

Some Technical Difficulties In Dealing With Psychotic Patients

Sailesh Kapadia

In discussing the treatment of psychotic patients we often talk about the need for an analyst to exist at the level of the patient. No doubt, this need exists in dealing with all our patients but we lay greater emphasis in the case of a psychotic. We do this because we know that such a patient inhabits a world situated on a vastly different level difficult to access. In this paper, I want to demonstrate and discuss some of these difficulties.

The first question that arises in my mind is - can we really ever exist at the level of a genuine psychotic patient. No matter how deeply we may have been analyzed ourselves, in practice, it seems an impossible task. These patients experience their inner and outer worlds in bits and pieces. At best, we can “imagine” what they feel but a gulf – often a very big gulf – exists between what we come to “know” about their experiences and their actual “experiencing” it. Our psychotic patients often notice this difficulty of ours. They tell us in a frustrated way how we cannot understand what they feel because we do not “feel” that way.

This problem is largely manifested in our use of language. To begin with, when a psychotic patient puts his “bizarre” experiences into words, it is often difficult for us to receive it in the way he means to convey. We interpret his associations in a way that our understanding permits. This in turn is received by the patient in a highly distorted fashion because he lives in a broken world. Once again, to a much lesser degree this too takes place with our non-psychotic patients. In fact, in the case of the latter, we learn about their state of mind from the kind of distortions that are made. With a psychotic patient, however, this

procedure becomes very complicated. In his case we are often left with a feeling that what we said was distorted but we have no idea in which way. To this is added another problem. Sometimes what we say fits exactly into his chaotic world. In that case we might never notice the distortion.

Due to these difficulties one often feels that somehow one ought to develop a different language for such patients. Hence a second question arises: can there be such a special language that we could use with these patients.

To me this appears to be unrealistic. What I have observed is that we continue to use our own language- perhaps slightly modified for a particular patient – just as we would do with any other patient. It is likely that in large number of cases this is totally unsatisfactory. Many of our psychotic patients leave the treatment. Yet, a few do continue.

This happens, I think, only when a psychotic patient begins to observe *our* language and *our* distortions. If he points these out to us, we may begin to “know” more about him. This is possible only when an ever-so-small, non-psychotic part of the patient is available *and* capable of looking at us. It is then and only then, that *some* meaningful communication is possible. To demonstrate what I mean, I shall start by describing a psychotic patient called R, a young man of 24. He came to see me two years ago. He had already been diagnosed a psychotic by the various psychiatrists he had consulted. He had many problems but the pressing ones were:

He passed foul-smelling wind practically all the time. Wherever he went, the air became unbreathable.

No matter how hungry he was, he took hours finishing a meal. After every meal he was left feeling unfulfilled.

Understandably, these symptoms caused him immense trouble. At that time he was in the last phase of his MSW studies. It was impossible for him to attend lectures, go to rural areas for his practical training, visit friends or have any social life. He was very unhappy and felt hopeless.

He had an extremely difficult childhood. He described his mother as “a totally mad woman” and “the source of all his troubles”. She was hysterical, cruel, contrary, peculiar and many more things. The moment R was born; she felt that she could not manage him at all. She handed him over to her own mother. This grandmother was described as a “sick woman”. She was always “stone-like” and “dumb”. She was always withdrawn into her own world. She had a variety of obsessional rituals, which angered R immensely, but she was the only person who looked after him.

R’s father is a professional. R described him as a mild man who suffered hell because of his contrary wife, but could not do little to change the situation. In childhood R remembered big fights between the parents. The father felt frustrated on each occasion and kept himself away from the family. When R expressed his desire to come for analysis, the father agreed to pay for it. R has a sister, 3 years younger, who is again “totally hysterical, just like the mother”. R feels strong sexual attraction for her.

There were stories of extremely violent beating of both children by the mother. R could never do anything right. He was beaten if he followed his mother’s instructions because he did not use his own brains. He was also beaten if he *did* use it– for disobeying her. His grandmother had returned him to his mother when he was two. His memory of the time in his own house is of him sitting in a corner waiting terrified for his mother’s rage to appear.

