

Fragment of a therapy: Experiences with psychosis

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Abstract

Ten sessions of the therapy of a psychotic patient are presented, illustrating the effectiveness of psychoanalytically-oriented psychotherapy for some aspects of psychotic processes. The seven-year therapy of this patient, while not wholly successful, at least enabled her to become able to live and work more or less independently.

The continuing debate over genetics versus environmental failures in the genesis of psychosis (Breggin, 1993, pp.1-22, 113-144) prompted me to present the case of Abby (all names are fictitious), referred from Ashburn Hall hospital in the 1990s with a diagnosis of atypical psychosis. My supervisor, a psychiatrist, commented, "What's 'atypical' about it!" and prescribed small doses of Haloperidol, an antipsychotic drug, after seeing Abby. (She always reduced the dosage after any improvement as she hated its deadening effects, and at one point was taking only a "homeopathic" dose of five mg. My feeling was that the medication played no role in improvements or regressions). As I came to know Abby better, I thought that "atypical" psychosis was the correct diagnosis.

Abby had a huge loading of what some would call genetic factors. The father was a manic-depressive on lithium, and the mother and Abby's younger brother had temporal lobe epilepsy with mood swings and violent temper outbursts. My preference was to follow Winnicott (1965, pp. 48-52, p.135, p. 256), who regarded psychotic illness as resulting from an "environmental" failure caused by premature disruption of the mother-infant unit, and I conceptualised Abby's difficulties in terms of the effects on her of parental behaviour accompanying their conditions.

Background

Abby, aged thirty-four, had been committed to a London psychiatric hospital and was sent back to New Zealand and into Ashburn Hall where she had a year's therapy with medication. The Hall felt she could benefit from further psychotherapy and referred her to me. This was her third or fourth major psychotic episode but she was never completely well, always having delusions, hypomanic outbursts, suicidal ideation, and exceedingly odd behaviour. She had a degree in nursing and another important diploma, but any attempt at working was soon followed by a breakdown. In her delusions Satan was making love to her; God would punish her for this by killing her in her sleep; she was pregnant and about to give birth to the child; she was a spy for Interpol, but as a double agent she risked being killed by both sides; she was a queen driven underground from where she directed a surface war; she had terrifying orders to destroy the world. The delusions seemed to express sexual and aggressive impulses and punishment for these. In at least one session she had an auditory hallucination. In most sessions she

masturbated by pressing her thighs together, presumably to soothe herself. My initial countertransference problem arose from the intense boredom provoked by Abby's long silences and very slow speech, and her detached hostility, as if parts of her personality were simply not there. For this reason I took notes to keep myself listening and focussed. I do not usually take notes during a session.

The parents gave me background details when they heard I was taking over Abby's care. After an induced birth Abby spent the first month alone in hospital in what she called the prem. room. When she was two years old her brother Michael was born, and he screamed day and night until epilepsy was diagnosed and treated. Mother went into a psychotic depression and ignored Abby completely, attending only to Michael's needs, while the father rejected Abby and verbally abused her, blaming her for the mother's illness. The parents reported that Abby had become very withdrawn at this time.

Theoretical Formulations

Winnicott (1965) developed the concept of the mother as "environment" for her newborn. By providing a "holding" environment the mother allows maturational processes to proceed unhindered. The newborn is not differentiated from this environment-mother and must not experience this prematurely. Ogden has elaborated on this, using the term "matrix" to describe the mother-infant unit, which is eventually internalised as the matrix of the mind (Ogden, 1992, pp. 167-201). He and Winnicott (1965, pp. 48-52, pp. 135-6, p. 256) see psychotic processes as arising from the mother's failure to prevent premature disruption of this primitive connectedness to her, with consequent defences against fears of annihilation. Ogden (1992, p. 43) thought Klein's (1952, pp. 292-320) paranoid-schizoid position could be seen as a defensive reaction to the mother's inability to prevent disruption.

