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Physiology of Human Birth and Mental Disease

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Abstract

This chapter elucidates the *physiology of birth* and the pathology of human mind in accordance with Massimo Fagioli's theory of human birth (1972). Human life and psychic activity begin at birth, with the reaction of the biological matter to light, an inanimate reality which is absent in the fetal condition. Thus a *capability to imagine* arises and will develop throughout life. The 'first human thinking' begins as an image and non-conscious mental activity. This dynamic is common to all human beings, without sexual or ethnic differences. Mental illness is a *disease* affecting the irrational, non-conscious dimension, determined by a deficiency of affection in early human relationships. Mental illness is not a condition men are destined to, but rather a pathology that can be treated and cured through psychodynamic psychotherapy, within a valid therapeutic human relationship. This theory and its psychotherapeutic approach could provide new perspectives and possibilities for healthcare services and prevention policies, to assure mental well-being.

Keywords: human birth theory, annulment pulsion, vitality, capability to react, capability to imagine, disappearance fantasy, mental health, mental illness, well-being, psychotherapy

1. Introduction

The aim of this chapter is to discuss the physiology and the pathology of the mind according to Massimo Fagioli's Human Birth Theory [1]. The aim of this theory is to explain the origin of human thought and the formation of mind physiology and pathology. Fagioli was an Italian neuropsychiatrist and psychotherapist most well known for his theory and psychotherapeutic practice, the *Analisi Collettiva*. This was a large psychotherapy group which began in 1975 and was carried uninterruptedly by Massimo Fagioli until December 2016. The 'Collective Analysis' represented a unique phenomenon in the worldwide psychotherapeutic practice, characterized by free sessions attended by a spontaneous inflow of people—more than 200 participants at each sitting—in which Fagioli continuously interpreted dreams within the specific framework of cure, training and research [2, 3]. In contrast to widespread psychoanalytic/psychiatric concepts and to classical anthropological/philosophical cultures that assert an original fragmentation and chaos of human mind, this theory affirms the native psychological health and the psyche-soma fusion at birth. More precisely, he describes and demonstrates the birth's physiology of mind and thought, starting from the human biological reality. The revolutionary importance of his theory lies in the discovery and formulation

that human life and psychic activity begin at birth, with the reaction of the biological matter to light, an inanimate reality which is absent in the fetal condition. This concept is continually stressed throughout the whole author's work until his latest writings [4–6]. Consequently, according to this theory, the process leading to the primary formation of human thinking is independent of any influence exerted by other human beings, from neither the mother nor any transcendental entity. Birth has, on the contrary, only a specie-specific biological origin. Therefore, it is fundamental to clarify the dynamics that underlie the physiology of the mind in order to fully comprehend the onset of mental illness, which is not innate but acquired. In all human beings, body and mind are merged together at birth. In particular, the mind has both conscious and unconscious dimensions respectively controlled by conscious and non-conscious mechanisms. This concept is neither particularly widespread nor accepted in the field of psychiatry which still nowadays maintains a predominantly organicist approach, mainly focusing on consciousness, external behavior and cognitive abilities. However, it is important to consider non-conscious reality in order to accurately understand the functioning of human action and thought. As proposed and demonstrated by Massimo Fagioli in his large theoretical proposition and clinical praxis, it is pivotal to adopt a biological rather than a religious perspective when discussing mind physiology. Human birth physiology is equal for all human beings regardless gender, ethnicity and nationalities. Non-conscious dimension is the first reality to develop in human beings, arising at birth in the same dynamic that marks the beginning of human life. Soon after birth, the newborn will naturally look for another human being in order to find confirmations and to develop a personal and unaware knowledge arisen at birth: the existence of a valid relationship able to fulfill its needs not only for nourishment but also for love and affection [1]. This natural tendency to look and move toward a valid human relationship continues throughout all life playing a fundamental role, particularly during childhood up until adolescence. However, if a deficiency of affection is particularly present in the relationship with the mother or another significant adult during the first year of life, the hopeful certainty of a valid human relationship can be seriously compromised. According to this theory, a lack of affection during the first year of life must be considered as a postnatal pathogenic factor that can determine a similar lack of affection in the adolescent and later the onset of mental illness. In this case, if the adolescent suffers the consequences of a pathological relation, a connected pathogenic defensive mechanism (annulment pulsion, negation, and bramosy) will be addressed toward non valid human beings, causing dysfunctional or altered behaviors [1, 7, 8]. Moreover, we should consider that during this period the relationship with the opposite gender will play a relevant role in the adolescent's mental development. The Theory of Birth claims that mental illness is caused by specific and early pathogenic interhuman dynamics. They are an acquired condition and cannot be considered as an inherent constitutive feature. Nevertheless, they can be treated through psychotherapy within a valid therapeutic human relationship. In the following chapter, I will describe the physiological mechanism at the core of the body-mind formation at birth and also the most important pathological mechanisms that arise first in the non-conscious mind and only later manifest their effects with altered conscious thought, behavior and language.

