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‘PSYCHOANALYSIS AS A POSITIVE INTERVENTION IN THE TREATMENT OF SCHIZOPHRENIA’

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE BA IN COUNSELLING AND PSYCHOTHERAPY

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CONTENTS

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ABSTRACT

Endeavour to demonstrate psychoanalysis as a positive intervention in the treatment of schizophrenia. Questions compelling research and investigation for this thesis; What happens to the 'I', the self in schizophrenia? In the disintegration of the self and the diminishment of boundaries between reality and phantasy what happens to the unconscious and the psyche. How does the language of Schizophrenia; this concoction of bizarre mutterings, delusions and hallucinations, function, for the Schizophrenic? How does the person experience the disintegration associated with Schizophrenia? Can psychoanalysis assist in developing a sense of self and an awareness of the other? The author would like to further investigate the question; is psychosis connected to the very thing that makes us human? However this lies outside the scope of this thesis.

CHAPTER 1: INTRODUCTION

> Schizophrenia rolls in like a slow fog, becoming imperceptibly thicker as time goes on. At first, the day is bright enough, the sky is clear, the sunlight warms your shoulders. But soon, you notice a haze beginning to gather around you, and the air feels not quite so warm. After a while, the sun is a dim lightbulb behind a heavy cloth. The horizon has vanished into a gray mist, and you feel a thick dampness in your lungs as you stand, cold and wet in the afternoon dark.
>
> (Elyn Saks, 2007)

The genesis of this research project emerged from former research on psychotherapy as a treatment for schizophrenia, and given the specificity of knowledge already attained by the author, the further explication of the thesis is originating from an informed position. Previous research explored psychotherapeutic techniques, incorporating psychoanalytic theory and integrative psychotherapeutic approaches, and ultimately identified psychoanalytic techniques as successful in interventions. Empirical questions raised identified patterns in symptoms such as maladaptive behaviours, hallucinations and incoherent speech. Propelled by research questions on the nature of schizophrenia, the position of the ego in schizophrenia and the disintegration of the rational self, this thesis seeks to define schizophrenia, identify the salient characteristics of schizophrenic symptoms and the function of delusions and hallucinations as an escape from reality. Confused, or incoherent speech and the creation of a language by Schizophrenic patients is also a focus of this research. The question of diagnosis with the use of the DSM and the application of antipsychotic medication in treatment, are considered in the primary research questions, their importance is acknowledged, however the author recognizes that these issues fall beyond the scope of this thesis.

The research considers psychoanalytic theory in the treatment of schizophrenia. Through reviewing presented theories from primary research sources; six interviews and prominent thinkers such as Freud, Lacan, Bion, Winnicott, and Klein, evidence from analysts currently treating schizophrenic patients; Lysaker and Steinman, autobiographical samples from Saks and Cockburn, presented in selected source material, this paper seeks to present a representation of intervention and patient experience. Psychoanalytic theory illuminates patterns of similarity between prominent symptoms characteristic of schizophrenia and the nature of the unconscious. The position of the id as dominant and a lack of boundaries and ego fluidity are defined by psychoanalytic theory. This thesis seeks to ultimately identify the benefits of psychoanalysis in the treatment of schizophrenia.

CHAPTER 2: LITERATURE REVIEW

Introduction

Freud postulated in his paper 'On Narcissism' that psychoanalytic treatment is impracticable for schizophrenic patients. (Freud, 2001, 74) Despite Freud's lack of faith in the psychoanalytic treatment of schizophrenia, psychoanalysts have since reported effective outcomes.

The literature review has been divided into four sections, each focuses on a different aspect of the disorder of schizophrenia from a psychoanalytic perspective. This literature review will begin by defining schizophrenia, looking to the work of psychiatrists Bleuler and Kraepelin and their contribution to the diagnosis of schizophrenia. Considering Freud's theories on ego development and its position in psychosis, Lacan's theory of a key signifier as being crucial in the development of psychosis, Melanie Klein's concepts of ego splitting and disintegration, the work of Bion, in particular his theories on object relations and projective identification in schizophrenia, Winnicott's hypothesis on psychotic disintegration and Searle's ideas on the infant-caregiver relationship in relation to the development of schizophrenia. Considering this overview of this psychoanalytic theoretical landscape it is evident how such writing has implications for the core thesis. The next section, 'The '*I*' in Schizophrenia', personalizes schizophrenia by focusing on consciousness and self-experience. Looking to the work of Jaspers and his hypothesis on the stream of consciousness as unique to every human, Lysaker's work as he discusses the sense of self and its disruption in schizophrenia, Freud, Masling and Bernstein as they discuss ego fluidity and the absence of boundaries in schizophrenia, we can see how these

theoretical inferences contribute to the core thesis. The subsequent section, 'Rats, Monsters and Gods' concentrates on language and speech and the function of delusions and hallucinations for the schizophrenic. Exploring Bion's theories on expelled fragments of ego and schizophrenic language, Lacan's concepts of speech and language, Freud's theories on the id and its position of dominance in psychosis and the alteration in reality and Cameron and Rychlak's concept of delusions and hallucinations as efforts by the schizophrenic patient to cope with the world. These presented theories have implications for the core thesis. And finally the section 'Where the id was, there shall ego be' considers theories on psychoanalytic treatment. Looking to the work of Spotnitz and his theories on working methods, Steinman's concept of schizophrenia as understandable and treatable, Lysaker's support of psychoanalysis as treatment and the use of the first person narrative in treatment, the issues of interpretation and countertransference.

The theories illustrated in this section contribute to the core thesis, 'psychoanalysis as a positive intervention in the treatment of schizophrenia'.

