

Conference Review



Fear, Violence and Psychosis
A conference under the auspices of
Psychotherapy with Psychotic Patients (PPP),
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Psychotherapy with Psychotic Patients (PPP) is an organisation consisting of a multi-disciplinary group of clinicians interested in exploring how psychoanalytic thinking can contribute to the treatment of psychotic states of mind. The group was set up in Australia by Neville Symington in 2007 and meets monthly to discuss clinical case material and theoretical concepts. The PPP also arranges conferences and public lectures on relevant topics, which frequently involve invited international speakers and/or local workers in the field of psychotherapy with psychosis. <http://www.psychotherapywithpsychoticpatients.com/>

We were drawn to the one-day conference with the title, *Fear, Violence and Psychosis* and decided try out a PPP conference and have a long weekend in Sydney at the same time.

The conference, held at the National Maritime Museum in Darling Harbour, Sydney, proved to be one of the richest and most clinically useful events we have attended in many years. There were four main speakers, and a structured discussion followed each presentation. The day closed with a panel discussion consisting of all the presenters and

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a chair. Many of the audience were senior psychoanalysts, psychiatrists and psychoanalytic psychotherapists with considerable experience of working with psychosis. At the breaks, we caught up with a few clinicians (Neville Symington, James Telfer, Eng-Kong Tan, Timothy Keogh and John McLean), who all voiced their interest in presenting workshops and seminars as part of the ongoing New Zealand Institute of Psychoanalytic Psychotherapy (NZIPP) public seminar series in Auckland in 2017.

In preparation for the workshop I (Mark) briefly scanned my underlining of salient points from my favourite authors, past and present, on psychoanalytic views of psychosis and schizophrenia. I remembered how I enjoyed reading the rich work of Harold Searles (1959, 1963, 1965, 1979, 1986) at Chestnut Lodge, and Wilfred Bion's (1957, 1959, 1961, 1962, 1977) classic papers on psychosis. My favourite Searles quote (1963), which captures the psychoanalytic, as differentiated from the psychiatric, viewpoint on psychosis is:

After some five years of my work at Chestnut Lodge, developments in the therapy of various of my patients brought home to me the realisation that even the most deep and chronic symptoms of schizophrenia are to be looked upon not simply as the tragic human debris left behind by the awesome glacial holocaust which this illness surely is, but that these very symptoms can be found to have—or, perhaps more accurately, in the course of therapy can come to reveal—an aspect which is both rich in meaning and alive, one now sees, with unquenched and unquenchable energy. That is, these very symptoms now emerge to the therapist's view as being by no means inert debris but as, rather, the manifestations of an intensely alive, though unconscious, effort on the part of the patient to recapture, to maintain, and to become free from, modes of relatedness which held sway between himself and other persons in his childhood and which he is now fostering unconsciously in current life in, most importantly, his relationship with his therapist. (p.249)

For readers interested in this area I recommend two recent books by Christopher Bollas, *Catch them before they fall: The psychoanalysis of breakdown* (2013) and *When the sun bursts: The enigma of schizophrenia* (2016). I also recommend Thomas Ogden's latest book, *Reclaiming unlived life: Experiences in Psychoanalysis* (2016). The first (*Truth and psychic change: In place of an introduction*) and third (*Fear of breakdown and the unlived life*) chapters are of particular relevance to understanding and working with psychosis.

We now discuss some pertinent points from the conference presentations. A short biography of each presenter precedes the discussions.

Dr Carine Minne is a Consultant Psychiatrist in Forensic Psychotherapy at Broadmoor Hospital, West London Mental Health NHS Trust, and at the Portman Clinic, Tavistock and NHS Foundation Trust. Minne is a psychoanalyst and a member of the British Psychoanalytical Society and is currently Vice-President of the International Association for Forensic Psychotherapy and the Training Programme Director for the North West London Specialist Registrar forensic psychotherapy training. She has a long-standing interest in providing long-term continuity of psychotherapy for forensic patients as they

pass through different levels of security and when they return to the community.

Minne presented her paper titled, "A Child's Loss Becomes a Young Man's Violence." This neglected and traumatised boy had an adolescent psychotic breakdown leading to a catastrophic matricide. Minne lucidly described her psychoanalytic treatment of this young man over a decade, from his time in a high security hospital, through decreasing levels of security until he was living back in the community. She described the mental, structural changes that occurred as well as aspects of interpersonal dynamics during the long therapeutic treatment.