2. Methods and analysis

The writing of this chapter is fundamentally and largely based on the wide scientific production of Professor Massimo Fagioli. In particular its content draws from the Theory of Birth with a specific attention to the formation of human thought, mind physiology and the onset and development of mental illness in early

relationships. For what concerns the clinical methods and the therapeutic use of this theory in the psychotherapeutic intervention, I have made use not only of the author's theoretical writings but also of my direct experience of cure and formation which lasted 37 years in the *Analisi Collettiva* psychotherapy group. This large psychotherapy began as a spontaneous movement at the University of Rome in January 1975 and was carried uninterruptedly by Massimo Fagioli until December 2016. The 'Collective Analysis' was held at the University of Rome for the first 5 years and was then moved into a spacious private studio. This represents a unique phenomenon in the worldwide psychotherapeutic practice, characterized by free sessions attended by a spontaneous inflow of people—more than 200 participants at each sitting. At the beginning the session lasted 2 hours and the duration was then increased up to 4. At the core of any psychotherapy and in particular of this, lies the idea that every human being has been and is continuously affected by human relationships. Therefore mental reality can be changed and transformed in a human and therapeutic relationship. In this setting, the interpretation of oniric images was connected with the unconscious relationship with the therapist (transfert), the group and the broader social and cultural reality. This was a crucial aspect of the Theory. Oniric images are a non-conscious form of thinking which can be understood, interpreted and verbalized, thanks to the therapist's personal sensibility and non-conscious reality. These qualities allow the therapist to understand what the patient is communicating through his/her dream by also perceiving the patient's non-verbal language and attitude. In this sense, the interpretation of dreams is founded on the psychotherapist's demand that violent unconscious dimensions (expressed by the patient through rage, envy and lack of affection) must be refused by the patient itself by making them disappear. The interpretation of one individual's dreams in front of other people allows many to recognize oneself in the dynamics interpreted. Therefore each individual by comprehending the interpretation of another patient can turn this into personal knowledge. The individual perceives that mental illness is not only a personal, neither incomprehensible nor incurable situation. This method has been applied in much smaller groups and in individual psychotherapies by many psychiatrists and psychotherapists that in addition to an academic formation in psychiatry and psychology have followed this story firstly as patients, together with other people.

3. Intrauterine condition

In the uterus, amniotic fluid in the homeostatic condition surrounds the fetus. This chemical and physical state guarantees the protection of the fetus from any external variation. In the darkness of this "before birth" condition there is no light stimulation. Although around the 22nd post-conceptual week (PCW) visual connections are already partially formed, the sight function has not developed yet [9, 10]. Clinical experience and publications have shown that from the 23rd to 24th PCW, the fetus is capable of surviving without any developmental harm if adequately assisted with medical intensive treatment. This is what is defined as viability, a condition that implies not only being born alive but it is closely related to the concepts of capability of meaningful life and of reasonable period of survival [11]. Viability appears to be strictly related to the subplate zone which plays a major role in the structural development of connectivity and cerebral cortex neuromaturation [11]. The subplate is a transient compartment of the fetal telencephalic wall, placed under the cortical plate. This hosts the majority of fetal neurons and reaches a developmental peak around the 23rd–24th PWC. The subplate zone functions as a waiting compartment for growing cortical afferents, in particular thalamic-cortical connections, which play an important function in the somatic-sensory function.