Theorists

Bleuler, a Swiss Psychiatrist, introduced the term schizophrenia at the beginning of the 20th century. Schizophrenia is derived from 2 words: *schizo*; which means to tear or to split and *phren* which signifies; 'intellect' or 'the mind'. The word '*phren*' also referred to the lungs and the diaphragm, which were believed to be the seat of the emotions. Thus the word schizophrenia literally means the splitting or tearing of the patient's mind and emotional stability, by its selection Bleuler was highlighting the obvious associated fragmentation. (Madux & Winstead, 2009, 200, Cameron Rychlak, 2005, 419) In traditional psychiatry schizophrenia's many manifest symptoms were catalogued by Bleuler and Kraepelin, a German psychiatrist, each acknowledged how the sense of self is impaired in this condition; it, was however, Kraepelin's contribution to identifying types that has become the mainstay of the DSM diagnostic criteria. Fifty years later, Schneider detailed schizophrenic disturbances, focusing on delusions and hallucinations. (Lysaker, 2008, 24-25, Cameron Rychlak, 2005, 419)

Freud in his paper 'On Narcissism' described the functioning of the ego and focusing on the notion of primary narcissism, identified a distinction between 'ego-libido' and 'object-libido'. He considered schizophrenia through the lens of the libido theory, which identified two primary characteristics; that of megalomania and a withdrawal of the libido from the external world, people and objects, directed instead towards the ego. (Freud, 2001, 76-77) Freud suggested that schizophrenia occurs when an individual relinquishes all emotional input in the world and instead internalizes this energy therefore sinking into radical narcissism. (Lysaker, 2008, 27) In his paper 'The

Loss of Reality in Neurosis and Psychosis', Freud proposed that in a psychosis the id prevails and the ego, in its service, detaches from reality. In a psychosis there is an identifiable loss of reality. (Freud, 2001a, 183) Lacan developed his theories from a Freudian foundation and therefore with a specific way of understanding the unconscious. Lacan stresses the importance of the key signifier 'name-of-the-father' or *nom du pére,* which compels the child to move away from "imaginary and symbiotic entanglements" with the primary caregiver, usually the mother. Similar to Freud's Oedipus complex, Lacan saw this key signifier, this *nom du pére,* as a crucial third party intrusion into the relationship between the mother and child. Lacan viewed schizophrenia as a foreclosure of this key signifier. (Dor, 2004, 1, Steinman, 2009, 201)

Freud asserted that the ego cannot be present in an individual from the beginning, it must be established. (Freud, 2001, 77) Melanie Klein proposed internal objects as being the primary organization of early psychic life, in the guise of beings that continue to energetically represent what the infant has learned through initial interactions. (Likierman, 2001, 12) In Klein's theory of splitting occurring in the ego, she asserts that the nature of the early ego is primarily unintegrated and under immense pressure from intense anxiety originating from the death instinct, which was originally postulated by Freud in 'Civilization and its Discontents'. (Bion, 2007, 36) A lack of fusion within the ego would result in a shattering of the ego, a disintegration Klein asserted that is significant in the later disintegration in schizophrenia. (Heimann et al., 2002, 33)

Bion describes schizophrenia as originating from a deficiency in the assimilation of environment and personality, identifying important characteristics as peculiar to schizophrenic personalities: (1) an endless battle between life and death instincts. (2) A prevalence of negative and cataclysmic instincts over those of life. (3) A hatred of reality, both internal and external and of all aspects of the mind, to the extent of destroying elements that threaten with consciousness by splitting and immense projective identifications, that result in a state that is neither alive or dead. (4) A persistent terror and fear of annihilation. (5) A fragile and steadfast object relations. (Bion, 2007, 38, Lopez-Corvo, 2005, 259) Bion, influenced by the work of Melanie Klein and by Freud's description of the psychical mechanism that is forced into action by the reality principle, considered the unparalleled nature of the schizophrenic's object relations, as being the prominent feature of schizophrenia. (Bion, 2007, 23)

Another provocative theory proposed by Klein was that of phantasized sadistic attacks made by the infant on the breast during what Klein referred to as the paranoid-schizoid phase. As indicated earlier, Bion considered Klein's theory of projective identification as a viable feature of schizophrenia. Similar to the phantasized attacks by the infant, projective identification involves a splitting off by the individual of a fragment of his personality and projecting it into an object where it then becomes fixed, resulting in the psyche from which it has been split off, as subsequently diminished. (Bion, 2007, 36-37) Bion proposed corresponding sadistic attacks as being directed by the schizophrenic against the mind from birth. Bion, who asserted that there are psychotic and non-psychotic parts in all of our personalities, suggested that these attacks on the origin of verbal thought and the projective identification of the fragments, achieved an increasing split between the psychotic and non-psychotic

parts of the personality until eventually the split is felt to be beyond repair. The schizophrenic is governed by terror and a persistent fear of being consumed not only by others, but even by himself. (Bion, 2007, 36-37, Steinman, 2009, 200)

Winnicott also referred to psychotic disintegration noting two features that could conclude the nature of primary unintegration (the feeling of falling to pieces). The first feature was the psychotic individual's inability to locate experiences in the body and self and the second was the individual's inability to connect temporal experience. Both features would indicate the mind's difficulty with essential spatial and terrestrial orientation, fundamental for complete functioning. (Likierman, 2001, 164) "Winnicott noted that what we see clinically in psychosis is a defence structure developed around unthinkable primitive agonies." (Steinman, 2009, 200)

The primary infant-caregiver relationship was the focus of Harold Searles, whose hypothesis considered the boundaries of the mothers of schizophrenics, who confused their needs with those of the child. The child is thus prevented from individuating which provides a sort of completeness for the mother, who projects parts of herself and parts of her own mother into the child. The infant, Searles postulated, sacrifices his own autonomy to preserve the sanity of his mother. (Searles as cited in Robbins, 1993, 165).

The next section will look at the 'I', the ego and the elusive nature of consciousness Looking to the words of Karl Jaspers as he discusses the psyche as consideration of early psychiatric evaluation, the loss of agency as discussed by Lysaker and the absence of boundaries between the self and the other examined by Masling and

Bernstein. By personalizing schizophrenia we can see that such writing has implications for the primary affects of schizophrenia on the ego and the consequences for the sense of self. Similarly the blurring of boundaries between the internal and external, for the schizophrenic, help to form an impression of the associated loss of coherence, delusions, hallucinations and fear of annihilation or absorption.