In Abby's case her experience of the prem. room could have been the first disruption (she often referred to a feeling of "intense aloneness as if in the prem. room"), followed by the mother's withdrawal when Abby was two years old. This could be linked with Abby's delusion that she had "orders" (impulses) to destroy the world (mother). This disruption also occurred at the age when a child is practising separateness and independence (Mahler, 1968, Mahler et al 1975), negating these strivings. Additionally, the father's rejection occurred at a time when oedipal feelings of love are stirring, and Ogden (1992, p. 197) has emphasised that the father's healthy positive acceptance of this love is vital. Winnicott (1971, pp. 111-118) has written of the mother's face as the child's first mirror, and one can only speculate that Abby would have experienced herself as a very bad person when seeing herself reflected in the mother's withdrawn face and the father's angry face. With all these factors converging, the stage was set for severe psychopathology, leaving Abby experiencing attraction to her father as extremely dangerous in provoking both father's rejection and hostility, and "disappearance" of the mother. Both Khan (1986) and Ogden (1992, p.215) refer to

cumulative traumas as being especially disruptive. With these considerations in mind we can now look at the therapy process.

The Therapy Process

Abby's sessions were often full of oedipal sexuality material, but with my background of eclectic psychotherapy more in the tradition of the British Independent School of psychotherapy and analysis (Balint, 1965, 1968; Kohon, 1986; Symington, 2007; Winnicott, 1965) rather than the more Freudian (Freud, 1949, pp. 144-174) tradition, I tended to ignore the oedipal stuff and to focus on the disruption to the mother-child unit, though these strands were always interwoven in any session.

In our first year together Abby was often delusional, and after I took an overseas trip she became resolutely psychotic, even though I had phoned her almost every day to maintain contact. Periodically she tried to work in various jobs but always failed. I persevered at interpreting her defences against psychological growth, to no avail. Gradually it dawned on me that I was not paying close attention to what she was actually saying in each session but was screening out the unwelcome oedipal material, and I realised she needed to work through this before the deeper problem of disruption of her early connectedness to mother became meaningful to her.

This paper describes ten sessions in which a psychotic episode was resolved, and dates from my return from the Christmas break in the fourth year of her therapy. Not all sessions are consecutive. Abby was struggling with an office job she had begun at Christmas.

Session I. Abby glared at me balefully as usual, and lay deathly still on the couch as usual, each sentence followed by long silences. "Lost my job ... couldn't cope ... went psychotic ... head all mushy, too slow...got fired. If you hadn't gone away this wouldn't have happened. I want to go back to Ashburn Hall." I said Ashburn Hall seemed to have become the good mother and I the bad one who left her to cope alone with her anxieties (I was thinking of how she was emotionally abandoned at age two). She agreed and added, "Well, I can't have money anyway; as soon as I earn it I deprive myself by spending it." After a long pause she asked, "Does money mean I could have a home of my own?" I said it did and that this must have some negative connotation for her. She immediately replied, "Yes, I'd lose Mum" (meaning she'd lose her feeling of connectedness with her mother). She asked to see me more frequently and we agreed on three times weekly, after which she said, "I'd like to be the therapist who makes money, not have all mine taken by you." It was clear that money of her own was equated with independence and loss, but there was also the first hint of rivalry with me. It was also the first hint – in her question about the meaning of money – that she was beginning to think about her predicament. Ogden (1982, pp. 190-192) refers to difficulties developing in thought processes if the mother fails as a container for her infant's "meaningful" projections. This may be a reason why therapists often feel there is little

therapeutic alliance and that they are doing all the patient's thinking for him or her, while the patient carries on ignoring reality.

Session 2. "I did a merge this morning" (meaning that she had become more integrated). Abby used splitting mechanisms of the kind Klein has documented. Parts of her personality would be split off, or would later merge with other parts - she sometimes said something in the back of her head had gone to the front - or get projected into others, and when destructive parts of herself were "killed off" I sensed detached hostility. Klein (1952, pp. 292-320) has written at length about these mechanisms used by patients who operate from a predominantly paranoid-schizoid position.