These develop in the subplate zone, creating temporary synaptic circuits and normally wait months before being relocated in the cerebral cortex, their final target [10, 12, 13]. In the occipital zone, the subplate's main function is to organize the optical orientation columns. Moreover, this is an area of intense synaptic activity where endogenous stimuli trigger specific fetal electrical activities: the spontaneous transient activity (SATs), which can be traced through electroencephalography (EEG) [14]. Its role is to organize and structure neuronal nets in the fetal brain (the thalamus cortical connection) and to give origin to transient circuits. This activity ends at birth when the permanent cortical circuit and the externally driven cortical circuitry, situated in the cerebral cortex will be activated [12]. The subplate has a fundamental role in brain plasticity and some of its neurons survive after birth until adolescence and early adulthood as subcortical interstitial neurons of the gyral white matter [12]. In the subplate zone, excitatory neurons which work with the gamma-aminobutyric acid (GABA) are implied in the connectivity and cerebral cortex structure development. At birth, GABA will become the major neurotransmitter inhibitor (and will play this role for the whole life) determining a change in the cerebral electrical activity of the newborn. This switch is triggered by the retina light stimulation [15]. These scientific observations consistently support the Theory of Birth formulated by Massimo Fagioli. The concept of viability has been strictly related to capability to react to sensorial stimuli that will occur at birth [11]. Other author highlight how cortico-cortical and thalamo-cortical connections, the subplate, the SAT and the somatosensory reactivity are all present at the same time when the capability to survive has been reached at 23rd–24th PCW. This has been linked with what will occur after birth [16]. In particular the sensation experienced in contact with the amniotic fluid which is a fundamental prerequisite to realize what Fagioli called “memory fantasy” [1, 16]. When the fetus is in contact with the amniotic fluid, can the uterus be considered a closed system. At the same time the fetus's brain electrical activity has the only role to organize and structure neuronal networks. At birth this condition will completely change in the dramatic passage from the intrauterine condition to the external world: the organization and the fetal brain function will be modified. The subplate as guide and cytoarchitectonic structure disappears, the SATs frequencies decrease until their presence on the EEG disappears and regular waves, which are correlated with alive condition, will appear [12, 14]. The GABA neurotransmitter function changes as previously stated. Finally the external environment condition is now dramatically different for the newborn. This determines a drastic caesura between the intrauterine and the extra uterine condition.

4. Physiology at birth

In the intrauterine condition, the fetus is only a biological reality in contact with another biological substance; the amniotic fluid. There is no psychic activity in the uterus: mental activity will start at birth when irreversible changes occur both in the body and in the brain. In the homeostatic condition where no harmful stimuli are present, organs and apparatus developmental processes occur. Toward the end of pregnancy, from the 23rd to 24th PCW, the fetus has the possibility to survive when “coming to light”, but until it is in the intrauterine condition it cannot be considered alive in terms of body and mind functioning. The fetus will become a human being when stimulated by light, an absolute new feature which will determine the activation of the brain. Whereas tactile stimulation is not new to the newborn as it was previously enveloped in the amniotic fluid of the intrauterine environment, light is a completely new stimulus. Recent studies have provided biological data that can be related to the psychic dynamic happening at birth and firstly theorized and

described by Massimo Fagioli in 1972. Moreover, several authors have interpreted these biological data in the light of this theory [11, 16]. In the central nervous system the retina, through the pupil, is the only part of the cerebral matter open to external stimuli. At birth, photo-retinal stimulation triggers an immediate pulsional reaction specific to humans which is a specific biological feature of *Homo sapiens*, denominated by Fagioli as annulment pulsion (*pulsione di annullamento*) [1, 4–6, 17]. Recent scientific studies have shown that a single photon is sufficient for the activation of retinal cells [18]. As soon as it passes through the pupil and hits the retina, light immediately determines the brain's activation. This happens within a timeframe of the order of femtoseconds, so as to trigger the chain of chemical and physical events leading to the activation of brain circuits [19]. It has been studied that at birth the activation of the brain through visual connection and occipital cortex stimulation is faster than other cortical stimulation nervous pathway for the activation of vital processes such as respiration [20]. In addition, it has been shown how light is involved in the functional change of the GABA neurotransmitter at birth [15]. The newborn experiences a dramatic change, passing from the homeostatic condition in the amniotic fluid to the completely new extrauterine condition. The newborn reacts to the aggressiveness of the external non-human world (such as light, air, noise, cold) by closing the eyes and 'making it dark'. By doing so the newborn makes mentally disappear the external inanimate material world and at the same time, it would tend to make itself disappear too. This is the pulsional defensive and non-conscious reaction defined by Fagioli as annulment pulsion. Through this pulsion, the mind of the newborn by wishing of returning to the previous stage makes both the external world and itself disappear. However, this cannot happen as the brain has been activated by light and the mind is now functioning together with the body. The fetus does not exist and neither the conditions that allowed its existence. The newborn cannot return into the darkness of the intrauterine condition. If the newborn managed to make itself "disappear" as a body-mind reality, it would not attach to the breast, and this wouldn't permit a natural movement toward another human being. The newborn would die. Thus, it is not possible for the newborn to annul its birth because something impedes this pulsion to turn into auto-destruction: vitality [1]. Vitality, a specie-specific human feature, has its roots in the capability to react that develops at 24th PCW and is strictly connected to the biological reality of the body. At birth the capability to react arises in the newborn, making possible the reaction to the light stimuli. This reaction is the annulment pulsion which simultaneously activates vitality. At birth vitality and the annulment pulsion are merged together. This latter does not exist independently, as it occurs in serious mental illness on a non-conscious level. Moreover, as it was previously stated, this would lead to the newborn's death. The fusion between vitality and annulment pulsion becomes '*fantasia di sparizione*' or disappearance fantasy [1]. This formulation was theorized and firstly published by Massimo Fagioli in 1972. Since then, this theory has been confirmed by further investigation and research. The author brings together two concepts that identify two inherently and antithetical human features. Fantasy is related to imagination and therefore to the creation of something that did not exist before. However, 'disappearance' implies that something that existed before now does not exist anymore. This concept may sound contradictory but it is indeed able to express a creative act that happens without awareness in the newborn (which is a non-conscious act). Similarly, at birth, the newborn, by making the external non-human world disappear, creates the first image-idea of itself. This is the first creative act of the newborn, the first human thought. As the external inanimate world disappears in the newborn's mind, vitality allows the formation of a first undefined image. (Fagioli called this first image *inconscio mare calmo*, providing a clear visual image). At birth, the newborn realizes a first sensorial memory of the experience had in the previous homeostatic