The '*I*' in Schizophrenia

Consciousness, the unconscious and the psyche, a private world.

"What gives consciousness its seemingly primordial character? The philosopher does indeed seem to start with an indisputable given when he takes as his starting point the transparency of consciousness to itself."

(Lacan, 1991, 45)

Karl Jaspers, a German psychiatrist and philosopher working in the early 1900s, set out to improve the methods of psychiatric evaluation. Jaspers asserted that in attempting any classification, basic phenomena must be observable. Describing hallucinations, delusions or feelings and thoughts can give the impression that they exist as clearly defined objects, however it is not possible to perceive the psychical occurrences of another individual. To compose some sort of account of them, it is necessary to take into consideration the unique flow of indivisible experiences of expressions, creations and formations unique to every human. The conflict of a subject with an object is considered elementary to developed mental life and awareness of an object can be distinguished from *self*-awareness. (Jaspers, 1997, 53-58) The sense of self is elusive and therefore in order to trace it, an individual must be viewed as more than a compilation of energies and impulses and schizophrenia as more than a collection of symptoms. (Lysaker, 2008, 22)

Schizophrenia involves a profound disruption and confusion in self-experience. The sense of self is centered in feelings of reduction to the extent that the individual experiences a loss of agency in their own existance. (Lysaker, 2008, 69)

Elyn Saks provides a vivid description of the experience of such disintegration; “I feel like I am dissolving. I feel – my mind feels – like a sand castle with all the sand sliding away in the receding surf.” (Saks, 2007, 12)

The primary affect of schizophrenia is one of terror and overpowering panic, a sort of waking nightmare as the individual struggles to evade feelings of disintegration and obliteration of the self. Freud, in ‘Beyond the Pleasure Principle’ considers the correlation between frequent nightmares and psychopathology. For the nightmare sufferer there is a blurring of the boundaries between internal and external impressions, also a greater propensity towards themes of helplessness, associated with infancy. (Masling & Bornstein, 1993, 163) There is a similarity in the themes of the nightmare sufferer, young infants and the schizophrenic; all experience thin, permeable or no boundaries between themselves and the other. The consequence of an absence of body-image boundaries is the incapacity to differentiate between the self and the environment. In schizophrenia the ego boundaries are fluid and the experience is of disconnection and incoherence, an incorporation of unintegrated fragments of experiences, extreme ambiguousness, thought insertion and broadcasting, loss of attention, hallucinations, fantasies of absorption, additional emotional withdrawal and a fear of annihilation. (Masling & Bernstein, 1993, 155-156)

> “Consciousness gradually loses its coherence. One’s center gives way. The center cannot hold. The “me” becomes a haze, and the solid center from which one experiences reality breaks up like a bad radio signal.”
>
> (Saks, 2007, 12)

The next section will consider how Schizophrenic delusions and hallucinations function for the Schizophrenic looking to the work of Freud and Bion. It will consider

the significance of language and speech as discussed by Lacan and Melman, and Schizophrenia as representative of unconscious. Reflecting on the theories the language of psychoanalysis is evident and thus has consequences for the core thesis.

‘Rats, Monsters and Gods’

Establishing a dialogue and the importance of delusions and hallucinations in the patient’s world.

An collection of regressive elements attempting to reestablish connection with reality and the residue of any normal behaviour and experience comprise the distinct demeanour of Schizophrenia. (Cameron & Rychlak, 2005, 417) There is a collapse in the individual’s capacity for awareness which renders him a captive within this acquired mental state and powerless to escape from it. Bion suggested that the patient’s phantasy is composed of expelled fragments of ego that exist unfettered and remote from the personality, with the result that the person’s surroundings are experienced as a composition of strange elements (Bion, 2007, 38-39) Bion’s theory of expelled fragments of ego existing detached from the personality suggests that for the schizophrenic these fragments are each felt to be composed of an actual object, which is contained within a piece of personality that has enveloped it. This complete particle’s disposition is determined somewhat by the nature of the actual object, for example a stereo and to a certain extent on the character of the fragment of personality that envelops it. For example, if the piece of personality is concerned with sight, the stereo when played is felt to be watching the person, accordingly if concerned with hearing; the patient experiences the stereo as listening to him. The outcome of this is that the patient believes words to be concrete and the actual thing they name which creates confusion as the person is capable of comparison but not of symbolism. (Bion, 2007, 40)

"[…] I began to have what I now call "the torments" or my "polka-dot days". They can happen at any time, day or night. Usually, I see rings, like the rings you see in a jewellery shop. Every hollow in a tree, every piece of ivy, all look like they are turning into rings. Not a moment's pause, rings everywhere. [...] I am tormented by forces that usher me hither and thither. "Don't go in there," they say, "come nearer." I hear the seagulls call."

(Cockburn, 2011, 169)

Henry Cockburn had incidentally been reading Tolkien's Lord of the Rings and his hallucinations exhibited evidence of this influence. Charles Melman (2011) also referred to holes and orifices as symbolic for the schizophrenic as a possible representation of nothingness, of which the delusion is an attempt to patch. The individual is moving through a world of objects that are ordinarily the furnishing of dreams. (Bion, 2007, 40) Bion asserted that communication, thought and action are three methods by which language is used by the schizophrenic. (Bion, 2007, 24) The content of what they are experiencing, Jaspers asserted, is the most important thing for patients, as they are unaware of the concoction of hallucinations, delusions and sense impressions and as such differentiating between them is of no importance to them. (Jaspers, 1997, 59) In distinguishing between language and speech, Lacan describes language as a universe and speech as a cut through this universe. Speech is tied to the position of the speaking subject. Meaning can be found in language, but only speech has signification. For example one can understand the meaning of French, but French isn't speech. "Language has the function of communication, even of transmission, and speech, for its part, has a function of foundation, even of revelation." (Lacan, 1991, 278-279) Lysaker (2009) focuses on the importance of language and establishing dialog in the treatment of Schizophrenia. (Lysaker, 110, 111)

