

Once upon a time...

Four patients will be presented here as an introduction for the following chapters. In these patients it could be proved empirically that psychological factors have significant influence on the schizophrenic process. This influence can be both positive as well as negative. These cases indicate that intra-psychic conflicts may participate in the creation of psychotic symptoms. The solution of such conflicts by suitable interventions may cause the disappearance of such symptoms.

The biologic infrastructure of schizophrenia cannot be denied. It would be pointless to refer here to all the research that found anatomic and physiologic changes in the brains of schizophrenics; suffice it to mention that no non-psychotic individual could tolerate the huge amounts of anti-psychotic drugs a psychotic would have to swallow daily not too long ago. Nevertheless it is my intention to show that thoughtless use of anti-psychotic drugs, that does not consider intra-psychic and inter-personal constellations, is liable to cause psychotic breakdown. In two cases it was possible to demonstrate that long-term psychotherapy, conjoint with rational medication, might cause the post-psychotic defect to be reversible.

The therapeutic techniques used in these cases, those based on interpretations as well as those based on non-interpretative interventions will be expounded in the following chapters.

Case A

Once upon a time there was a schizophrenic called Adam. Because of previous suicide attempts, he was hospitalized in a closed ward. Taking advantage of

circumstances, that later were the cause of an investigation committee, he escaped the ward. He jumped from a tall building, injured his spine and remained confined to a wheelchair for the next few years. After he had been somatically rehabilitated, still in a wheelchair, he was returned to the ward he had escaped from. As there were no more suicidal thoughts, he was transferred to an open ward.

His parents were divorced and his father acted as his guardian. Adam's mother did not visit him until his father passed away. His father agreed not to sue the hospital. In return he was assured that his son could stay in the hospital as long as he needed. Adam was a very secluded person. He participated in ward meetings very unwillingly, his interventions, however, when asked directly, were always to the point and showed a capacity for deep insight. For several years he was free of psychotic symptoms. For lack of another solution he was finally transferred to a chronic ward. Several times during his stay in the open ward, psychotherapy was attempted. Adam resisted these attempts passively.

Then a young female art therapist joined the staff of the open ward. She decided to attempt psychotherapy despite previous failures. Either by putting new, non-verbal means of expression at his disposal, or because of her own outstanding personality, she found the key to his inner life and caused him to open up. In return, he rewarded her by allowing her to gain a deep insight into his internal life. Dark childhood secrets emerged and Adam's inner life was enriched. The scope of his interest, as well as that of his activities increased. A very intense inter-relationship formed and Adam expected his therapeutic sessions eagerly. In order to understand future developments, it is important to point out that the art therapist was not a member of the team

of the chronic ward. This enabled her to keep an optimal distance from her patient.

After some years Adam's father passed away and his mother, who had carefully kept distant, started to visit him frequently. She decided to exploit her son's invalidity. At that time Adam was already free to come and go as he saw fit, and seduced by his mother he signed a complaint.

At her next meeting with Adam, his therapist was surprised that he had become psychotic, the first time this happened in years. He was now transparent; people were reading his mind, etc. This was the first time for the therapist to see the development in *statu nascendi*, of active psychotic symptoms. She panicked and turned to the psychiatrist in charge. Without giving the matter another thought, Adam's medication was tripled. Adam perceived this as a narcissistic injury and in his next session he accused his therapist of having betrayed him. "I always regarded you as someone who could contain my fears. Now, at the first time something is wrong I see you running to the doctor in panic."

It has to be mentioned here that Adam's very ability to accuse his therapist without apparent fear of losing her, constituted proof that considerable intra-psychic repair had already been achieved.

Nevertheless, these expressions of rage and disappointment were very painful for the therapist and she decided to present the case for supervision. In the supervisory session a causal relationship between the outbreak of the psychosis and the events that had preceded this outbreak was suggested. It was postulated that by suing the hospital, Adam indirectly and probably unconsciously also sued his beloved therapist. This must have caused a conflict and this conflict was surmised to be the cause for the psychotic outbreak.

There was as yet no definite knowledge that might concern the contents of the psychosis. Speculations were uttered that feeling transparent was some form of intra-psychic transformation of Adam's ability to understand other peoples' thoughts. This, however, was at this stage, mere speculation and much too early to be included in the therapy.

The therapist was advised to confront her patient and explain to him the development of events. In her next session she did so, Adam's symptoms subsided, his medication could be reduced to its previous, minimal dose and the therapeutic venture continued as before.

About five years after these events Adam became psychotic once more. This happened when his therapist was transferred from a different ward to the ward he stayed in. This proximity meant the overstepping of a boundary he was not yet prepared for and created the phenomenon that will be defined in the next chapter as the spontaneous negative therapeutic reaction. As soon as this situation was explained to him, the psychotic symptoms disappeared once more.

Adam won the lawsuit, now liberated from its conflict. He asked for a guardian to be appointed so that his mother could not put her hands on the considerable sum he received and spends his money cautiously.

At the present time, about fifteen years after the events described here, Adam is a free man. He weaned himself of the wheelchair and uses public transportation. He is self-employed as the owner of a small computer business. He keeps contact with his therapist and still receives a minimal dose of anti-psychotic medication. In my opinion this is no longer necessary, but I have no more say in the matter.