Editors

Gaetano Benedetti was born in Catania, Italy on July 7, 1920 in a family with a long scientific tradition. Among his ancestors were famous physicians, like Gaetano Gaglio on his mothers' side, a pioneer of pharmacology at the University of Rome, and Empedocle Gaglio, the founder of the Italian Hospital in Cairo, Egypt.

After his medical studies, Gaetano Benedetti emigrated to Switzerland, where he worked for 10 years with Manfred Bleuler. He has been Professor of Psychiatry (Privatdozent) in Zürich (1953) and Rome (1956), and of Psychotherapy and Mental Hygiene in Basel (1957–1985).

He has been awarded the Frieda Fromm-Reichmann Award (1971), the Prize for Scientific Activity (Catania 1980), the Jacob Burckhardt Prize (Basel 1981), and the Prinzhorn-Medaille, Vienna (1985).

Gaetano Benedetti has lectured on schizophrenia at more than one hundred international congresses in Europe, America and Japan. He is an honorary member of many European societies of psychiatry and psychoanalysis, member of American Academy of Psychoanalysis and of the Academia Teatina in Italy.

He is the author of nearly 400 publications in various fields of psychiatry, mainly schizophrenia, and of more than 20 books. In 1955, with Prof. Ch. Müller of Lausanne, he founded the First International College (Symposium) of the Psychotherapy of Schizophrenia, which had its ninth session in 1988 in Turin, Italy.

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The Psychotherapy of Schizophrenia

Effective Clinical Approaches – Controversies, Critiques and Recommendations

Edited by

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and
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Preface

The International Symposium on the Psychotherapy of Schizophrenia was first held in 1956 in the Lausanne Psychiatric Clinic by Gaetano Benedetti and Christian Müller.

The first very exclusive Symposium pointed out new theories which were emerging against more established ones. It described the current status of the psychotherapy of schizophrenia, a label which has been maintained until now, when approaches to schizophrenia have become wider and multidimensional.

Many of these new approaches, their subsequent theories and their important results (not always in accordance with earlier findings) were presented in the successive Symposia hosted by the Universities of Zürich (Organizers and Editors of proceedings book: G. Benedetti, Ch. Müller, M. Bleuler, G. Bally, M.Boss), Lausanne (G. Benedetti, Ch. Müller), Turku (Y. Alanen, D. Rubinstein), Oslo (J. Jorstad, E. Ugelstad), Lausanne (Ch. Müller, G. Benedetti), Heidelberg (M. Stierlin, L.C. Wynne, B. Wirching), Yale (S. Fleck, I. Levine).

The aim of the Symposia over the years has been to promote discussion, multidisciplinary interaction and the frank exchange of opinion. The IX Symposium, "Approaches to Psychosis: from the One-to-One Laboratory to the Psychosocial Models" follows this tradition of continuous revision of the previous research, and thus the present proceedings book is an appraisal of the contemporary research on the different psychotherapies of schizophrenia: individual, family and systemic, social and integrated. Gathering together the work of the most important experts in the field, it is explained in a highly scientific, but very understandable, way.

The new research presented here demonstrates the efficacy of psychotherapy, as well as the improved methodology and techniques used in the new approaches to severe mental illness.

Unfortunately, it has not been possible for publishing reasons to include all the contributions presented at the Symposium, even if all were important and stimulating, nor rich discussions which accompanied the two hundred invited papers and the three hundred free communications. We offer our apologies to those authors and the 1,300 participants.

Part III: Family and Group Treatments

Part IV: Hospital, Institutional and Milieu Treatments

*J. Aaltonen, V. Räkköläinen**

Integrating Systemic and Psychoanalytic Approaches to Schizophrenia in a Psychiatric Ward

1. The starting point of the evolution process

Three years ago we started a regular family-centered supervision project in a closed ward for psychotics which the young doctors regularly characterized as the most primitive ward in which they had worked. *(Doctor Aaltonen has been the supervisor of the ward and Doctor Räkköläinen the head of the ward since 1985.)* The ward had no tradition of psychotherapeutic approaches before the latter of the authors became the head of the hospital four years ago, and its reputation in the psychiatric health district was formerly not very good. Most of the patients were either extremely difficult acute schizophrenics or chronic schizophrenics with a psychiatric hospital career of years or tens of years.