"The tree talked to me in a sort of Shakespearian rhyme: You must not act the knave, when others rant and rave." (Cockburn, 2011) There are curious similarities in the use of rhyme by Cockburn and Saks. "Come to the Florida lemon tree! Come to the Florida sunshine bush! Where they make lemons. Where they make demons. My head is too full of noise. Too full of lemons, and law memos." (Saks, 2007, 1-2)

Freud, in 'The Loss of Reality in Neurosis and Psychosis', asserted that in psychosis the id in its desire for power will not allow itself to be dictated to by reality and thus psychosis is an expression of a rebellion on the part of the id against the external world, of its unwillingness, its incapacity—to adapt itself to the demands of reality. He also emphasizes the importance of the role of phantasy in psychosis, suggesting it provides an abundance of material for the composition of a new reality, whereas the new, imaginary external world of a psychosis, attempts to take the place of external reality. (Freud, 2001a, 185 -187) Charles Melman suggests that the psychotic rejects something into the 'Real' that has been repressed. For psychotics, hallucinatory phenomena are always situated on the other side of a common wall and there is no space between this patient and hallucinatory phenomena. Topological figures instigated by Lacan allow us to approach this ancient problem between inside and outside dominated by the imaginary. (Melman, 2011) The alteration of reality is carried out upon the memory traces, ideas and judgments which were extracted from reality and by which reality was represented in the mind, a relation however that was constantly influenced by new perceptions. Thus, Freud says, the psychosis is forced to acquire perceptions of a sort that will relate to the new reality by means of hallucination. (Freud, 2001a, 186) Cameron and Rychlak suggest that, "schizophrenia has taken its place beside the dream as a royal road to the unconscious." (Cameron &

Rychlak, 2005, 411) The distinct symptoms in schizophrenia appear to be as elaborate and diverse as manifest dreams. Pathological symptoms in the form of delusions and hallucinations may be considered as demonstrations of regression and also an effort to cope practically with the world, which can be considered as signs of improvement in addition to indications of illness. Delusions and hallucinations frequently represent efforts to integrate elements of formerly unconscious wishes, fears, conflicts, and fantasies with the external reality that the individual is trying to cope with. (Cameron & Rychlak, 2005, 417- 418, 441)

The next section will explore psychoanalysis as treatment referencing the work of Freud, Bion, Rosenfeld, Cameron and Rychlak, discussing the unconscious and the dominant position of the id in schizophrenia and the problems of countertransference and interpretation, the arguments of Steinman, Lysaker, Baron and Horowitz. The complexities of psychoanalysis provide clues to the language of the unconscious, which consequently shapes the thesis of psychoanalysis as treatment in schizophrenia.

"Where the id was, there ego shall be."

Psychoanalytic treatment

"I held my life in my own hands, and it was suddenly too heavy to be left there." (Saks, 2007, 56)

Freud stated in his paper 'On Narcissism' that psychoanalytic treatment is impossible for schizophrenia. (Freud, 2001, 74) Despite Freud's lack of faith in the treatment of schizophrenia, psychoanalysts have since reported successful outcomes. (Cameron & Rychlak, 2005, 412) Spotnitz (1989) suggests there is a fear that in a deep analysis or therapy the patient will be unable to cope and will disintegrate. He proposes that if analysts recognize that the patient does not have to cooperate but just lie on the couch and talk, and also if analysts challenge their own resistance patterns, it becomes possible to work successfully with a schizophrenic patient. "A propulsive force is required to remove the barriers which prevent progress and to move the schizophrenic personality from its primitive level to the development of maturity." (Spotnitz, 1989, 7) Steinman from his beginnings in psychiatry, believed schizophrenia to be a treatable disorder "if only we could fathom how the person in front of us had slipped into such a perplexing way of being […] schizophrenia and delusional disorders are eminently understandable and hence treatable." (Steinman, 2009, xvii)

> "I've sweated through my share of nightmares, and this is not the first hospital I've been in. But this is the worst ever. Strapped down, unable to move, and doped up, I can feel myself slipping away. I am finally powerless. […] I am like a bug, impaled on a pin, wriggling helplessly while someone contemplates tearing my head off."
>
> (Saks, 2007, 3)

Lysaker claims that clinical contexts can also obscure a patient's sense of self as a patient is considered as receiving or rejecting treatment and thus as someone with ailment that could be cured if it could be accurately understood. (Lysaker, 2008, 22) Lysaker claims that psychoanalysis allows for recovery from schizophrenia and focuses on the role of first-person narratives as a crucial factor in the development of a sense of self. (Lysaker, 2008, 30) Herbert Rosenfeld describes analytic psychotherapy as having the potential for enormous influence on very disturbed patients, but that this influence can be either positive or negative. Some of the treatments did not end well not, Rosenfeld says, not because the patients were beyond help, but because an impasse was reached in the analytic relationship, something he says, that can happen very easily with a psychotic patient, and in some cases can not be overcome. Rosenfeld argues that clues can be discovered in the patient's speech and behavior and it is important for the therapist to pay minute attention to the patient's communications and to seek to conceptualize and understand meaning the meaning of these disclosures within the transference relationship. (Rosenfeld, 1987, 1)