Later in the day, Minne presented another paper with the title, "Psychosis or Personality Disorder? Clinical Evidence for a Single Entity Diagnosis." She spoke of a few cases of patients diagnosed as suffering from Personality Disorders and/or Psychoses. Minne showed that it was more helpful to consider such patients as suffering from a single entity disorder, where at times their mental state is more manifestly psychotic and at other times clearly personality disordered. She argued that thinking about these patients in this way could inform treatment planning and significantly contribute to risk management.

With great compassion, and in her beautiful Irish lilt, Minne recommended that the therapist "rein in one's optimism" otherwise it was a recipe for a "risk of extinction". She likened the effects of this difficult work to having "diabetes of the mind" in that it was enduring and debilitating unless one took great care. Minne referred to her preference for using the Operationalised Psychodynamic Diagnosis POD-2 rather than the DSMIV or V, and spoke about her preference for using words such as "re/covery and re/habilitation". She noted that invariably her patients had suffered "harsh and cruel early experiences", and that recovery and rehabilitation therapy was usually their very first experience of something reparative. Some of the difficulties described were circumstantial such as having to do therapy with a couple of security guards present, or talking through a small portal in the door to the patient in the cell; such as in a confessional cubicle.

Minne described that there was usually a transition through grief and shame at feeling the loss, which had led to manic denial. She explained how this vulnerable part often was fused with, and in opposition to, the murderous part. In her work she endeavoured to form an alliance and encourage patient understanding instead of acting out. In referencing Bion and Britton, she felt that the key for the patient was to be in the presence of a mind in which you can be thought about, and to relate to the therapist as an "analytic third". Minne referred to the need to explore Oedipal issues, and brought in the tale of Orestes as explained by Andre Green. She elaborated that for many of these patients matricide was a psychotic, as well as a delusional solution, and the only way that the patient had envisaged being able to separate from the mother. The murder of the mother was an acting out of the severance from the mother, while the murder of the step-father was an attempt at maintaining fusion with the mother. Minne stated that in her experience it was only therapy that could provide the analytic third, through which psychic space could develop for separation to be achieved. Minne advocated and worked twice weekly for several years with many of these patients at the Portman Clinic, who were predominantly men in their twenties who had murdered their mothers or their step-fathers.

Minne described that the patients, with this disturbed state of mind, were segregated into two distinct categories in the United Kingdom's justice system. People diagnosed with a Psychotic Disorder, were categorised as "mad" and treated by the staff with compassion and caring, while those considered to have a Personality Disorder were considered "bad" with a hostile response. The person diagnosed with a Personality Disorder is considered as "somebody like us", but who is simply "nasty", fully responsible for his or her actions and culpable. However, people diagnosed as psychotic were not considered responsible for their actions and not to blame. The effect of these stereotypes, according to Minne, was that there was greater funding available for patients diagnosed as psychotic, as was the chance of engaging in long term psychoanalytic psychotherapy with them.

Minne believes that psychoanalytic thinking helps to understand such primitive mental states in these disturbed patients. In addition, what she noticed was that many of the patients she was seeing were in fact in a dissociated state, at not only the time of their crime, but also subsequently when she was treating them. The dissociative state, she felt, was more representative of their condition than the psychopathy with which some had been labelled. "Psychopaths lie easily," claimed Minne, whereas she felt that a dissociative Delusional Disorder was a more accurate description of this disavowed and split off state. Jealousy, she noted, was often a trigger for a breakdown. However, much to her dismay she found that mainstream psychiatry would not accept this diagnosis, and continued to treat these patients as psychopaths.

Minne stressed that the therapist needed "a good base" and a secure sense of self and identity, as this was a very problematic client group to manage. "A secure attachment in oneself as a therapist allows one to have potential space in the presence of a psychotic patient."

Hanne Neilsen is a psychoanalytic psychotherapist and neuropsychologist in private practice in Denmark. Her work includes neuropsychological testing, neuro-rehabilitation and neuropsychological therapy. Due to unforeseen circumstances, she was unwell and unable to make the long flight to Sydney. Fortunately, she was still able to read her paper, field questions and facilitate discussions with the audience via Skype. As this was the middle of her Denmark night, we broke the frame and she presented first.

Neilsen presented a fascinating and clinically pertinent paper called, "To survive aggression while working through psychosis," of a self-harming, borderline patient with psychosis. This was a woman whom she had worked with twice weekly for eight years whilst she was in hospital and in the outpatient mental health system. I (Miranda) felt my resentment, longing and envy grow as she elaborated on the Scandinavian public health facilities that were readily available for unwell patients in Denmark. This woman, in her thirties, had been to university and was married with two children who had been removed from her care as she deteriorated. The patient was extremely obese as well as psychotic and would regularly stab herself with sharp knives that required multiple costly surgical operations. Of the history, we knew that the patient had had a very cold and emotionally absent mother, physically absent father and had been raped in her teens.