Abby then told me the real problem at work. She had needed to open the mail and she had become unable to do so in case there was a letter bomb. This could be personal as she was a spy for Interpol, or impersonal, somebody just angry about the Maori land claims. (I thought this sounded like oedipal material: two people rivalrous over the same bit of "land", which caused bomb-like rage). She rambled on about snakes under her bed and dying in her sleep, but suddenly thought of herself as a baby in the prem. room and burst into tears. "I know why I over-eat; it's to give the fragile baby substance. Being slim terrifies me, I go psychotic. And it could also make me attractive to men." I took up this idea of attractiveness and asked if she was afraid of being attractive to her father, pointing out that in not working she was able to have him to herself all day while the mother worked. Her reaction showed this to be correct: she became confused and hazy and projected her phantasies onto her father. "He watches me sexually. I can't bear to be physically close to him."

She'd awakened from a dream in which a voice said, "Stab your mother," and she'd been afraid to get out of bed in case she saw a knife. After a long silence she said, "I thought I gave birth to Christ this morning." I asked why Christ and she replied that He was pure goodness and it meant she was a good person. I thought the delusion might be a reaction to wanting to stab mother and have father's baby - she is good and pure instead. She became very disturbed by this and asked me to help her head, as it had "gone all mushy". I suggested that all these sexual and aggressive phantasies had frightened her so much that she had to kill them off and this made her head feel blocked and mushy. She said, "That's exactly how it feels. If I wasn't mushy and let myself go, I might go psychotic or kill someone. I might even call Mum a bitch." It would seem that going psychotic was an alternative to killing someone.

Session 3. A lot of thinly veiled hostility emerged, about my deserting Abby at Christmas and making her lose her job. I am successful, have a home and career, while she is a failure. She would like to kick me. I thought my desertion of her at Christmas would have felt like her mother deserting her when Michael was born, and her father rejecting her also at that time. She did not respond, but after a long silence she said she had had lots of ideas about breaking away from "Mum" and

having a home of her own, but then Abby got tearful. "I've got the idea that if I work, something awful will happen to Mum or the family, we'll die." We could see that independence was equated with extreme loss. However, in spite of this she said she felt better. She got progressively quieter and then said she'd had a dream of getting married. I interpreted this as a retreat from independent breaking away and a going back to phantasies of merging with Mum. This suggestion evidently reversed the regressive trend because she said, after a silence, "I suddenly feel much more grown up. I think I'll cook tea for the family tonight."

Session 4. Abby arrived next day looking ghastly and lay like a log. She had been awake all night, convinced she would die in her sleep. Satan wanted her to destroy the world. I suggested that this might be a reaction to feeling that in cooking tea she was destroying her mother by taking her place and being more grown up. She finally admitted that while cooking tea she had had to be physically close to her father and she could not bear it. Abby knew that on two or three occasions the father had come to see me to talk about his enormous guilt over his daughter, and she had consented to these interviews. She suddenly yelled, "I wish my father had never come to see you. You're mine, not his. He's charmed the pants off you."

I said she was implying he took my pants off and we had sex, and she agreed she had occasionally thought this happened here. She said that he came between her and Mum. I thought it more likely that Mum came between her and him, and that maybe she felt excluded from their sexual life, just as she felt he and I excluded her. She said, "Mum works, we three just lie around," to which I replied that maybe she felt there was room for only one professional working person in the family, her Mum, and that giving up being competent and successful got rid of the anxiety over competing with Mum. This evidently helped because after a thoughtful silence she said, "You won't ever retire, will you?" At the door she gave me a huge hug and said, "You're very skinny but you're really quite strong. I don't think you will break in half" (which gives some idea of her fear of destroying me with her rage)