In the next two years these descriptions of his symptoms and the family members were the only coherent associations I had. As a rule R talked in a very strange psychotic language. He told me that he experienced himself in parts like lower abdomen, chest, upper abdomen, head, arms, and throat. He described various sensations in these parts. Each part remained totally unconnected to the other. He also described himself as “peopled by various characters”, e.g. mother, grandmother, some aunts, one uncle, and the sister.

Though he talked in this manner, I felt that I had a reasonably correct picture of his mental life. However, at no point could I speak to him in the same

language as he did. No doubt, at times I talked about this or that part of himself being active or being projected into me. To my mind this was the necessary adjustment that I would make to any patient's language. In a few months I even noticed a clear pattern emerging from this material. I shall try to explain this.

From the very beginning of his analysis, R talked about his compulsive need to write anonymous letters to various people. The language of these letters was volcanic. In his own words it was intended to blow the mind of the recipient. I interpreted this material as R's violent intrusion into his objects. This was, I felt, partly because R experienced his objects intruding into him (like mother and grandmother) and partly because of his own aggressiveness. R did not seem to oppose this view. There was, at that time, much to support my view. R talked about how he found great reliefs if he could shout loudly into open spaces. I saw this too as an evacuation into his objects. When he passed wind in my room it was truly awful. I felt invaded by something literally "hellish". This experience also added to my belief that I was on the right track.

The pattern that I talked about above was in these various methods of evacuation that I noticed and was able to interpret with an obvious beneficial effect on the patient. I could not have possibly anticipated what followed.

Three months ago this happy state was entirely shattered all of a sudden. While giving me my cheque on the first of the month R spoke in a peculiar, rude tone. He said, "Here, take your cheque" in a rough, nasty way. Immediately after this he added that this was not what he had meant to say. When I pointed out that he was talking as if somebody had forced him to speak to me like that, R said "yes". After this, all hell was let loose.

The patient began to scream at me and told me that all these months I had not even begun to understand him. He was operating under instructions from these people inside him. He was at their mercy. Thank God, "finally", I had got the point. In the following months we had the most harrowing experience. He described one major object that ruled him – his mother Prema. He dropped "mother" and referred to her as Prema. Another object he mentioned at that time

was called “the little fellow” or “the little R”. This fellow was described as pervert and nasty. He was located in the lower abdomen. For some reason, after he first mentioned it, this object, did not appear till the session I am about to describe.

R insisted that everything he did, or thought, or felt, was under the orders from these two objects. He experienced himself as almost totally non-existent except as a weak voice.

I cannot over-emphasize the terror that was brought to the sessions. At one time R’s arms began to shake like a child’s rattle. He had to sit up and could not stop them. It was as if he was possessed. He began to moan and groan and laugh at the same time. I witnessed, for the first time, what it was to be this man.

I now realized how totally wrong it was to speak of his evacuation into objects. It was likely that somewhere, some evacuation, was taking place but it was going on in R’s mind. On the other hand, I feel that given the manner in which the associations were presented, I could *not* have done otherwise. It is possible that what I was doing had somehow helped the patient to finally come up with his real problem; but the fact remains that it was R who helped me by noticing how *I* was misreading his material. It was after this that I was able to *know* his experience.

I shall now present some clinical material dating from two months after the above experience.

R began the session by telling me that I was thirty seconds late. He added that it did not create a good impression on clients. I should start worrying about it. He added that these were not his thoughts. He himself was hardly bothered about a few seconds delay.

I asked him if these were Prema’s thoughts. After a pause he replied that he was not quite sure. After the last session he had this new awareness, which was located “here” in the lower abdomen. “It” sent him the same kind of horrible fantasies and messages as did Prema so he was a bit confused- but it felt more like coming from this little fellow.

