting past experiences, a narrative I have encouraged her to explore. This may represent the very abuse she fears experiencing. Marina articulates feelings of invasion; she felt invaded by

Marco, who occupies her spaces and engages her emotionally; by her mother's depression and the fact that she is the only one to take care of her; and by the therapy, which somehow pushes her to stay within all of this.

The theme of abuse becomes overwhelming, giving rise to alarming thoughts. Marina articulates her fear during the session, revealing ongoing impulses to inflict harm on Marco while he sleeps, considering actions such as stabbing him with a knife or suffocating him with a pillow. While in the car with him, she felt the compulsion to take control of the wheel and crash. Consequently, she finds herself unable to enter the kitchen, paralyzed by fear of handling a knife, and at night, she remains motionless, fearing that any movement may precipitate an aggressive act. She even wonders if a serial killer is hiding within her.

What form of abuse does Marina feel she is a victim of? There exists within her a propensity to endure the other and ask them to repair her past grievances. The relinquishment of this victim identity appears nearly insurmountable; such a transformation demands a radical shift in perspective, one that would necessitate Marina giving up her role as a victim in favor of confronting the impotence that renders her as such.

Marina, grappling with her growth and change, unmasking and confronting the moments when passivity and delegation to the other seek to reclaim the stage, in a desperate attempt to regain control of her life, becomes the aggressor, at least in her thoughts. Seeing Marina in the grip of an explosion of impulsive obsessive thoughts pained me, but it did not frighten me. I discerned a framework through which to understand and contextualize her experience. This tumultuous phase constituted a necessary passage towards progress, although it was full of substantial emotional distress.

Marina was scared by her thoughts and tried to contain this fear by avoiding exposure to anything that might fuel these moments: she avoided the kitchen because she feared picking up knives, and she had to stay away from pillows because she feared using them against Marco. After several sessions characterized by similar levels of anguish, I contemplated recommending that Marina consult a psychiatrist for potential pharmacological intervention to alleviate the grip of these thoughts – not due to their dangerous nature or indications of madness, as she feared, but to diminish their intensity sufficiently to facilitate our exploration of her internal revolution.

Marina positively received the suggestion to consult a specialist, expressing that these invasive thoughts and their accompanying anxiety were consuming her. The psychiatrist I recommended prescribed medication to be taken for several months. Consequently, Marina experienced a reduction in her obsessive manifestations and devised a strategy for approaching and comprehending her past experiences. Our journey facilitated her transition from fearing a sense of madness and alienation to embracing and validating her feelings, aiding her recognition of the unique challenges she faced during the pandemic,

particularly in relation to her confinement in Marco's small residence, and reframing her relationship with Marco as familial.

It is essential to recognize that what she went through, with the support of therapy and medication, belongs to her; there is no external force impacting her regardless of her. Marina agrees and states that she no longer feels the echo of abuse or being a victim of events – not because the events themselves did not occur, but because the role they played has diminished.

Marina suffers, and this suffering is made of impulses that drive her to dismantle a certain way of being in the world, but dismantling is an experience of pain and emptiness; more or less, we know what we are giving up, but we do not yet know what may emerge in its place. This existential transition raises inquiries not merely concerning Marina's actions but rather about her identity in the face of such changes, instigating fears of obliteration and non-existence. The fear of emptiness and finality is intrinsically linked to a loss of security and the acknowledgment of the profound solitude one faces when recognizing the necessity of self-determination in navigating the choices and expressions of one's life. This realization is not characterized by depression, but rather by a creative awakening: the understanding that only Marina can manipulate her circumstances and chart her path; only her resilience can withstand the trials, transformations, and challenges in moving forward, thereby giving up the dependence on others as solutions or affirmations of her reality.

The culmination of these events leads Marina to confront her mother. During a conversation about the incident involving the babysitter, Marina, operating under the belief that her mother was oblivious to the bullying she experienced, begins to intuit that her mother was indeed aware and deliberately dismissed the girl. This event serves as a shift in Marina's perception. She feels both anger towards a mother unable to express closeness, who has been entrenched in her depression for years, but also relief in realizing that, in some way, her mother was there, that she noticed a danger, even if only partially managed.

Marina comes to see her mother not as incapable of her, but as generally unable to handle her life. She begins to make room for a different perspective – not a depressed mother who is unable to live her life and who constantly needs help, but rather a woman who has chosen not to fully address her suffering, expecting only help and recognition from others. She describes this new vision with an image: my mother no longer wears striped pajamas. And maybe she doesn't either.

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