Steinman claims patients treated responded to interpretations focusing on retreat from psychological distress, intrapsychic conflict, overpowering affects and unbearable reality. Steinman, who has treated "untreatable" patients psychoanalytically for over forty years, states that patients responded and wonders if analysts invest enough working with such patients. (Steinman, 2009, 24) The importance of countertransference in analysis is a perspective that is shared by a number of analysts including, Rosenfeld (1987), Horowitz (2002), Bion (2007), Karon (2007), Horowitz (2002), Lysaker (2009). "The greatest obstacle to therapeutic listening with

schizophrenic patients is countertransference" (Wasylenki, as cited by Horowitz, 2002, 2) Horowitz argues countertransference allows analysts a glimpse of the fragmented inner world of the schizophrenic patient and an opportunity to comprehend and establish a connection with an individual whose sense of self is disintegrated. (Horowitz, 2002, 2) Bion who insisted that countertransference has an important role in analysis of the schizophrenic, proposed that evidence for interpretations must be pursued in the countertransference and in the free associations and behaviours of the patient. (Bion, 2007, 24) Horowitz (3) asserts that simultaneously reflected in the countertransference are both the therapist's complex responses to the private world of the schizophrenic: their deepest terror, apprehension, yearnings and distress. Countertransference can enhance the analysts' understanding of their own internal experience and that of the patient and it can reinforce the patient's sense of a rational self. Conversely it can become a barrier to the internal experiences of both the therapist and the client. (Horowitz, 2002) It is delicate procedure requiring the attunement of a surgeon.

Bion states that in order for psychoanalysis to be effective a very difficult stage must be navigated, which he identifies by the patient's acquisition of a depressive position and a decisive moment in the analysis. If the analyst has had moderate success, the patient will develop an appreciation of psychic reality, an awareness of his having hallucinations and delusions; simultaneously there may be a loss of appetite, insomnia and a likelihood of prevailing feelings of hatred towards the analyst. This phase, Bion describes as a very difficult one, but fundamental for the patient to achieve "his own form of adjustment to reality". (Bion, 2007, 33-41) As treatment progresses, Spotnitz asserts both primitive, hostile and deadly forces and dynamic productive drives

against which the patient has established a schizophrenic defence eventually become conscious to the patient. The individual's improvement requires the development of the capacity to access sufficient corresponding emotional reactions when relating with others. (Spotniz, 1983, 169)

CHAPTER 3: METHODOLOGY

Introduction

The thesis will now illustrate the methods used to accumulate relevant factual material, analyze and interpret the results of findings, identify variables, salient themes and new information and empirical questions toward validating the claim that psychoanalysis can be useful in the treatment of the schizophrenic condition.

The perspective of this thesis is qualitative. After conducting initial research with secondary literature, the primary sources of this thesis are interviews conducted with a select number of psychotherapists, psychoanalysts and psychiatrists who work therapeutically and analytically with schizophrenic patients. The author's view is in support of psychoanalysis as a positive intervention in the treatment of schizophrenia and the source material and interviews confirm this statement. The methodologies employed by the primary authors of the sourced material considered in the literature review are qualitative research methods. Information was also collected from psychiatric sources or those individuals experience working in both fields of psychiatry and psychoanalysis.

Materials

Books, journal articles, papers, a psychoanalytic conference and interviews.

Interview Design

The interview design was semi-structured and adhered to a set of seven questions, that allowed for expansion on elements of treatment and subject matter.

Participants

A purposive sample confined to professionals working with or who have worked with schizophrenic or psychotic persons within the following;

- Psychoanalysis
- Psychoanalytic psychotherapy
- Psychiatry
- Psychiatry/psychoanalysis

Six interviews were conducted; four in person ranging from one hour to two and a half hours in duration. Due to geographical restrictions, one interview was conducted by phone and one by email.

Interviewees were identified as follows:

Interview 1. Psychiatrist psychoanalyst.

Interview 2. Lacanian psychoanalyst.

Interview 3. Psychoanalyst.

Interview 4. Psychoanalystic psychotherapist.

Interview 5. Psychoanalyst.

Interview 6. Consultant psychiatrist.

Procedure

Material recorded from interviews conducted is not verbatim, it is the author's interpretation. The design is a semi-structured format, focused on seven questions designed to develop discourse and allow for new information to be discussed.

Data Processing and Analysis

From the four areas covered in the literature review, new theories and perspectives are developed.

Literature included

Books, journals and papers selected for theoretical viewpoints pertaining to psychoanalysis as treatment of schizophrenia and contributions to psychoanalytic enquiry, specifically on the subject of schizophrenia and psychosis.

Further reduction was made, to focus on specific views or theories relating to method and technique. Personal accounts from schizophrenia suffers were selected from two very different autobiographical sources; Elyn Saks, a professor of Law and Psychiatry who has detailed her lifetime struggle with schizophrenia and Henry Cockburn, whose relationship with schizophrenia was published with his father in 2011. As the author was not permitted to interview patients directly, these two published sources were chosen to present samples from the patient's experience, which is an important consideration of this thesis.

Literature excluded

The Schreber case, while a very important work by Freud on psychosis and the focus of a number of seminal works, Schreber was not treated analytically by Freud.

Extensive literature on schizophrenia in relation to trauma, and early childhood was considered beyond the focus of this thesis and as such was excluded. Excluded text also includes detailed information on the DSM and psychiatric and clinical diagnostic material. Drug treatments and current preferred choice of drug excluded as also beyond the focus of this thesis.

Scholarly significance of research

Professionals interested in exploring schizophrenia from a psychoanalytic perspective will be interested in the questions raised in this thesis. This thesis seeks to generate interest in further investigating the mysteries of this illness, the impact on the psyche - the disintegration of the self and the possibilities for psychoanalysis in treatment.

Ethical Considerations

Interviewees details remain anonymous, to avoid bias and to afford interviewee freedom of expression. Also to protect the identity of clients/patients that may have been even remotely referred to. Samples form schizophrenic patients within the text are from published sources.

CHAPTER 4: FINDINGS

Introduction

The thesis will now analyse and interpretate findings from interviews, synthesizing retrieved material, assess the main themes identified, correlate findings and compare with the corresponding theory in the literature review. It will identify differences in implication and finally identify questions for further research.

Interviews yielded compelling material regarding individual working methods and theoretical viewpoints and influences.