condition. According to Fagioli's theorization, in the first moments of life the newborn realizes a memory-fantasy of the experience had in the intrauterine condition, from the sensation with the skin in contact with the amniotic fluid, (memory-fantasy of the sensation had before), and a first image of itself as 'libidinal and psychic self'; at the same time, the newborn by recreating in its mind the condition of wellbeing and calmness previously experienced, imagines the existence of another human being similar to itself. In those first moments of the newborn's life from the pulsional and vital rejection of the inanimate world, the certainty of an existing breast arises; that is, a human being similar to itself to whom to direct its feeling. In conclusion, the newborn makes the external world disappear, but not itself or its natural tendency toward another human being. This is the psychodynamic result of the first reaction to the external non-human world. For further references we suggest Chapter 2 in [1]. It is important to reaffirm that the annulment pulsion at birth is not isolated as it is merged with vitality. Together they become disappearance fantasy, which is creative and not destructive. According to Fagioli specification, these two specific human features the annulment pulsion and vitality, arising immediately in 'coming to light', make the newborn indifferent to the inanimate external world and at the same time enable the creation of the capability to imagine [21, 22]. This capability to imagine is a fundamental human dimension throughout all life. Indeed a loss or alteration of this dimension is founded in most psychiatric pathologies as I will further explain in the following paragraphs. The capability to imagine is an exclusive human characteristic, which begins at birth and develops throughout life. The first human thinking, which begins as image and non-conscious mental activity, represents the basis of any creative activity. The capability to imagine is realized at birth in the short span of time between the light stimulation and the subsequent pulsional reaction with the activation of the respiratory muscles by the central nervous system. Physiologically it occurs in those first instants of life when the newborn appears to be inert and it still not crying nor breathing. Only after this short span of time the newborn wails and moves. This is a common experience in the delivery room: a suspended moment, a bunch of seconds when the newborn is still and not wailing. However, as previously explained the light has already hit the retina therefore the brain has been activated and the mind is functioning. Although the newborn appears still and silent, it is already alive and human. This is how the biological formation of human psyche occurs. To sum up, **light is the absolute new feature. Annulment pulsion toward non human reality and vitality determine disappearance fantasy as the capability to imagine, the creation of the first internal image and the certainty of an existing breast.** The 'Human Birth theory' proves that the first act in the newborn's life is an autonomous psychic act. This is an individual creation arising from the biological reality through the reaction to light. Human life starts, when at birth mental activity begins. In our whole life, this activity will never cease, neither during the night. It will stop only at the death of the individual. Therefore, the lifetime of a human being is all comprised within an interval that starts when light activates the brain, while the end corresponds to the cessation of mental activity. During the night human thoughts will express themselves through images as non-conscious thought. The interpretation of oniric images and the presence or lack of affection concealed in these images is at the core of psychotherapy according to the Theory of Birth.

5. The interhuman relationship

It is a commonly accepted notion that since the early months of life infants are able to make connections with their surrounding world. Therefore contrary to what