He had become aware of it suddenly, after the last session. Also it was completely out of his control. It had taken him over and was sending all sorts of fearful thoughts. Each thought was so degrading and abusive. He felt that his leg was being pulled – downwards.

Then, after a pause, he said in a voice that was beginning to be angry that he remembered that day when I had criticized him so severely. I had said ‘NO-NO-NO’ to everything he had talked about. I had shouted at him “am I a professional idiot?” He had felt so insulted. However, these thoughts came from this part that he had told me about (implying I must not confuse it with him). He could not have any self-respect after listening to such things. Who could bear such humiliation? How could he be guilty of everything?

He said further, that in the past I had made the mistake of assuming this part to be himself. Both of us had made the same mistake. We had not understood this part. But he hated *me* for not understanding the situation correctly. This part gets him into serious trouble. Yesterday, he tried to control this part. Immediately he developed serious gas trouble. What a stink! Surely, he could not protect himself from this part!

At this point I was aware that this part reappeared two months after it was mentioned first. I was also aware that if I started talking about his anger, he became angrier and angrier. Hence I only asked him if today he was able to feel this part separately from Prema. R replied that he was not yet very clear but he did not seem to be much interested in my query.

He then proceeded to say quite angrily that in the past I made him tell lies. I bullied him and forcefully insisted that he was this part. Naturally, he did not want to displease me so, he succumbed and told me what I wanted to hear. He began to scream here and said that he wanted me to separate him from this part and not join him with it. He did not want any ambiguity on this count, henceforth. He agreed that this mistake had taken place sometime ago but that meant nothing.

I said here that he seemed very anxious that I was going to make this mistake today. R said in the same angry tone that of course I was going to do it. Why would I be different today? In the past I had told him, “So, you are warning me?” When I had said this he had felt furious. Here I was, inflicting such real hurt on him. And, if he pointed it out, I started talking nonsense. “Was truth possible in such circumstances – when a pressure came from me to be what he was not?”

He screamed further that if I did not say this I would say, “Okay. You think I am like your mother”. How could I make such a statement? His mother and me? I only got him into trouble talking like this.

Throughout this rage I kept quiet except saying an occasional yes.

After a while .he said in a slightly calmer voice, Okay, he could not say I had not done anything for him. He had not forgotten my solid help but surely I could not capitalize on that? I could not emphasize my plus points and forget the minus ones which were causing him real trouble. It was true that I had corrected myself later on, but first I did make that mistake. He started shouting again and said something quite strange, “Why don’t you get the point, I am so dependent on this part”.

He continued to say that I did not understand anything. It was not my experience. However, I was very clever. If I realized that I did not understand him I immediately became polite and courteous. I took up a very sympathetic stance. But all that was humbug. Another trick that I performed was that I just described clearly all the parts that he had talked about. Now, this did not mean I knew or understood anything. I just repeated what *he* had told me, so, what the hell had *I* done?

He began to yell here, that my stupidity and mediocrity were finishing him off. I took my time to understand him - yet, the way I argued with him! Instead of admitting my mistakes, I actually ridiculed him. In the last session he had required me to give an explanation, and I actually mimicked him! As a rule, he

agreed with me that “mere explanations are no good but when a man is dying?” I had stuck to my position – since the experience was not present, I had said, I shall not speak. An explanation would have put him together but I was not bothered.

On one side, he faced this little fellow who forced him into hell – perversions, vulgarity, guilt and what not. On the other, I pushed him back to himself; did he have to defend himself on both sides?

Now the patient seemed quite exhausted and remained silent. Then in a very tired voice he said, “What was the use of shouting? He could not manage the struggle himself. That is why he had to come to me. He did not have a choice.

Here I finally said yes, he did come to see me because he could not manage to fight alone with such an object. He needed my help. He felt desperate, because either I did not understand him, or I took my own time to come to the point. For him it was a matter of life and death. He felt angry and frustrated with me because the delay in understanding would kill him. He wanted me to know clearly that “later on” was just too late, and that no delay could be forgiven.

