EDITED BY PAUL WILLIAMS

A LANGUAGE FOR PSYCHOSIS
A Language for Psychosis
Psychoanalysis of Psychotic States
Other titles in the Whurr Series in Psychoanalysis

KLEINIAN THEORY
Edited by Catalina Bronstein
2001 1 86156 226 8 paperback

PSYCHOANALYSIS, SCIENCE AND MASCULINITY
Karl Figlio
2000 1 86156 203 9 paperback

ORGANISATIONS, ANXIETY AND DEFENCE
Edited by Bob Hinshelwood and Marco Chiesa
2001 1 86156 214 4 paperback

OUTCOME OF PSYCHOANALYTIC TREATMENT
Edited by Marianne Leuzinger-Bohleber and Mary Target
2001 1 86155 279 9 paperback
A Language for Psychosis

Psychoanalysis of psychotic states

Edited by

PAUL WILLIAMS PhD

Anglia Polytechnic University

WHURR PUBLISHERS
LONDON AND PHILADELPHIA
Contents

Series Foreword vii
Acknowledgements ix
Introduction 1

Chapter 1 9
A rationale for the psychoanalytically informed psychotherapy of schizophrenia and other psychoses: towards the concept of ‘rehabilitative psychoanalysis’
James S Grotstein

Chapter 2 27
New discoveries concerning psychoses and their organizational fate
Brian Martindale

Chapter 3 37
Psychoanalysis and the treatment of psychosis
Murray Jackson

Chapter 4 54
Treating and studying the schizophrenias
Thomas Freeman

Chapter 5 69
The unconscious and psychosis: some considerations of the psychoanalytic theory of psychosis
Franco De Masi
Chapter 6
The ‘living dead’ – survivors of torture and psychosis
Andrzej Werbart and Marika Lindbom-Jakobson

Chapter 7
‘The parachute project’: first episode psychosis – background and treatment
Johan Cullberg

Chapter 8
On autism, schizophrenia and paranoia in children: the case of little Jeremy
Luiz Eduardo Prado de Oliveira

Chapter 9
Psychotic addiction to video games
David Rosenfeld

Chapter 10
Psychotic developments in a sexually abused borderline patient
Paul Williams

Index
After the first hundred years of its history, psychoanalysis has matured into a serious, independent intellectual tradition, which has notably retained its capacity to challenge established truths in most areas of our culture. The biological psychiatrist of today is called to task by psychoanalysis, as much as was the specialist in nervous diseases of Freud’s time, in turn of the century Vienna. Today’s cultural commentators, whether for or against psychoanalytic ideas, are forced to pay attention to considerations of unconscious motivation, defences, early childhood experience and the myriad other discoveries which psychoanalysts brought to 20th century culture. Above all, psychoanalytic ideas have spawned an approach to the treatment of mental disorders, psychodynamic psychotherapy, which has become the dominant tradition in most countries, at least in the Western world.

Little wonder that psychoanalytic thinking continues to face detractors, individuals who dispute its epistemology and its conceptual and clinical claims. While disappointing in one way, this is a sign that psychoanalysis may be unique in its capacity to challenge and provoke. Why should this be? Psychoanalysis is unrivalled in the depth of its questioning of human motivation, and whether its answers are right or wrong, the epistemology of psychoanalysis allows it to confront the most difficult problems of human experience. Paradoxically, our new understanding concerning the physical basis of our existence – our genes, nervous systems and endocrine functioning – rather than finally displacing psychoanalysis, has created a pressing need for a complementary discipline which considers the memories, desires and meanings which are beginning to be recognised as influencing human adaptation even at the biological level. How else, other than through the study of subjective experience, will we understand the expression of the individual’s biological destiny, within the social environment?
It is not surprising, then, that psychoanalysis continues to attract some of the liveliest intellects in our culture. These individuals are by no means all psychoanalytic clinicians, or psychotherapists. They are distinguished scholars in an almost bewildering range of disciplines, from the study of mental disorders with their biological determinants to the disciplines of literature, art, philosophy and history. There will always be a need to explicate the meaning of experience. Psychoanalysis, with its commitment to understanding subjectivity, is in a premier position to fulfil this intellectual and human task. We are not surprised at the upsurge of interest in psychoanalytic studies in universities in many countries. The books in this series are aimed at addressing the same intellectual curiosity that has made these educational projects so successful.