Freud affirmed [23], they cannot be considered as isolated, autoerotic and narcissistic beings [24]. Nowadays it is a proven fact that cognitive development is affected by early social relationship and by the newborn activity. Moreover, recent studies carried by Murray have confirmed the idea that infants begin to make connection to the world since the very beginning [25]. This study, based on observation and experimental approach, demonstrates the early communication ability shown by infants. As early as the first month of life, the newborn smiles without being able to distinguish to whom. At the same time the newborn is able to interact with other human beings approaching its visual area, through visual contact. During the second month, although the vision is not completely formed, the infant begins to make visual connection with the mother's face. (Visual acuity gradually develops over the first year of life and it will be completely formed at the age of two. In the earliest months of life the baby can differentiate only lights, shadows and sharp movements). According to Murray, during the second month of life the intersubjective primary phase begins. During this time the infant starts to smile and to socially interact with his/her parents that can now recognize their infant as human. Moreover at this stage, mirror neurons and the parent's tendency to imitate sounds and gestures of their infant play a fundamental role. These factors help to develop a sense of reciprocity and trust. Through their careful presence parents can provide love and affection to their infants, addressing their needs and guaranteeing a safe attachment [25]. It is well known that early experiences during the first year of life will have a major impact on the onset of mental illness during adolescence and early adulthood. B. Beebe has confirmed the existence of four type of attachment (secure, avoidant, ambivalent, disorganized) which had been previously identified by her mentor Stern. In her recent work is highlighted how a disorganized attachment during the first year of life can have dramatic consequence in adulthood, resulting in serious mental illness. Beebe also hypothesizes the importance of mirror neurons in early relational experiences [26]. Although these relevant experimental studies and observations should be considered the object of further research, we think that the core of this discussion does not lie in the behavioral and emotional mirroring. What is central is rather the infant's need to find confirmation of its feeling and identity in the interhuman relationship. Obviously it is necessary to consider that developmental processes, cognitive and emotional acquisition and the act of processing experiences are directly related to biological activities, neurofunctional mechanism and remodeling of the neural networking. The latter is still partly unknown and we do not intend to deny nor underestimate their role believing that they should be considered object of further investigation. We should remember that brain neural plasticity reaches a peak during the first year of life and continues developing until the age of 18–30 [10, 12]. However, we must point out the limits founded in the approaches previously mentioned. Although they highlight the importance of interhuman dynamics during the preverbal period and take into account the centrality of nonverbal communication (gesture, body posture, facial and vocal expression, physical or non-physical contact), they still mainly consider a relational context in which adult behavior and consciousness are the main agents. These act together with the primitive infant consciousness, which is considered as "internal operative models" shaped on the base of experience [26]. One of the major limits of these neuropsychological approaches lies in the complete absence of research on the origin of irrational and non conscious mind. According to the theory of birth, the infant non-conscious mind is the first to be formed in human beings and for a quite a long time will be the only function. The non-conscious mind is strictly connected to the infant body. In fact, body and mind are born together in "coming to light" with a drastic separation that marks the end of the conditions that guaranteed the fetus existence. We should recall how investigating the human birth

dynamic can be fundamental in order to understand how mind's individuality and sociality are formed. Since birth, the infant is able to establish a relationship with other human beings with its all human reality. A few moments after birth, the cold inanimate reality does not exist and the search for human relationships begins. This is a crucial moment for every human being. As previously explained, because of the human birth dynamic, the newborn processes and develops a 'certainty of an existing breast'. This is not a rational certainty but rather an irrational, unconscious natural tendency toward another human being. While in the earliest moment of life, mental reality is shaped in the relation (refusal) with the inanimate world; firstly, light. Soon after, once the First Self is formed, in order to live, the search for the other starts. By 'living', we consider at the same time a material and psychic life. In fact, since this moment the infant development is strictly connected to both cognitive and affective growth. If the newborn is not physically nourished it dies. However a child that receives physical nourishment but is left alone, not warmly welcomed or taken care will manifest signs of severe depression until death [27]. I would like to further specify that according to the Massimo Fagioli Theory the newborn once born is neither undifferentiated nor shapeless. This means that it won't acquire an emotional and cognitive shape through the relationship with the mother. On the contrary, it is in the sharp caesura happening at birth that the newborn separate oneself from the mother and the intrauterine condition. In doing so an irrational mind is first created in the interaction with the inanimate world. Only in a second moment the newborn will establish a rapport with the mother (or with another significant human being). The newborn will naturally establish a relation of trust that characterizes the primitive and originary human sociality. This arises from the process occurring at birth in which the newborn without being aware is sure of the existence of a breast. The adult's duty is to be physically and psychologically ready to give warmth and nourishment, in order to confirm this infant intuition. The warm voice of the mother or another significant being, the harmony of the words heard, the lullabies sang, the care received and the affection given will physically transmit invisible forms of affection. The newborn feels and perceives the internal non-conscious reality of the caregiver. The caregiver's unconscious reality will be based on love and interest for the newborn if this is considered as a human being in all respects. On the contrary, the caregiver will be merely addressing the newborn's physical needs if this is uniquely seen as a body to nourish and to be look after. The caregiver's inner reality and their psychic wellbeing are fundamental for the healthy development of the newborn. It is also important for clinicians to consider what occurs in the adults' non-conscious mind during the interaction with the newborn immediately after birth and during the earliest years of life. During the infant development, cognitive acquisitions go hand in hand with emotional experiences. Consciousness comes only later when physical senses mature and the cerebral connection are completely formed, thanks to evident brain plasticity now widely demonstrated. Therefore mirroring and imitational processes are not key in the relationship. On the contrary, it is crucial for the newborn to find confirmation that the other is able to comprehend and recognize a personal demand for human relationship, and physical and affective presence. (Mirror neurons are triggered in some behaviors but probably they are not the cause of these behaviors or the related emotions). Obviously the infant cannot use verbal language but is able to feel. The infant is extremely sensible to any kind of affections such as love, hate, coldness and is at the same time able to react to them. If the adult gives love and affection, adequately responding to the newborn's needs, it will undergo healthy growth. In addition, the infant will develop a safe attachment or in other words, it won't be afraid of being abandoned because its affective expectations have not been disappointed. Therefore the infant will gradually