Session 5. "My cousin visited last night. She used to be a prostitute. Her boyfriend came with her. I felt angry about their sex life. I felt the same anger about you when you came back after Christmas." After a silence she said her parents went to bed every afternoon (the mother had just retired from work) and she wondered if they were having sex. After another long silence she said through gritted teeth, "Volcanoes erupted recently." I commented that she probably felt like erupting with all that sex going on around her, and she asked if she really had to erupt or could the bomb be defused? I agreed it would be better to find a constructive way of dealing with her rage, rather than killing off the angry parts of herself and then feeling all mushy. She replied, "I think that's what my suicidal feelings are all about. I'm trying to kill off my angry parts by killing me." She then thought of a delusion at Ashburn Hall when she'd felt a penis thrusting inside her and thought it was Satan's. When I asked why Satan, she said "who else could it be!" I reminded her that while masturbating she had occasionally thought of her

father's penis thrusting inside her, so could it be his penis? She dismissed that idea. However, later that night the family rang, to say that Abby was crouched in terror in a corner, muttering incoherently about her father's terrifying eyebrows. The father supplied the clue when he said his eyebrows were bushy and Mephistophelian, which linked him with Satan. I spoke with Abby on the phone, telling her I would see her the next day and we would try to understand this terror of the eyebrows.

Session 6. Abby was dreamy and delusional, and mumbled about her father and his eyebrows and how he used to get so angry with them that they had to treat him like God. After a longish silence she started to wonder what it might be like if he touched her, and this led to wanting to masturbate on the couch and she got very excited and made pelvic movements and said she would like her father to touch her, and she wanted me to touch her also. I said, "No you don't, you're just frightened to exclude me in case I get angry that you are taking your father away from me." She replied, "In bed last night I thought, of course Carol isn't having sex with my father, it isn't real ... and then I had this wicked thought: now I can have my father all to myself."

Session 7. Abby told me she'd joined a Grow group and a womens' anger management group; so clearly the work on her feelings about wanting father and her fear of retaliation had reduced her anxiety over functioning generally.

Session 8. It is difficult to convey how intensely real this following session felt to Abby. She had arrived about a week later in an appalling state. Her "head [was] mushy" and for ages she could not think or speak coherently. Finally she managed to tell me that her father had given her and her sister \$50 each to spend in Waikanae and they had spent the night at the family's cottage there. Abby had decided to sleep in the parents' double bed. She had lain on mother's side of the bed and stretched one foot tentatively over to father's side of it, but that felt a terrible trespass. She progressively became more incoherent and disrupted while telling me this. She wanted to get up, stand in a corner and not move. She felt her breathing was stopping and that she was choking to death. Something terrible was happening inside her head and she begged me to help her. I said, trying to sound calm, that the idea of taking Mum's place in the bed must have been a really scary one. She started flinging herself around on the couch, almost falling off, screaming at me, "You've got to help me, my head is disintegrating; I want to cuddle you." I said the cuddle would simply reassure her that I wasn't angry about her taking her mother's place in the bed (though it could also be seen as her need for "holding" and containment). However, I did hold her hand and she calmed down a little. She lay in very odd almost catatonic stances, punctuated by floods of tears. She finally admitted the worst: "I had the idea of kissing Dad in that bed." Then she felt like going to sleep. I said that would send the scary ideas to sleep! After a long silence Abby said, "There's my mother in my head and she's saying we shouldn't have taken that money from Dad, we're too poor." I thought this mother in her head sounded very punitive and depriving, and that the mother outside her would want

her to be attractive and successful and to have good things. (Reassurance never really reassures, but at this point I couldn't think of anything more useful to say). She gradually calmed down, and this climactic session proved to be a turning point.