In this sense, the starting point for our project was, in fact, favorable, when we think about the primitive internalized object relations in schizophrenia. This may seem paradoxical, but as Kernberg [5] has written, an unstructured hospital ward may even favor the emergence of such primitive levels of psychic phenomena that either would not emerge in a dyadic psychotherapeutic relationship, or would do so only after long psychotherapeutic work with the patient.

Kernberg considers two levels of internalized object relations: (1) a basic level, characterized by multiple self- and object-representations corresponding to primitive fantasy formations linked with primitive impulse derivations; and (2) a higher level, characterized by sophisticated, integrated self- and object-representations linked

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with higher levels of affect dispositions. We approach in depth the *evolution of the ward* in experiencing and understanding the primitive fantasy formations of its schizophrenic patients.

Kernberg expresses the role of psychiatric ward as follows:

> Insofar as the hospital represents a society organized around more or less structured processes, the patient is faced with participation in a setting which reinforces in varying degrees the activation of primitive object relations. [...] the fact that it may occur [...] makes the hospital an impressive diagnostic (and potentially therapeutic) tool. [...] However, there must be sufficient flexibility, or *lack of structuralization within the hospital milieu* ... (p. 247; italics added).

Our own project seems, however, to make Kernberg's view clearer and deeper, when we try to describe how a psychologically unstructured hospital ward may turn into a psychologically structured one without losing its ability to reach the primitive levels of the schizophrenic patient.

2. Axel, the patient without hope

Our presentation revolves around Axel, a 25-year-old schizophrenic man, who was brought up during the very first supervision session three years ago. He was a member of the list made by the ward personnel of "no hope patients."

The hopelessness was obviously connected with three points: (1) this patient was a hopeless case, since he was a long-time chronic patient in the treatment system; (2) he was unable to evoke feelings of "understanding" or "images" in any of the staff members; and (3) the staff members were unable, at that phase of the evolution of the ward, to comprehend that the very lack of images in the minds of the staff members was an exact picture of the patient's inner world, a wasteland.

In this sense, the position of this patient was even worse than that of the ordinary chronic patients, who generally bring out at least a rigid image in the personnel as an effort to understand the patient for the purposes of either medical or rehabilitative procedures, although this disregards the psychological fitness of the procedures for the specific needs of the patient. The ward had not evolved to such a level in its therapeutic culture that it could form and use "transforming images" [2] in the treatment of schizophrenia. Then Axel is, in fact, an illustrative index case whose fate is highly dependent on the evolutional status of the ward.

3. Supervision as an effort to bind the daily interaction into an image guiding the treatment process

The theoretical basis of supervision process can be described from several horizons. It is also possible to approach the process by using Freud's concept of binding. Freud [3], in fact, stated that the libido can be (1) unbound, (2) rigidly bound to fantasies or images, or (3) mobile. The concept of binding can be used, in a way, as a measure by which we can test the evolutional level of the ward culture on a scale from rigid custodial perception to mobile free floating attention. We try in this paper to integrate it into a more social level of theorizing the evolution of the ward culture. We will begin with a description of the supervision session.

The session takes place in the ward so that as many of the staff members as possible—from hospital aid to the doctor—can participate. The session is held every second week, and it takes two hours. The role of the supervisor is a kind of collector or rather a container of the everyday observations and of the pieces of transactions different workers have had with the patient and his/her relatives. The supervisor waits, while listening (with free floating attention), as the everyday material turns, in his mind or in the staff members' minds, into a special kind of simple image.

At the very beginning, he asks the workers to tell anything about the patient they have brought to be supervised. Someone always starts reciting the patient's medical history, the "official" history of the records. But regularly, nearly inconspicuously, small everyday incidents and observations are told from the flow of patients' actual life at the ward. The supervisor encourages, and even carefully prefers this kind of talking to more "psychologically oriented" observations. He tries to show that:

> (1) the genuine empathic experiences the workers have with the patient hide in their everyday "here and now" experiences;
>
> (2) these notions form a pathway to finding (and later to writing down) their shared preconscious or unconscious image about the patient;
>
> (3) the whole treatment of the schizophrenic patient must be based on this kind of simple understanding.