separate from the mother during weaning, developing little by little its own autonomy. This process occurs together with verbal language development which should be considered as an infant personal and creative realization. According to this vision, the newborn is not a wax table on which to impress mental, cognitive or social abilities. During the developmental phases, every step forward will be firstly the outcome of a creative ability of the individual that happens along with neurofunctional maturation of the corresponding body system. If the newborn's needs and requirements have been satisfied during the first months of life together with an unconscious elaboration of the experience had during breastfeeding, this will increase vitality. This will lead the infant to an ever-increasing research of another human being during its growth. The infant will become more confident acquiring an awareness of its and others identity. All these stages will lead the infant to the crucial stage of weaning. This is a fundamental stage of human development after birth and the first year of life without verbal language. In the past, the definitive end of maternal breastfeeding coincided with the beginning of deambulation and verbal language. (Until not many years ago, in Italy and also other countries breastfeeding continued beyond the first year of life due to a lack of nourishment and an approximate birth control). Nowadays food weaning usually ends within the first 7–8 months of life. By saying this, we more widely intend the time in which the infant begins to become more independent from adults. In fact, during this stage the baby starts speaking and walking. If the newborn has had healthy relationships until this moment, he/she will have acquired a personal certainty and comprehension of the human world, along with the abilities that allow to be relatively independent. In this situation the infant will realize a complete separation of oneself from the other significant adult. In other words, the baby will not experience anguish. From a psychodynamic point of view, weaning will physiologically occur after having satisfied one's desire for the substance of the other. For further reading, see [8]. During the 8th–9th months infants have developed a certainty of their identity which will allow them to recognize their face in the mirror. This will happen even if they have never seen themselves before, causing a reaction of joy at the vision of their face.

6. Pathology

The capability of being well with oneself and others, being an active part of society is fundamentally influenced by the first year of life. If the infant's demand for love and acceptance is constantly disappointed due to relationship that aims only at addressing physical needs, the infant will suffer an unsatisfactory experience. The internal elaboration won't develop a sense of trust or well-being but rather a feeling of insecurity and struggle between a natural tendency toward others and the constant disappointing answer received. In these conditions, the original vitality will be compromised. After going through stages of rage and progressive loss of vitality, an alteration in the relationship characterized by pathological dynamic of introjection and projective identification will occur. On this point, we suggest reading Chapter 2 in [1] and Chapter 4 in [7]. Although altered, these dynamics will still allow a relation with human reality. If in the early stages no other valid human relationship occurs to change this condition, there will be a further evolution toward pathology. The child, in order to defend oneself from the external aggressive human reality, altered by dynamics of introjective and projective identification will annul the existent human world. In other words the infant will make mentally disappear the disappointing human reality. By doing so, personal humanity and capability to love will disappear too. The annulment