We are proud that the Whurr Series in Psychoanalysis has been able to attract some of the most interesting and creative minds in the field. Our commitment is to no specific orientation, to no particular professional group, but to the intellectual challenge to explore the questions of meaning and interpretation systematically, and in a scholarly way. Nevertheless, we would be glad if this series particularly spoke to the psychotherapeutic community, to those individuals who use their own minds and humanity to help others in distress.

Our focus in this series is to communicate the intellectual excitement which we feel about the past, present and future of psychoanalytic ideas. We hope that our work with the authors and editors in the series will help to make these ideas accessible to an ever-increasing and worldwide group of students, scholars and practitioners.

Peter Fonagy
Mary Target
University College London
October 2000
Acknowledgements

Thanks are due in particular to the authors of the contributing papers, all of whom responded enthusiastically to the idea of a psychoanalytic book on contemporary conceptual and clinical perspectives on psychosis. Mary Target and Peter Fonagy suggested that the book become part of a new psychoanalytic series envisaged by them. Peter Fonagy, Kathy Leach and Mary Target provided valuable comments on the manuscript. David Tuckett, editor-in-chief of the International Journal of Psychoanalysis, kindly gave permission for reproduction of the paper by Franco De Masi. I am grateful to my colleagues Drs Tom Freeman and Murray Jackson for their intellectual and moral support. No discussion of psychosis can take place without the patients who agree to share their stories with us: to them we owe a particular debt of gratitude.

Chapter 10 is reproduced by kind permission of the Analytic Press and Psychoanalytic Dialogues.

Paul Williams
For Cindy and Oscar
Psychoanalysts, not to mention psychiatrists and psychologists, have written extensively on the subject of psychosis. This book does not attempt to review these contributions: rather, it has been prompted by the extent to which psychotic states and psychotic mental mechanisms continue to pose significant theoretical and clinical problems for mental health workers of all kinds. Each paper in the book sets out to explore a psychoanalytic language for the understanding and treatment of psychosis. The papers demonstrate the value of contemporary concepts and techniques, and they also point to how psychoanalytic insights and formulations can provide a treatment focus for multi-disciplinary approaches. Despite the efforts of researchers and clinicians from a range of disciplines there remains no comprehensive solution to the impact of the schizophrenias, manic-depressive conditions or other formally diagnosed psychotic states. This is not to devalue advances made in the understanding of the biological, pharmacological, social and psychological dimensions of psychotic conditions. In particular, recent developments in the understanding of brain function, in cognitive functioning, in evolutionary psychology and in pharmacology offer renewed hope that a cure for these conditions may eventually prove to be a reality. This book, however, recognizes how much still remains to be grasped and how important it is to draw attention to the creative uses of existing knowledge being made by experienced psychoanalytic clinicians who are conversant with multi-disciplinary thinking.

Despite the limits to our knowledge of what psychosis actually is, psychoanalysis provides a fundamental theoretical and technical contribution that touches the core of the patient’s crisis – the destruction of meaning – which is the hallmark of psychosis. The papers in this book address how and why the destruction of meaning occurs and the ways in which clinicians from different psychoanalytic orientations approach the task of restoring meaning. The constructive and moving results evident in
the papers are a powerful reminder to governments, funding agencies and health service providers of the necessity of persisting with the painful and urgent task of improving methods of addressing the unimaginable sufferings of individuals afflicted with psychosis. Were the same havoc to be wreaked upon patients and their families by better recognized physical illnesses, there is no doubt that greater funding and improved conditions would be forthcoming. Yet provision for some of the most seriously ill members of society – those with first-rank symptoms of psychosis – remains woefully inadequate. In the UK many clinicians have reported that conditions are a national disgrace, with mental health workers operating in inadequately resourced settings whilst being asked to meet unrealistic goals (Jackson and Williams, 1994).

A further obstacle hindering improvements in the treatment of psychosis lies less in scientific ignorance (despite the constraints on our knowledge, we have today more of it than at any time in the history of psychosis studies) and more in a failure by those associated with the mental health services to co-ordinate knowledge. Too often clinical disciplines (psychiatry, psychoanalysis, clinical psychology, neuro-psychology, nursing and so forth) work separately rather than together, employing languages that are seen as mutually incomprehensible. As a result patients are unlikely to have their needs met in an integrated manner or, if they do, good treatment is likely to be patchy. The most important and repeatedly conveyed requests by individuals with psychosis are that they want to have their symptoms relieved and their plight understood by a professional, caring clinician. Physiological and mental distress reduction, and the acquisition of understanding and insight within a secure relationship – these are what patients seek.