4.1 On the question of diagnosis of schizophrenia

Diagnosis is very important. The DSM (Diagnostic and Statistical Manual of Mental Disorders) is not used by Psychoanalysts or Psychotherapists for assessment, the pronounced view by those interviewed is that the DSM is used to determine diagnosis with a view to medication. There was an expressed lack of accuracy, of differentiation, and an absence of understanding of psychical structure, which is crucial for analysis. It is fundamental to determine a psychotic or neurotic structure in analytic assessment. Analysts described the DSM as not useful and irrelevant, claiming there are other ways to assess patients. The psychiatrists interviewed consider the DSM as a useful tool for diagnosis and prognosis. It is appreciated as a frame of reference, but it was emphasized that in practice it is important also to consult the individual.

4.2 On the sense of self and disintegration

The majority interviewed agreed with description, as absolutely accurate. Weak and lacking were described as predominant features in schizophrenia. The words fragile, brittle and vulnerable were recurring and emphasised in interviews. Examples of descriptions from patients include; “like that egg, but all broken.” A delusion, in schizophrenia, is described as an attempt to repair and as being the flip side of an abyss, without which the patient would disintegrate. Another noticeable feature described was a reported experience of feeling they [patients] are everything, for example “a block of ice.” A less prevalent description, but one described as being a salient feature in psychosis was that of grandiosity. Examples of ego fluidity identified by characteristic speech, for example, “the tyres are hissing at me.” Interviewee Two described the experience of the Schizophrenic as reality without boundaries. Interviewee One agreed with the description illustrated in the interview question, describing the example as absolutely accurate adding that when a delusion breaks down for the Schizophrenic, it can be condsidered as the flip side of an abyss, adding that working with such clients was absolutely terrifying. Interviewee Four agreed with the description, postulated by Lysaker, refrring to Schizophrenic clients as extremely fragile. Interviewee Six agreed with this description, but also added that certain patients present with marked grandiosity.

4.3 Language and the use of metaphor

Most agreed that schizophrenic patients have their own language, create their own language: “Word salad.” Speaking is described as intensely difficult and language as persecutory. There is a marked incapacity for meaning making noticeable in expressed contradictions such as, “I’m not, but I am”, “I know it, but I don’t know it”

Analysts report that schizophrenic patients free-associate very easily, words are like putty in the sense that they (patients) jump from one thing to the next. However words present themselves as concrete things, they are not symbolic, but very concrete. For the schizophrenic the word is a thing, an object. “You are my mother. You are wearing red lipstick like her.”

From a Lacanian perspective, which considers language, this speech is identified as a *sinthome* (symptom) which is considered to have a very distinct purpose in that it holds the person together. This *sinthome* is a direct expression of the unconscious and should not be interpreted. The following example contains a compelling and revealing characteristic of schizophrenic speech such as the aforementioned “the tyres are hissing at me!” There is an absence of ‘as if’, but the tyres are described as hissing directly at the individual, highlighting the paranoic feature of the disorder. Few schizophrenics however, are described as presenting with a capacity to speak with metaphor which would indicate a potential for meaning making that’s not always literal, for example, a patient expressed the following in reference to a picture of an egg. “I’m like that egg, but all broken.” Another described feeling “Like a block of ice.”

4.4 Psychoanalysis as treatment

The importance of psychoanalytic theory was emphasized, however views were divided as to whether it could be used in practice or as a reference to gain greater understanding of the individual’s psychical structure and experience. Most agreed that psychoanalysis can be used in the treatment of schizophrenia, however the need to work very differently emerged as an essential condition. For example Interviewee

One stated that it is important to adopt a position of lack, saying nothing with certainty, adding that it is crucial not to say anything too profound, but to keep the sessions light. Interviewee One also emphasized the danger up interpretation by stating that the interpretation of a delusion could destabilize the whole subjects being. It was advised that sessions should be kept short, within an informal setting as working formally was felt to be gregarious. Counter to this, Interviewee Four expressed working psychoanalytically, but very differently with individual clients. The need for the analysis to bend and adapt to the patient was emphasized as was the importance of the analyst or therapist to take up a different position and to phenomenally pick up on clues within the patient's narrative. Interviewee four also expressed working from different theoretical viewpoints drawing predominantly on the work of Freud, Lacan, Bion, Klein and Winnicott. Mirroring and attunement were identified as important aspects of the therapy as was supporting the fragile ego. Interviewee five felt listening to the patient's narrative and simply baring witness to the person's discourse would provide reinforcement for the patient. Listening to the patient's language, validating what they are saying by acknowledging it, were emphasized, but never to attempt to force or squeeze them into a meaning world.

Diverse opinions on how to work were expressed; adopt a position of lack, not the position - in Lacanian terms - of master or educator, not a position of knowing, but of lack. Interpretation was reported as not useful. The importance of not attempting to unravel, attempting interpretations aimed at the unconscious, or impose one's understanding on them [patients] was stressed. To not try to see layers of meaning was emphasized as crucial. Another salient theme was the importance of listening, of baring witness, to the patient's narrative, acknowledging what the patient is saying

but not challenging. The question of the use of countertransference in analysis with Schizophrenic patients was met with a resounding no. Interviewee One, for example stated that countertransference was not useful, this view was supported by Interviewee Two who stated the analyst should position himself as an object of transference. Interviewee Three expressed ambiguity regarding countertransference. Interviewee Four felt that countertransference could be very useful information for the analyst or therapist, however advised these interpretations of feelings should never be reported back to the patient.

However the importance of awareness of feelings for the analyst or therapist as being useful, yielding clues, was expressed by a number of interviewees, but should never to be articulated to the patient. Very important how transference is managed and psychoanalysis recognizes how treacherous transference can be. The relationship with the patient was identified by most interviewees, as being the most important aspect in treating Schizophrenic patients or clients. Working with a support team, which would include psychiatric services, was expressed as favourable by some of those interviewed.