Thus, the supervisor tries to decrease the defensive manifestations (especially the idealization of psychology or the supervisor) in the supervision session.

Little by little in the supervisor's mind, a dynamic picture of some basic observation or configuration emerges. When he describes his

image to the staff, and if the image touches the preconscious experiences about the patient, it triggers a kind of feeling of familiarity in several members of the staff. Thereafter, many of them are overwhelmed with minor and major incidents giving support to the basic observation. "It just did not occur to me before." We can say that this is, on the level of the ward culture, the same process Benedetti describes on the dyadic level:

> Not only does analytical and interpretative understanding play an essential role in psychotic psychopathology, but constant *positivization* of the mental state must also be triggered by the *transforming images* of the guiding party in the relationship, evoked by the fantasization process of the common unconscious (p. 11).

We are, however, thinking not so much of the question of common unconscious; our emphasis in the supervision session is on showing that the different pre- and unconscious images about the patient can be similar to each other, because the images are formed from the daily activities with the same patient's basic conscious, pre- and unconscious dynamics.

This image happens to be, nearly without exception, as exact a description about the actual psychodynamics of the patient as projective tests are, but it is often more applicable in daily work. It is, in fact, a necessary prerequisite for carrying the treatment of a schizophrenic patient in the hospital, from small daily treatment procedures to extensive rehabilitation plans. That is why we refer to the image guiding (pre- or unconsciously) the treatment process. The only, but often serious, difficulty seems to be in convincing the workers that their everyday understanding really can be as deep as the understanding written in the psychological test protocols.

4. Axel on the custodian ward in transition

Symbiosis as a corpus alienum

In Axel's case, in 1985, the first image in the minds of the supervisor and the head of the ward was a symbiosis between Axel and his father. The proposition was based more on the theory of schizophrenia and the knowledge about Axel's anamnesis than on actual observations.

The psychological construction itself was of certain theoretical interest, as the symbiosis between father and son in schizophrenia is rather rare in comparison with mother-son symbiosis. However, this intellectual construction did not trigger any kind of familiarity nor did it start to live in the mind of any of the staff workers; they had

not observed such a phenomenon in the transaction with the patient, although the concept itself was familiar to them.

As such the very notion of "symbiosis that was not alive" led to therapeutic suggestions on how to *eliminate* such a phenomenon between Axel and his father. This piece of knowledge was like a *corpus alienum* waiting for evacuation rather than an image guiding the treatment process. The psychological fact was like any noise (i.e., disturbing, insignificant information) for this primitive treatment community: a potential threat that must be immediately denied and expelled through rigid and violent procedures masked as "therapeutic acts."

We have, in fact, noticed that this kind of process is not unusual in every hospital ward at the beginning of its evolution towards a therapeutic community, that is: (1) finding some interesting psychological phenomenon in the patient's life; (2) seeing it as a medical symptom, and therefore (3) making different efforts to eliminate the symptom. This bias is perhaps best seen in the classical "schizophrenigenic mother" attitude of individuality-thwarting possessiveness. It is too easy to see it as a symptom to be condemned or eliminated, without seeing mother's repressed love, or fear of her own love-feelings behind it as Searles [6] has pointed out.

Themes of death and incest

It is noteworthy that when the ward culture was in this phase the images and fantasies often seemed to be connected with death or incest. Both themes tended to come out in the supervision sessions from different directions: (1) the patients brought to the session were those who had just these themes prominent in their histories and also consciously seen by the workers; (2) the conversation touched these themes in a compulsive way, irrespective of whether the themes were prominent or not in the patient's life; or (3) the workers could go on recalling long and intensively the heroic mythical deaths the patients had met even decades ago.

These themes seemed to emerge from the interaction with the patients, but they were mostly useless in treatment. In retrospect, we see that the themes of death and incest were, in fact, a part of this phase of the evolution of the ward culture, and that is why it was seen indiscriminately in all patients. It was of special interest that these were in fact the same themes Freud [4] describes in Totem and Taboo. It seems that even in the evolution of this kind of small society, we can find traces of the evolution of culture in general.