One of the messages of this book is to stress the benefits of disciplines working together. Collaboration rather than competition is not easy to achieve: conceptual and technical bridges are difficult, sometimes impossible, to create. Professional rivalries and ivory-tower attitudes can promote mistrust where little or none is warranted, so that attitudes of mutual incomprehension between disciplines are maintained unnecessarily. One of the most recurrent interdisciplinary misunderstandings in clinical work derives from the different ways in which psychoanalysts and general psychiatrists talk about psychosis. Many general psychiatrists find analysts hard to understand because the latter often use the term ‘psychosis’ to describe a state of acute psychotic anxiety or else a mental process characterized by psychotic thinking. This differs from the formal, structural and diagnostic categories employed by psychiatry, which, to some analysts, omit crucial unconscious and subjective dimensions of experience. Neither orientation is exclusive or comprehensive.
Clarification of and respect for inter-disciplinary terminology is needed if we are to avoid elementary misunderstandings.

Within psychoanalysis there are many theoretical and technical problems facing clinicians who work with psychosis. For example, the problem of modification of analytic technique for the treatment of psychosis creates conflict between those who see this as a deviation from ‘pure’ psychoanalytic principles and those who find that ‘pure’ psychoanalysis does not adequately account for or ameliorate psychotic states. At the level of metapsychology, some consider the psychotic personality to be the product of a separate developmental line. Michael Robbins, a psychiatrist and psychoanalyst working in the US, has articulated this position, suggesting that Freud’s theoretical abstractions with regard to psychosis arose not only from sources once-removed from the clinical situation, unlike his work on neurosis, but also in apparent disregard of his assertion that psychosis was not amenable to psychoanalysis (Robbins, 2000). Others continue to find Freud’s theory of the roles of fantasy, delusion and hallucination in psychosis germane and the basis of successful attempts to achieve a psychoanalytic understanding of the meaning of psychotic states. Linked to problems of definition is the important question of what constitutes a patient with psychosis. It has often been noted how few psychoanalysts actually work with patients who are formally diagnosed as suffering from a psychosis, and how many analysts and papers in the analytic literature discuss cases of psychosis, which, when measured against DSM or ICD diagnostic criteria, are more likely to resemble cases of serious personality disorder falling within the borderline/narcissistic/paranoid-schizoid spectrum. Those who are criticized argue that such patients nevertheless suffer genuine psychotic illnesses and that they are amenable to psychoanalytic treatment.