4.5 Use of antipsychotic medication in the treatment of Schizophrenia

Psychoanalysts and psychotherapists do not prescribe medication, however it is a feature in clinical treatment of Schizophrenia. Opinions on the use of antipsychotic medication were mixed. Those working in psychiatry and in both fields of psychiatry and psychoanalyis were in favour of the use of antipsychotic medication in treatment and expressed no ethical issues in prescribing them with the conviction that they don't necessarily interfere with therapy. There were contrasting opinions expressed from

those working from a purely psychoanalytic perspective - psychoanalysis and psychoanalytic psychotherapy. There was a spectrum of views ranging from a positive support of the use of antipsychotics which were described as; (a) effective and allowing the patient to function. (b) Possibly necessary, but overused. (c) A more cautious perspective of advocating judicious use of medication accompanied by therapeutic intervention, but certainly not used alone. (d) A more skeptical view of the benefits of the use of antipsychotics and their long term effects, particularly on patients who may not be psychotic and an expressed concern for their use in treating younger patients as teenagers. For example, interviewee Two stated that antipsychotic drugs were effective and helped the patient to function. This view was shared with Interviewee One, who expressed having no ethical issues as regards prescribing antipsychotic medication and felt that it does not necessarily interfere with therapeutic treatment. Equally Interviewee Six stated that the medication was very effective. Interviewee three stated that the antipsychotic medication was probably necessary, but also overused. Interviewee Four stated that antipsychotics should form a dual intervention in conjunction with psychoanalytic psychotherapy. The question of long term effects of antipsychotics were queried, as was the relationship between the fields of psychiatry, psychoanalysis and psychotherapy.

Additional identified Themes

1. Importance of passion/creativity in anchoring the patient to reality.
2. Different presenting types of Schizophrenia present also different individuals or personalities with individual histories that need to be considered.
3. Difficulty working with these clients not to be underestimated.
4. Definite fear of patient disintegration.

5. The next section will discuss the findings presented and correlated with the literature review. Explore the implications for the focus of this thesis, 'Psychoanalysis as a positive intervention in the treatment of Schizophrenia' and identify empirical questions.

CHAPTER 5: DISCUSSION

The results of findings illustrate the ambiguous nature between psychoanalysis, psychotherapy and psychiatry, demonstrated particularly in the questions on diagnosis and treatment.

The findings determine patterns in symptoms such as maladaptive behaviours, hallucinations and incoherent speech, illuminating the function of such confused activity.

Discussion of Relevant References

This section's focus is on how the Interview findings correspond with material in the literature Review**.**

5.1 On the question of diagnosis of Schizophrenia

The DSM is currently the primary reference for diagnosis of Schizophrenia. It does not however seek or require the individual's experience of the individual, instead the patient is prompted to produce atomized symptoms.

DSM developed for psychiatric evaluation. Assessment in psychoanalysis determines the psychical structure of the individual. Characteristic aberrations such as delusions, hallucinations, distinctive speech anomalies and disturbances in body image and awareness and a fear of annihilation are considered in terms of ego boundaries. Speech is a particular focus of Lacanian analysis.

5.2 On the sense of self and disintegration

Lysaker proposed people with Schizophrenia experience themselves as on the verge of fragmentation or annihilation and as either too weak or lacking the structure to survive being in the world with others. (Lysaker, 2009, 28)

Descriptions of the predominance of features weak and lacking correspond with descriptions of profound disruption, the sense of self as centered in feelings of reduction and a profound loss of agency described in the lierature review. (Page 13) The feeling of disintegration and an incapacity to differentiate between the self and the environment are descriptions that correspond with ego fluidity and thin or permeable boundaries as portrayed in the literature review. (14) The delusion as an attempt to repair corresponds with Freud's theory as discussed on page (16). Speech anomalies exhibiting paranoid features are discussed on pages (15-16)
with examples of first person experience.

5.3 Language and the use of metaphor

Difficulty in speech and the creation of language by the Schizophrenic patient is can be seen in Henry Cockburn's narrative on page (16); forces communicating instructions him and a jump from one thing to the next all correspond with details reported in the interviews. The incapacity for meaning making highlighted in the interviews corresponds with Freud's assertion of the refusal of the id to adapt to reality, discussed on page (18). The Schizophrenic patient's ease of free association referred to in the interviews, is also referred to by Charles Melman on page (18). Cameron and Ryschlak assert that Schizophrenia may have taken a place beside

dreams as the royal road to the unconscious on page (20). The use of metaphor by a patient, which is reported as not a common feature, is clearly expressed in the samples of Elyn Saks, for example on page (14), and also on page (17) - during a florid episode - which demonstrates a use of rhyme. Words described as being concrete, the thing they name, corresponds to Bion's theory discussed on page (16).
Lacan's theories on speech as sinthome and as holding person together described in the interviews, correspond with those discussed on page (14); Lacan's theory of language as universe and speech tied to the position of the speaking subject and as providing a foundation for the person.

5.4 Psychoanalysis as treatment and the problems of countertransference and interpretation

Freud (2001, 74) assserted that Psychoanalytic treatment was impossible for Schizophrenics. This has been tested by therapists and analysts over the years. Patients were found to be able to form intimate bonds and their mental health improved, particularly when therapists and analysts were patient and open to knowing the patient as more than a ruined subject

Findings are ambiguous and require further research given the complex nature of Schizophrenia and the complexity of analysis and the associated theories and methods. Ira Steinman began his work in psychiatry and has since worked analytically with Schizophrenic patients, some of those referred to him were described as "untreatable". (Steinman, 2009, xvi – xvii) Steinman believes patients' delusions can be understood and treated, page (20) Opinions on how to work were diverse in the interviews and just as diverse as those discussed in the literature review in the section

‘Where the id was there shall ego be’, page (20). The importance of listening in treatment was highlighted in the interviews and corresponds with views expressed within the literature review; Spotnitz (20), Horowitz, Karon and Lysaker (22). The subject of countertransference is contentious and contrasting. The use of countertransference in session was not supported by those interviewed, however the benefits of countertransference for the analyst were acknowledged by some, in that an awareness of such feelings could be informative for the analyst. Similar ambiguity is prevalent in the literature review, for example Horowitz (22) identifies the horror and distress in countertransference, advising that it may be useful or conversely damaging. The fear of patient disintegration was expressed in the interviews, however this is acknowledged by those theorists, who propose working through this for example Bion (22), and Spotnitz (22-23). Interpretation was predominantly discouraged by those interviewed, however interpretation is advocated as an important source of clues by Rosenfeld (21). Ira Steinman asserts (21), that patients respond to interpretation.