Session 9. The following day I went to a weekend conference. In the next session Abby was much more verbal. The buzz word was "attention." She couldn't go back nursing because she hated giving attention to her patients, she wanted to be the nursed one who got the attention. Father didn't pay her enough attention. Mother and father gave each other all the attention, except when Michael came and then he got it all. Father read the newspaper aloud to get attention. Mother used to get attention by talking about her "special needs" children at school. At this point I intervened, saying that at last I thought we'd reached Abby's experiences when she was two years old and her mother withdrew from her and gave all her attention to Michael's "special needs." She went quite rigid: "I didn't like it when you said that." I wondered if my going to conferences had anything to do with this attention business, since she'd always gone psychotic when I'd taken a holiday. She said, "Yes, you take your attention from me and give it to all those others and they all crowd around you, hanging on every word you utter," (as if I were "feeding" others, the way she would have seen her mother feeding Michael). She perked up quite a bit as the session went on, saying a lot more about attention and how this was a really big issue. At the door she looked at me intently and said, "It's nice to see you again!" I said it was nice to see her also. I wondered afterwards if the interpretation about "special needs" had got in touch with a part of Abby that had been dissociated - possibly what Tustin (1986) refers to as an "autistic capsule" that could be her pre-two-year-old self - and that this part was able to recognise me and feel it had found something familiar: perhaps the good mother before the tragic events surrounding Michael's birth.

Session 10. The next day she was dramatically different, almost normal. She was full of memories of her past, weeping copiously. She'd been able to cuddle her father and cry on his shoulder without any sexual thoughts or worries. She said, "I suddenly feel very young and alone with my parents," and I said, "Like before Michael was born?" and there were floods of tears over this. She spoke of the "golden wonderful magical years" when there was just her and her parents and no brother and sister. She ended the session by saying insightfully, "This is why I can't work. It means giving up being two years old and having them both to myself, just the three of us in the house all day." It seemed that she had finally got in touch with some of her traumatic infantile experiences, but also the good times before that, and was able to be insightful about how these had affected her ability to separate from the family.

Conclusion:

The ten sessions seem to reveal a gradual build-up to the mutative experience in Session 8, in which Abby faced her worst fears of catastrophe if she were attracted to her father. My role was to "hold" her during this experience, and contain the

psychotic terror of the mother's retaliation for the foot on father's side of the bed and the phantasy of kissing him. My acceptance of this enabled her to bear it as something to be thought about and no longer disowned. Also crucial was that she experienced me as "surviving" her destructive impulses at a deep level. Winnicott (1965, pp. 102-3, 1971, pp. 84-96) describes the need to experience the mother as being destroyed but paradoxically as also surviving, and I think my "survival" helped Abby into the more reality-oriented state she achieved in sessions nine and ten. Stopping session eight, or suggesting hospitalisation or more medication, would be examples of my not surviving. Session nine also opened the way for a reaching of the good time before Michael's birth and her infant self that had been split off after his birth.

Abby stayed in therapy for a further three years, and our work dealt mainly with her anger over relinquishing all her unsatisfied infantile needs and developing a life of her own. She complained of a "grumpy opposition" to any independent activity because "all my 'success things' have to be done on my own." She went nursing but felt very alone doing this and would take my phone number and stare at it, to have a feeling of contact, often wishing her mother could go to work with her, so that they could feel blended. She achieved this blended feeling by "standing still and binding my thoughts." There was much material about her mother "not being there" for her, which we continued to link with the two-year-old's experiences and with the prem. room. She felt "aware of being on the verge of a sense of identity but it's too much to bear." She also said that "some very nasty parts of me" were still shut away. Sadly we never did manage to integrate those, though I think the psychotic defences were considerably weakened. Importantly, she did manage to break away from the family and get a flat of her own, and so far as I know she was able to carry on with her nursing career. However, I suspect that she remained an angry and unhappy person, and she terminated therapy long before I wanted her to.

I lost touch with the family, so I do not really know how much further progress she continued to make. My only not very welcome clue came from Abby's sister, whom I had in therapy some years later. She one day said, in transference awe and fear, "Whatever did you do to Abby! She's so angry, because she tries to go psychotic and she can't."

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