R said that yes, forgiving was out. One cannot fool around and take chances with such a serious matter.

I then said that it was a fact, as he had pointed out, that I did not have his experience and therefore could not often understand what he said. His was a very special and complex and difficult experience. Also, I did not have a perfect, quick, instant understanding. No doubt this was painful. Indeed, it was killing him, but, as he said, did he or perhaps did both of us, have any other choice?

R calmed down here and said yes, what one can do with a problem. Then he remained silent for a long time.

He then said, “Look that fellow has started talking”. He put his hand on the lower abdomen and said that it was a black, dark thing sending him horrible impulses. He then screamed, “Bloody, shit, why am I being tortured like this?”

Please, don't come to me. Is this life? Is it fair?" He added that the message was like an earthquake. The whole world was going topsy-turvy.

Here I asked him if he heard the message as a voice or was it simply a feeling. R did not answer this but said that today he felt much better, because I had at least begun to ask him questions. If I did that, there was a greater chance of my correcting myself and understanding him quickly.

I pointed out that this did not make it any better for him. My understanding him after delays was no good, as he had said. So we could not be sure if he could continue to feel good with me. What I meant was that my inability could not be pushed aside so easily.

R said yes, this state was not guaranteed. I change so much! Naturally, that kind of Shanti was not possible but today he felt a bit happy.

To my mind, this session demonstrates the kind of difficulty I am talking about. Here R,

in his anger, was able to show, one by one, the mistakes I had made from his point of view. It also reveals the way in which he received my interpretations in the past. It might be argued that he was pointing out only one fault viz. that I mistook him for his objects and addressed him as such, but this had so many other implications. One major implication was that he was not so far able to bring into the sessions the kind of violent, abusive conversations that he was having with his objects. This he was able to do in the next session. Also, this had created a false atmosphere between us so far, which could not be cleared.

I felt better myself after this session because now both of us had to accept that I lived in a world quite different from his and the frustration of not understanding quickly (or sometimes at all) had to be endured. There was no other way out.

In the next session the patient came looking very depressed. For the first ten minutes he kept on saying, rudely, things like, “don’t clear your nose, don’t move so much in your chair, don’t make drumming noise, pay attention, are you taking notes”, and so on. He added finally that it was Prema who was dictating him to speak thus to me. He also warned me that I should not try to deal with Prema in my usual transference way because she was not transferred on to me. She was inside him.

He then said that after the last session he had been able to clearly feel the little R separate from Prema. This part was in many ways similar to Prema – in his cruelty and perversity -but it had other characteristics like grief and sadness. He called this part “lower R”. He himself was located in his chest and was called “upper R”. Between the two, was an iron wall. He had separate relationships with Prema and this part.

He added that since the last session he had been weeping uncontrollably. He had wept in the office, and also in the garden opposite, before coming to the session. He felt that right from childhood he had suffered from this schizophrenia. It must be cured. So far nobody had noticed that it lay in the lower abdomen. Now we had done so. Hence it was possible to do something.

He then said that the previous day he had successfully used my method to deal with this part. When he started analysis he used to say such horrible things to me. He used to pass wind in the room. Any other person would have been horrified but I had just taken it. Never did I show signs of surprise or horror, nor did I try to suppress him. This had helped him a lot. Yesterday, he did the same thing with the lower R. He allowed it to come out with all its dirt. He neither opposed it nor condemned or suppressed it.

At first all hell had been let loose. He farted and farted all the time. He had a terrible stomach ache. He was severely constipated but he decided that he would let out that part no matter what pain he had to go through. After the terrible war of endurance, he felt better. The flatulence had subsided and the stomachache was gone.

I said here that it meant using my method had helped him considerably. The patient said yes, but added that my method was quite different. I had dealt only with upper R. also, in my method there was love. No love existed in his method. Also, I dealt with somebody who listened to reason while this lower R did not. On the whole, therefore, he had a more difficult task.