The use of antipsychotic medication?

Although some analysts do support the judicious use of antipsychotic medication, the literature review focuses primarily on the complexities of psychoanalytic intervention. Further research is recommended into the use of antipsychotic medication in conjunction with psychoanalytic and psychotherapeutic intervention. This issue is recognized as important and necessary, but beyond the scope of this thesis.

CHAPTER 6: CONCLUSION

Conclusion

Psychoanalysis as a positive intervention in the treatment of schizophrenia, through the exploration of the ego and consciousness, the disintegration of the self and the role of hallucinations and delusions as an escape from reality in the Schizophrenic condition is the focus of this thesis. The research considers key interviews with six professionals working in the fields of psychoanalysis, psychiatry and psychoanalytic psychotherapy, in addition to select literature. Through the analysis of information produced by primary interview source material and secondary literature sources including autobiographical examples, this thesis presents a portrait of intervention techniques informed from varying theoretical standpoints and depicts patient experience and identifies the benefits of psychoanalysis in the treatment of schizophrenia. Psychoanalysis is the key to understanding the unconscious, as schizophrenia is described as comparative to dreams as being a direct line to the unconscious, it is evident that psychoanalysis holds the key to interpretation.

The composite conclusions present an understanding of the nature of Schizophrenic symptoms and their relation to the patient's sense of self. Research suggests that psychoanalysis is a useful intervention in the treatment of schizophrenia. Different psychoanalytic theorists employ different techniques within practice, therefore proposing one particular psychoanlytical method of working is not possible. However the composite conclusions of psychoanalytic theory and practice has much to offer in the understanding of Schizophrenia. For example Lacanian psychoanalysis focuses on speech and language, identifying signifiers and *syntomes* within the patient's

dialogue; Klein's theory on ego splitting, unintegration and disintegration compare are clearly comparable with the descriptions of patient experience illustrated in the thesis; Bion's theory of projected elements of ego and fragments of personality also similar to the first person examples presented by Henry Cockburn and Elyn Saks. The

Limitations

There were time constraints, geographical limitations and the research was conducted from a purposive sample confined to six professionals, each working very differently.

Areas for further enquiry

Questions originating from this research encourage further study. Some of the themes have been generated from theories, others from presented symptoms and identified reoccurrences in Schizophrenic and psychotic experience.

1. The significance/role of the Oedipus complex, Lacan's 'nom du Pére' and the mother and child relationship in Schizophrenia.

2. Metaphor as a signifier of possible successful recovery. The capacity for creating metaphor indicates an capacity for 'meaning making'.

3. The association between nightmares and psychopathology, the associated infantile helplessness and the similarity between the dream state of the nightmare and the Schizophrenic condition.

4. Déja vu in psychosis.

5. The role of trauma in Schizophrenia.

6. Symbolism in Schizophrenia.

7. The role of art in anchoring the Schizophrenic.

8. Sense of self connected to speech and language?

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APPENDICES

Interview letter

Dear ,

I am inviting you to participate in a research project the subject of which is; 'psychoanalysis as a Ppositive intervention in the treatment of schizophrenia'. Research demonstrates that psychoanalysis can produce positive outcomes for the schizophrenic patient. Through your participation I hope to understand the practical implications for psychoanalytic treatment, the impediments if any to this form of treatment and to develop a discussion for future research.

Regarding the confidentiality considerations for your participation, your name will not be included, but instead the title of 'Psychiatrist', 'Psychoanalyst', 'Psychiarist/Psychoanalyst', 'Lacanian Psychoanalyst' or 'Psychotherapist' as appropriate will be included by way of a title.

Yours Sincerely

Yvonne Kennedy

DBS BACAP Student

Interview Questions

1. The DSM is currently the primary reference for diagnosis of Schizophrenia. It does not however seek or require the individual's experience of the individual, instead the patient is prompted to produce atomized symptoms.
   How does this correspond with your own experience of working with Schizophrenics?

2. Lysaker proposed people with Schizophrenia experience themselves as on the verge of fragmentation or annihilation and as either too weak or lacking the structure to survive being in the world with others. (Lysaker, 2009, 28)
   How does this description correspond with your experience of treating Schizophrenic patients?

3. Freud (2001, 74) assserted that Psychoanalytic treatment was impossible for Schizophrenics. This has been tested by therapists and analysts over the years. Patients were found to be able to form intimate bonds and their mental health improved, particularly when therapists and analysts were patient and open to knowing the patient as more than a ruined subject.
   Has this happened in your experience?

4. Counter-transference is an important part in analysis of the Schizophrenic patient. It can enhance the analysts' understanding of their own internal

experience and that of the patient and it can reinforce the patient's sense of a rational self.

Based on your experience, what are your thoughts about this statement?

5. Schizophrenic patients do no respond to psychoanalytic interpretation. They have their own emotional language that incorporates behaviours, thoughts, and communication. Acknowledging that this narrative has meaning for the person is the key to developing dialogue with the Schizophrenic patient.

   Do you agree and has this been your experience?

6. **What is the longest period of time you have worked with a Schizophrenic patient and what has been the most important aspect of the treatment?**

7. **What is your view on the use of antipsychotic medication?**