At the time of writing, one debate in particular, amongst many, is taking place in the UK and elsewhere on the nature of the superego in its more extreme and murderous forms and its impact on the patient’s sense of self. At its most violent a pathological superego is not only capable of driving the individual mad but also of ending life altogether. Where does this fatal, anti-life power come from? Is its highly destructive form an attenuation of a neurotic structure or something inherently psychotic, and if the latter what is its relation to neurosis? What part does the death instinct play? Or is something else occurring of a nature and bizarreness that escapes our current psychoanalytic theorizing? A longstanding debate exists around the question of whether patients with psychosis lack mental structure in comparison to neurotic patients. In other words, is psychosis a different type of mental structure operating according to principles that are distinct from neurosis? None of these questions has yet been answered satisfac-
torily. However, it would be wrong to conclude that psychoanalytic inquiry into psychosis is in any way static: the opposite is the case. An indication of progress in recent years is given in the papers in this volume, where we see individual analytic work of a high order taking place with highly disturbed adults and children. Also described are multi-disciplinary, analytically based approaches within the public health services and there are several examples of original psychoanalytic theorizing. One reference, which crops up here and elsewhere regularly with regard to multi-disciplinary thinking, is the well-known work on psychosis carried out in Scandinavia in recent years. The best known example of this is the innovatory ‘need-adapted’ model of treatment which originated in Finland under Yrjo Alanen and which has demonstrated how life-changing opportunities and cost-effective treatment can be achieved if careful attention is paid to co-ordination of the pharmacological, psychoanalytic, family and social needs of patients (Alanen, 1997). The increasing importance of multi-disciplinary thinking derives from research into the varying needs of patients with psychosis, all of which need to be met at different times if durable improvements are to be achieved. Pharmacological treatments alone, like psychoanalytic therapy alone, do not offer the best prognosis for cases of psychosis. A judicious, flexible combination of minimal pharmacotherapy and psychoanalytic therapy (in the context of a multi-disciplinary regime) is far more likely to succeed in the long term. At the heart of a multi-disciplinary approach lies the therapeutic relationship between the patient and his or her psychoanalyst, psychodynamically oriented psychiatrist or psychotherapist. This relationship informs the other main aim of this book: to demonstrate the centrality of an analytic or analytically informed perspective as a prerequisite for the therapy of psychosis. Psychoanalytic ideas and techniques can act as a beacon to illuminate the patient’s state of mind, areas of vulnerability to psychosis, developmental crises and the nature of intra-psychic and interpersonal processes, which at their most malignant can destroy the sense of life’s meaning. Without a grasp of the meaning of the patient’s unconscious and conscious preoccupations, it is likely that the patient with psychosis will not feel sufficiently contained or understood to permit the integration of psychotic and non-psychotic experiences in a way that will shift the balance of psychic investment from psychosis to neurosis. A number of papers (Prado de Oliveira, Rosenfeld, Williams) stress the dynamic features of this developmental shift within the analytic relationship, its phases and the therapeutic outcome. Others (for example, Freeman, Cullberg, Jackson, Martindale) illustrate how the analytic relationship can be properly situated within a multi-disciplinary
context and how this creates a conceptual and clinical framework within which treatment can proceed.

The papers in the book divide, broadly, into two types – those that delineate, from a psychoanalytic perspective, the necessary components of treatment and those that illustrate the use of psychoanalytic knowledge within the clinical setting.

The first contributor, James Grotstein, is a clinical Professor of Psychiatry at the University of California, Los Angeles, and training and supervising analyst at the Psychoanalytic Center of California. He is a prolific author on the subject of severe disturbance and he discusses the clinical substrate in schizophrenic illnesses in relation to overt psychotic states and their consequences for the personality. He offers a practical way of integrating contemporary neuro-biological knowledge into clinical theory and practice, but one in which the objectives of psychoanalytic treatment of psychosis need to be modified to incorporate the notion of rehabilitation.

Brian Martindale is a psychiatrist in the British National Health Service, a psychoanalyst and a member of the Executive Board of the International Society for the Psychological Treatments of Schizophrenia and other Psychoses. His chapter stresses how and why organizations – particularly hospitals – find dealing with psychosis so dreadfully painful. This can lead to defensive relations with patients and to confusion and conflict amongst staff. Martindale reminds us that we have long known why this is so yet we persist in setting aside available, useful knowledge as part of a wider wish to repudiate the impact of madness on individuals and institutions.

Murray Jackson is Emeritus Consultant Psychiatrist at the Maudsley Hospital, London and a well-known psychoanalyst with long experience of the treatment of patients with psychosis. He was recently awarded honorary life membership of the ISPS. In his chapter he enumerates the core treatment conditions needed for the therapy of psychotic states. He specifies a ‘patients’ charter of rights’ and conveys how psychoanalytic knowledge of the meaning of psychotic thinking may be integrated within general psychiatric and nursing practice.

Thomas Freeman is a widely respected psychiatrist and psychoanalyst whose career has been spent studying, treating and teaching on the subject of psychosis. He has been highly influential in the maintenance of a psychoanalytic presence in general psychiatry in Northern Ireland, and has written extensively on the schizophrenias and other psychoses. Here he reflects on aspects of his life’s work with schizophrenic patients, especially his efforts to integrate the phenomenology of these conditions with psychoanalytic thinking.
Franco De Masi is a medical doctor and psychiatrist, a training analyst of the Italian Psychoanalytical Society and author of papers in the *International Journal of Psychoanalysis* and the *Rivista Italiana di Psicoanalisi*. In 1999 he published a book on sadomasochistic perversions (*La perversione sadomasochistica*. Torino: Boringhieri). In a highly original chapter he draws attention to how psychoanalysts employ differing definitions of the unconscious, and proposes his own distinction between an ‘emotional’ and a ‘dynamic’ unconscious in order to clarify the nature of the impact of psychosis on the capacity to think and to symbolize.