pulsion, without vitality, will be addressed toward the human reality, perceived as inanimate, and consequently as non-human. This is a physiological pulsion at birth, as it is turned toward non human reality such as light. Moreover, at birth this pulsion has in itself vitality. Now it is pathological: firstly because of its lack of vitality and secondly because it is addressed toward humans. We recommend the first three books of Massimo Fagioli for a complete explanation of what has just been briefly synthesized [1, 7, 8]. The dynamic explained can occur in the earliest months of life and will determine the onset of serious mental pathology such as schizophrenia in the most serious cases. The signs of this illness will appear only years later. Regarding this pathology we must consider both hebephrenic and simplex schizophrenia, erased in DSM V. The former is identifiable as disorganized and undifferentiated in the DSM-IV-TR whereas the latter not any longer considered, does not comprehend altered behaviors for a long time, sometimes the whole life, if not only with social withdrawal which we still consider a serious mental illness (Bleuler provided a clear specification of the symptoms of these clinical pictures, [28]). In other cases, mental illness can occur later during the first year of life or at weaning with the onset of other serious mental illnesses such as different forms of schizophrenia (paranoid and catatonic to maintain a reference to classic nosography) and depression which is still more likely to be successfully treated. The core of pathology is the formation of *anaffettività* that addresses the annulment pulsion toward humans, decreasing the individual own libidinal abilities [1, 16]. In the most serious condition the subject makes disappear the whole or part of the human reality of the other because unable to establish a rapport. This dynamic will be triggered not only toward disappointing beings but this mechanism will appear in any human relationship that might be significant or able to touch our deepest dimension. If nobody intervenes to contrast this non conscious relation, the individual will annul every possibility to establish a deep relationship, by making the human world meaningless, and consequently impoverishing its own identity. The core of mental illness finds its roots in the non-conscious individual internal reality. Behavior, language, symptoms and evident signs of pathology must be considered as a direct consequence. The basic dynamic is the annulment pulsion against the human reality. In a nutshell, we can consider two pathological mechanisms that reinforce each other: the annulment pulsion against human and the deficiency—loss of vitality—that leads to an increasing impoverishment of one's humanity and capability to feel the other (this can be partially identified with empathy, although it is wider concept). In this way, lack of affection (*anaffettività*) of another human being or another caregiver in touch with the newborn can turn into an infant or adolescent anaffective dimension which will usually manifest itself during adolescence or in the earliest stages of adulthood. (In a more or less extensive way from schizophrenic to schizoid to serious depression or other personality disorders such as narcissistic and borderline). A clear reconstruction of the pathological cycle can be found in [16]. I would like to reassert that anaffectivity connected with the annulment pulsion is related to human reality. In regards to material or external reality, adults can develop a sense of indifference and defense, which is not pathological. Moreover this theory helps to comprehend how much mental pathology and its non-conscious reality might be hidden in an apparent behavioral normality.

7. Psychotherapy

How can the Theory of Birth be applied to the psychotherapeutic treatment? The psychodynamic psychotherapy drawn from this Theory is based on some

fundamental principles: a lack of affection in early human relationships can determine the onset of mental illness. At the same time, it is also true that mental illness can be cured through the therapeutic relationship with a healthy therapist who does not present a split between conscious and unconscious dimensions. Obviously this treatment must be based on a medical and clinical method, allowing the therapist to elaborate a psychodynamic diagnosis and prognosis. These have to be constantly verified and monitored throughout the treatment in order to propose a cure for recovery. According to this theoretical approach and clinical practice, psychotherapy is conceived as a medical act that aims at deeply modifying the individual's non-conscious reality. The therapist must be able to refuse the patient's non-conscious violent dimensions. This refusal can occur by identifying and contrasting these realities and by being able to respond to the request of being cured, which even in an ambiguous way is a patient's demand. The annulment pulsion and negation are the two fundamental pathological dynamics that the psychotherapy, based on the Theory of Birth, aims at treating and curing. Both of them are non-conscious dynamics. (I shall recall that this psychotherapy mainly addresses the non-conscious mind whereas consciousness and behavior are considered as related to the internal reality). It has already been mentioned how the central core of mental pathology lies in the annulment pulsion which is split from vitality and it is addressed toward another human reality. The annulment pulsion annuls the human reality of the other. As a consequence, the subject itself realizes an emptiness which in turn annuls the possibility of any valid human relationship. This dynamic is strongly associated with many forms of schizophrenia, psychotic manifestation and manic excitement and to some extent to depression. It is also found in some personality disorders and in apparently normal people without evident behavioral disorders. Another common dynamic is negation, in which the subject perceives the other's psychic qualities (beauty, intelligence, sensibility, and interest for others) and immediately ruins, devalues or reverses them. This dynamic happens not so much consciously—in that case it should be considered as a lie—but rather in the non-conscious dimension by manifesting itself through dreams. For instance dreaming as ugly, deformed or stupid a person that in reality is not is a form of negation. Both the annulment pulsion and negation cause illness in human beings as they can result in damaging behaviors or conditions in which there is a lack or absence of interest for the other. A relevant example is the negation of human female qualities. This belief leads to the idea of female inferiority with tangible and dramatic daily consequences everywhere. The annulment of the human reality of another human being can lead to consider this as an object with devastating effects on the individual. In the most dramatic situations we have seen humans becoming object of trafficking, slavery and trade. However, this annulment can be modulated in such a way that it does not always give rise to physically violent behaviors. An example is given by adults that consider only children's physical needs during their growth and not their demand to establish a rapport and being recognized for their identity. This annulment pulsion has major effects on the children's psyche and body. Both the annulment pulsion and negation can determine malaise or the onset of mental illness. However, both cause the pathogenesis of illnesses in the subject acting these same dynamics: the annulment pulsion against human reality makes the subject itself 'anaffettivo' (lacking in affection); the negation of one's or others' qualities makes the individual depressed or envious. In the psychotherapeutic process based on the Theory of Birth, dreams interpretation is crucial to make a diagnosis. Non-conscious human thought expresses itself through oniric images during the night. This originates from the capability to imagine at birth and it is connected to the first year of life. In these images current psychopathological conditions manifest themselves. This point drastically differs from other classical psychoanalytic conceptions and in