Neilsen discussed the effects of her seriously unwell patient on herself as her therapist and on the team who cared for her. She described how the staff often enacted the rage that this knife-wielding patient was expressing, as there was a “shared psychosis”, and they became her “narcissistic extensions in a sado-masochistic contract”. The counter-transference was strong, predominantly of aggression, shame and violation, and she and the team had to manage and survive the aggression whilst the patient worked through her psychosis. In this dynamic, Neilsen explained that “the other” cannot be recognised, and thus becomes “the enemy”.

Of particular relevance was her discussion of the impact of the patient’s aggressive self-harming on the inpatient setting. Neilsen tracked the course of her treatment of her patient over eight years, from her psychotic breakdown to the breakdown of inpatient treatment and further to outpatient treatment, which eventually resulted in a return to normal healthy life in the community.

Neilsen described the development of an alternative institutional outpatient treatment frame, secure enough to support the treatment and the patient’s potential for healing. She clearly outlined the importance of a trustworthy treatment organisation. She recommended that there be a Treatment Project shared by a variety of carers (Occupational Therapists, Psychiatrists, Physiotherapists, and Psychotherapists) to provide “small steps”, and that the institution take on the holding “mother role”.

Neilsen also discussed her patient’s development in vital areas, such as the development of a separate identity, the capacity to relate to others and for cognitive and practical functioning in daily life. Neilsen successfully worked with this initially morbidly obese, psychotic patient through to enabling her to retrain and re-enter the workforce as a chef, regain shared custody of her children, live in her own apartment, and have a healthy body weight with no more psychotic enactments. This was a delightful outcome after such difficult, distressing and protracted work.

Dr James Telfer (2002, 2016a, 2016b) works as a Consultant Psychiatrist and Psychoanalyst in public and private practice in Sydney. He is a member of the Sydney Institute for Psychoanalysis and a Clinical Lecturer in the Discipline of Psychological Medicine at the University of Sydney. He has published work on the psychoanalytic understanding of place and on psychotic processes in everyday life and clinical work.

Telfer presented a fascinating paper called, “Transference to the Frame in Violence.” Using the Argentinean analyst, Bleger (1967) and Winnicott’s classical work on the frame, he reviewed the basic psychoanalytic frame and postulated how it represents reality to the patient in psychotherapy. The frame is highly significant with psychotic clients, within whom boundaries can be particularly problematic within themselves as well as interpersonally. He stressed how if the therapist disregards this boundary of the frame, the effects are potentially very damaging for the person with psychosis and that it takes much longer to recover than with a neurotic patient. He added that the first experience of the frame is our mother’s body.

Telfer went on to describe how the boundaries and ethical ground rules of the frame have the potential for providing a contained space for thinking together. Telfer illustrated how the unwell patient has transference to the frame, as well as the therapist, and how

this transference expresses itself as a hatred of reality. Linking with the theme of the conference, he postulated that the psychotic part of the patient inevitably attempts to subvert or attack the frame. He showed how pressures on, and disruptions of, the frame can give the therapist an objective assay of the psychotic process within the patient.

The rest of the presentation offered clinical vignettes and instances of social and political events, which Telfer understands as attacks on the frame. He went on to discuss his central hypothesis, namely that attacks on the frame can be seen as acts of terrorism and violence against institutional frames, resulting in death or injury. He described these enactments in terms of being “beta” elements (as termed by Bion) (1957, 1977), and as “psychotic solutions” that are unprocessed and unmetabolised. Some of the examples he gave of beta elements were concrete borders, missiles, thrown rocks, and bombs. “Alpha” functions were represented by peace talks, treaties, rituals, ceremonies etc., where there is psychic space for thinking, and thoughts get translated into rituals or words instead of actions.

At the breaks in the conference, we bought a few DVDs on psychoanalytic psychotherapy with psychotic clients produced by the PPP; *Psychotic Processes in Everyday Life @ Clinical Practice* (Telfer, 2016a), *Psychotherapy with Psychotic Patients* (Symington, 2016), *Awakening from a Primordial State* (Robbins, Symington, & Telfer, 2016), *The successful psychotherapy of a schizophrenic woman* (Robbins, 2016), and *Restoring Links* (Symington, McKenzie, Balint, & Telfer, 2016). See the PPP link if you want to purchase the DVDs online http://www.psychotherapywithpsychoticpatients.com/store/c2/DVDs_and_CDs.html.

The interested reader is directed to the recent, high quality, locally produced programmes on psychosis shown on TVNZ (Toepfer, 2013, 2015, 2016a, 2016b) www.attitudelive.com/In-my-mind/psychosis

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