At this point he told me that the little R had started again. It was difficult for him to talk in double language of “this from the lower R and this from the upper R”. So could he use a signal? Every time lower R speaks he would clap and when upper R speaks he would touch his chest. This way the conversation would go smoothly. I would not have to ask so many questions. He was quite desperate because now horrible messages had started.

I shall write what followed in a dialogue format. For lower R I shall use CL and for R only R. It went as follows:

CL: So, you feel bloody good, eh?

R: Yes, it feels good. I feel thrilled at this method: Thrilled and fearful, but now there is some clarity.

CL: Guilt, guilt, guilt. Guilty for clapping like this. New method, eh? You are only R. I tell you to feel guilty, so R feels guilty. And look, it is so tiring to clap. Why don't you try snapping your finger?

R: Okay.

Now instead of CL I shall use Sn for snapping –

Sn: You are not so clear. Guilty.

R: Guilty only up to here (showing chest). R is not affected. He knows he is not guilty and therefore he is not down and out.

Sn: Guilty because you think good things are happening.

R: But this will have to change. You should feel better yourself for this nice method.

Sn: Guilty

R: Ah, now some peace is coming back.

Sn: Aren't you telling all lies? Guilty, guilty, guilty. You know the truth and the truth is very bad. You are talking all this rubbish of lower R and calling it pervert but you know it is not true. And look, this snapping of fingers is giving you pain so why don't you stop. And when will the slow eating go? Tell me that. You will never be able to get rid of that problem. I tell you.

Here R stopped talking the part but did not address me. He spoke as if in air. He said "R is getting touch with this part. Psychoanalysis has opened the lid (Dhakkan). No doubt huge tension is coming up but R is not suppressing it. R is feeling happy". Then once again he addressed the part:

R: Come up.

Sn: Hey you, don't you behave like S.K. are you presuming to be S.K? The analyst? What the hell is going on?

R: But you are affected, aren't you? Okay I am behaving like S.K. It is good for you only. You vomit on me if you want to. Nothing wrong in taking on S. K.'s attitude.

Sn: (in a singing voice) you are imitating, you are imitating.

Suddenly, here R turned to me and said, "Now, R is also feeling guilty".

I was quite surprised at this. I pointed out that he had already argued this point out. Did it mean that now he was agreeing with lower R?

He said yes, he did agree. What could he do? At some level he was imitating me. Besides, R as himself was not really a nice person. He himself was quite funny (i.e. odd) but what I talked just now had helped him.

Sn: Ah, so now you are being friendly and intimate with S.K. are you?

Here again R turned towards me and asked, "Please, am I imitating you?" when I did not reply he said, "What happened? Answer, please, answer." When I

still did not reply, R said, well, are we still in the upper region? Okay, at least some integration did take place.” Then,

Sn: Guilty, guilty, guilty.

R: It is a good process. (In a meek voice)

Sn: Your hands are paining. Come on, change to clapping.

R: Okay (claps)

CL “Hey, what is all this? Why are you changing signs? (Pause) something is soothing. Don’t worry. It is good. Carry on. (Long pause) I have lost my fun of feeling guilty.

When the patient stopped here, I said that in the last moment the lower R had changed its character. It sounded so compliant. R said “Yes, but will the slow eating ever go? No, no, no. It will never go.”

I pointed out that now he seemed to be again agreeing with lower R. R said that he did agree with it but it was because he had a greater knowledge of reality. He *knew* that slow eating will never go. So, he had to agree. Here he began to cry and said, how was he to live in the new world without the problem of slow eating? How will he bear the change?

R sounded very depressed now. At this point both his arms began to shake violently. He then said he badly wanted to urinate. I had to end the session here.

In this session, for the first time, I witnessed truly the kind of dialogue that must be going on in R’s mind. There was a month left before my Diwali holidays. In the sessions that followed, this object became more and more violent. The material I have presented seems benign in comparison to what followed. R was abused, shouted at and tortured in front of me. His arms would shake so violently that I feared he would get seriously hurt. Gradually R’s mind began to fragment more and more. This lower R broke into two more people. Then Prema appeared and broke into more figures. R himself became more than one entity. I myself was shouted at, scolded and abused severely.