particular the Freudian one, according to which there is no major difference between hallucinations and dreams. These are considered as incoherent daily remnant or 'satisfaction of desire' [29]. According to the psychotherapy based on Theory of Birth, the diagnosis is always a dynamic process and must be related to the personal moment that the patient is experiencing. As it is susceptible to changes and modifications, it should be considered neither as a label nor as a conviction. In the psychotherapeutic relation proposed by Massimo Fagioli with its clinical method, the therapist becomes the object of a relationship with someone who seeks cure. In this relationship the patient will manifest all the unhealthy dynamics that affect his/her personal life. The therapist's interest is particularly focused on the interhuman conscious and non-conscious relationship that arises during the setting. 'Frustrating' unhealthy dynamics is a tool for the cure. In other words, it is fundamental for the therapist to verbalize and pretend that the patient sees and comprehends these dynamics. Only in this way the patient will become able to refuse them, by making them disappear. The patient can achieve this by finding in the relationship with the therapist the vitality that he/she had previously lost in unhealthy relationships. The patient will find that 'disappearance fantasy' experienced at birth and will become able to address this toward those unhealthy interior dimensions. In this rapport, it is crucial that the patient realizes a separation from those relationships that impedes a more profound change. In contrast with what happens in the everyday life, the therapist can interpret and frustrate these dynamics. Moreover, the therapist who was previously cured cannot be confused or attacked by these violent dimensions because of his/her personal vitality and creativity. In this sense the patient does not have the power to think of being omnipotently able to destroy the other. By doing so the patient avoids experiencing a sense of emptiness connected with the annulment pulsion. Furthermore, the therapeutic relationship addresses negative feelings, reducing the suicidal risks and self-destructiveness of depressed patients. The patient starts realizing that it is stimulating and beneficial to maintain a relationship with someone who is not psychically violent. In the case of psychotic patients, it can be crucial for them to experience the constant presence and interest of a human being that proposes a valid human relationship. Another fundamental point in the therapeutic work is the conceptualization of a 'hurtful absence' and the critic of the therapist's absence. For further references we suggest Chapter 1 in [1]. A major point is also the idea that the patient is active in the psychotherapeutic work. Facing another human being who has not lost its original identity and is able to realize a separation from another human relationship without annulment or negation is a crucial realization for the patient. This dynamic encourages the patient to understand and investigate how this could possibly occur. On a wider scale, this dynamic also happened in the Analisi Collettiva's experience. A brief and effective story of this phenomenon and its cultural implications can be found in a writing by Massimo Fagioli [30]. This method is used in much smaller groups and also in individual psychotherapy by many psychiatrists and psychotherapists that in addition to an academic formation in psychiatry and psychology have followed this story and experience firstly as patients.

8. Conclusion

In this chapter the physiology and pathology of the mind have been discussed according to the Theory of Birth by Massimo Fagioli. A particular attention was given to the following topics: the moment of birth, the mind physiological development and the onset of mental illness. Three are the most fundamental concepts. Firstly we must clearly define the dynamics of human birth physiology in which the

newborn biological reality, by 'coming to light' immediately creates a merged non-conscious mental reality. Secondly, mental illnesses are an acquired condition affecting the irrational non-conscious dimension which main cause is to be found in social and human disappointing relationships lacking in affection. Lastly, it is possible to pursue a psychotherapeutic treatment based on this theory. This psychotherapy is based on a conscious and non-conscious therapeutic relationship between a healthy human being—the therapist who offers his/her own mental health and human reality as well as professional skills—and one who becomes ill because of a deficiency of conscious and non-conscious affection in human relationships. In particular this is a medical act, which has the intent to cure. Furthermore the physiology of birth is a dynamic equal for all human beings. Consequently the dynamics arising from it are universal. The Human Birth Theory constitutes a solid theoretical apparatus which has had significant effects on mental health care activities and has huge implications not only on the anthropological view of man itself and the ideas concerning its nature and human sociality, but also on bioethics [31]. Thanks to the Human Birth Theory, the unconscious is not unknowable or unmodifiable any more: non-conscious reality is a fundamental part of human reality which can be known and function in harmony with consciousness and, if altered, can be cured.

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