Johan Cullberg is Professor of Psychiatry at the Karolinska Institute in Stockholm. He is a member of the Swedish Psychoanalytic Society and a past chairman of the ISPS. He has worked clinically and as a researcher on several large-scale social psychiatric projects in Sweden. His chapter describes ‘The Parachute Project’, a government-funded programme that tackles first episode psychosis in a ‘need-adapted’ way and that has achieved impressive results.

Andrzej Werbart is an associate member of the Swedish Psychoanalytical Society and Research Director at the Institute of Psychotherapy, Stockholm County Council. He is editor of *Freud’s Case Studies* in the Swedish edition of *Collected Papers of Sigmund Freud*.

Marika Lindbom-Jakobson is a psychologist who works in private practice and is a consultant to a variety of groups and organizations and a former member of staff at the Red Cross Centre for Tortured Refugees in Stockholm. She has published articles on torture and trauma. Together, Werbart and Lindbom-Jakobson consider some of the clinical consequences of torture in relation to the experience of psychotic illness, and how these consequences may be addressed in the treatment setting.

Luiz Eduardo Prado de Oliveira is a Brazilian psychoanalyst who has spent most of his professional life in Paris (he is a Guest Member of the Société Psychoanalytique de Paris). He is the co-ordinator of a team of psychoanalysts and psychotherapists at the Centre Hospitalier Sainte-Anne and has written a number of books on psychosis; amongst his interests are the psychological *sequelae* of autism and he provides a sensitive chapter on the analysis of a boy diagnosed as autistic. The paper is striking for the manner in which it addresses the needs of the parents of the patient, something analysts rarely feel confident in undertaking.

David Rosenfeld, a member of the Argentinian Psychoanalytic Society and a psychiatrist, has wide experience of the psychoanalytic treatment of psychosis and has published extensively. His clinical paper elucidates
the nature and meaning of a psychotic addictive state to a contemporary problem – computers and video games.

Paul Williams is a Member of the British Psychoanalytical Society and Visiting Professor in the School of Community Health and Social Studies at Anglia Polytechnic University, UK. He is co-author, with Murray Jackson, of Unimaginable Storms (Jackson and Williams, 1994) and editor of the book Psychosis (Madness) published by the Institute of Psychoanalysis, London. His chapter explores theoretical and technical obstacles in the interpretation of psychotic transference states in a borderline patient.

Paul Williams
London
June 2001

References
This page intentionally left blank
CHAPTER 1
A rationale for the psychoanalytically informed psychotherapy of schizophrenia and other psychoses
Towards the concept of ‘rehabilitative psychoanalysis’

JAMES S GROTSTEIN

Introduction
As we enter into a new millennium a summing up seems appropriate to reassess the progress and changes that have taken place and continue to take place in our conceptions of treatment for those who suffer from psychoses and related conditions. Psychoanalysis and psychoanalytically informed (‘dynamic’) psychotherapy entered the scene early on, in part because of the enthusiasm of some of Freud’s adherents who were eager to apply his ‘depth psychology’ to psychotic patients. This enthusiasm approached its acme in Great Britain after the Second World War, especially with some of the followers of Melanie Klein. Simultaneously, great interest in the application of psychoanalytic understanding developed in the USA, particularly in psychiatric hospitals on the eastern seaboard, such as Austen Riggs, the Institute of Living, Chestnut Lodge, and Sheppard and Enoch Pratt, as well as some inland hospitals such as Menninger’s Hospital, Michael Reese Hospital and others. One psychoanalyst, John Rosen, who founded his own hospital for schizophrenics in Doylestown, Pennsylvania, propounded the application of ‘direct psychoanalysis’ on these patients under the premise that psychosis and dreams were virtually identical phenomena. Such stalwart psychoanalytic pioneers in Britain as Hanna Segal, Herbert Rosenfeld, and Wilfred Bion devoted their careers to the psychoanalytic treatment of psychotics. In the US, such names as Harold Searles, Frieda Fromm-Reichmann, L Bryce Boyer, and Peter Giovacchini stand out.

Close upon the heels of this psychoanalytic enthusiasm the new discipline of psychopharmacology pounded at the gates. As newer and significantly effective anti-psychotic medications came to market, the psycho-