The main feeling in the counter transference was that of acute terror. I also felt hopelessly confused and fragmented. We talk about containing the patient's projections but what I was experiencing was so frightening that I wondered if I could ever contain it. I began to consider seriously if this analysis should go on.

During this time whatever I said to R was received by him as if coming from one or the other of his objects. The meaning that I had in my mind was totally lost. The experience forced me to reconsider the kind of language I was using. Was there any other way I could speak to R? Could I speak the way he spoke? I felt that I *knew* what he was going through. I myself went through something similar. Yet my experience was vastly different. I wondered if I was communicating usefully with R at all

The only respites we had were when R would feel "washed out and exhausted". These moments were very few but they did occur. At such times R would say that he wanted to lie down on my lap and sleep peacefully. Invariably, at such times, he would begin at least by saying that I must be feeling terrible. "Must be exhausted." These associations would then turn into paranoia viz. that I must be fed up and disgusted and attack him. Once again the onslaught would begin.

There were other moments when R would become deeply depressed and talk about my problems. He seemed to be quite aware of my plight. He too, like me, wondered if this process of analysis could go on. He talked about how nothing was making sense. According to him, in every session, he came out with his experience "in detail" because my rule was he should speak whatever came to his mind. In the past, he said, it had helped. His gas problem was cured but was this same process useful now? Should we continue with it? If we do, will this stage change, he asked.

At such moments, ever so briefly, he became aware of my plight. It was only at such moments that some sort of meaningful communication was possible. To my mind these were the moments when his ever-so-minute, non-psychotic part was available and was able to watch me, and through me, his own broken

self. These moments have been very few but they are the only hopeful moments that we have had so far.

In her paper, *Notes on some Schizoid Mechanisms*, Melanie Klein says, “we are, I think, justified in assuming that some of the functions which we know from the later ego are there at the beginning. Prominent amongst these functions is that of dealing with anxiety. I hold that anxiety arises from the operation of the death instinct within the organism, is felt as fear of annihilation (death) and takes the form of fear of persecution. The fear of the destructive impulse seems to attach itself at once to an object – or rather it is experienced as the fear of an uncontrollable overpowering object. Other important sources of primary anxiety are the trauma of birth (separation anxiety) and frustration of bodily needs, and these experiences too are from the beginning felt as being caused by objects. Even if these objects are felt to be external they become through introjections internal persecutors and thus reinforce the fear of the destructive impulse within”.

“The vital need to deal with anxiety forces the early ego to develop fundamental mechanisms of defenses. The destructive impulse is partly projected outwards (deflection of the death instinct) and, I think, attaches itself to the first external object, the mother’s breast. As Freud has pointed out, the remaining portion of the destructive impulse is to some extent bound by the libido within the organism. However, neither of these processes entirely fulfills its purpose, and therefore the anxiety of being destroyed from within remains active. It seems to me in keeping with the lack of cohesiveness (of the ego) that under the pressure of this threat the ego tends to fall to pieces. This falling to pieces appears to underlie states of disintegration in schizophrenics”.

This implies that an infant has an ever-so-small ego that takes steps to defend itself from the anxieties arising out of destructive impulses. A psychotic is in a state of disintegration that defends him from such anxieties. My contention is that, as long as the patient is actively disintegrating in the session, our task remains extremely difficult. We can describe this activity to the patient, but, in the state he is in, it is unlikely that what we say may have any meaning for him;

for we are, at that time, his primary object – destroyed in bits and pieces. If we begin to speak in a language resembling his own, we only increase his disintegration. It is only when he experiences himself as a person who is affecting us in this way, and is able to notice our plight, that some useful communication is possible.

Reference

1. KLEIN, M. (1946). Notes on some Schizoid Mechanisms *Envy and Gratitude and other works*. The Hogarth Press, pp.4.5