Splitting of understanding

Earlier, the ward persistently saw that everything good was outside. The workers felt that "real" psychological understanding, knowledge, and skill were always somewhere else, but not in the staff members. A special kind of split was formed. A good-me was absolutely seen outside; the ward saw itself as a bad-me. It seemed that splitting was a ritual way the ward tried *not* to integrate its own psychological capacities towards increasing understanding of the patient, because

> (1) A genuine empathic countertransference experience as such provokes anxiety when it contains the patient's inner distressing conflict;
>
> (2) the experience of understanding in a new paradigmatic situation, as when a new culture is being born, is at times forbidden, or at any rate, confusing and distressing. For instance, the therapeutically primitive culture of this ward had, in fact, for decades forbidden the very efforts to psychologically understand schizophrenic patients.

Thus, the workers still projected their empathic abilities outwards. At the same time, the projection was strengthened by thinking that the people outside the ward (e.g., private therapists or supervisors) had somehow been "given" their psychological knowledge, without anxiety and tensions, in a quite different way than the ward personnel.

Thus the ward remained disorganized or confused through trying defensively to organize the world outside the ward. It was interesting that at the same time, the workers could engage themselves in hot debates on the family dynamics of their patients. In a sense, these debates seemed to be positive efforts toward something. Still, listening to it, one had the impression of movement without real destination, as if there were a basic and deep will to help, but, at the same time, the ward seemed to be trapped by this unhappy defensive fixation.

5. Cool and hot society

Cool society

Wilden [8] speaks in his book *System and Structure* about the significance of history, "noise" and "writing" in the context of the evolution of a community. In a community without writing, the members themselves are the memory and the history of the community. This

kind of community and its culture are maintained or lost according to (1) how far the history is preserved in the people, or (2) to what extent there are people in the community, because the history is the same as the concrete people.

This kind of "history" comes out in the rites and the myths of the people, or, for instance, as complex kinship relations. This community is a static one, and it tends to expel any "noise" that does not belong to the rites or myths. In this way it is unhistorical, because there is in its time concept only the static past and no future. That is why it is a reluctant community when faced by the need for evolution. This kind of community is called a "cool society" by Wilden.

Hot society

According to Wilden, writing changes the character of the community in an essential way. The history of this community is no longer equivalent to the people. The memory can be outside the people, in everything that in one way or another belongs to the sphere of writing. A community of this kind can integrate the "noise" potentially disturbing the stability of the community, and in doing so it finds and accepts innovation, with psychological innovation as a member of the class of innovations. Wilden describes the evolution:

> Instead of maintaining stability by homeostatic resistance to noise, like the cool society, this kind of society will seek to maintain stability by accepting noise, by incorporating it as information, and moving to a new level of organization (evolving). It is in this sense that change becomes an internal or internalized principle of the system, product of its forms of organization, since the stability of the system is a product of its continuing evolution (p. 410).

This kind of community is called a "hot society" by Wilden. We will try to apply Wilden's thinking to the evolution of our ward.

Psychiatric ward as a cool and hot society

It can be thought that the traditional custodian psychiatric ward is a "cool" society in Wilden's meaning. For instance, important psychological information is hidden in the interaction between the patient and the staff, but it is "unwritten" and without history just as Wilden described the cool society. The memory of this information is the patient and the nurse themselves. When the patient or the nurse leaves the ward, the memory is lost and it is difficult to integrate it as a part of the history of the ward or as a part of the evolution of the ward. This statement may seem a little bit paradoxical, because we are accustomed to thinking that the cornerstone of psychotherapy is

in the very transaction. We are, however, emphasizing that *the evolutional level of the cultural context where the transaction takes place is as important as the transaction itself.*

The forming of an organized therapeutic community can be one way to solve the problem of the lack of history. In the therapeutic community the treatment procedures are integrated as a part of the structure of the community. In this way, the structuralization can be seen as evolution, because it restores at least the chance for understanding and treatment. But from our point of view, it does not guarantee the evolution from the cool society to the psychologically innovative hot society, because the structure itself can be petrified into, e.g., a series of rites.

Writing

Our project has proved that the conscious encouragement of the emergence of the deep idea of writing paves the way to the formation of such a cultural context where the *understandings* in the treatment relationships can integrate as a part of the continuous evolution of the ward itself. Wilden describes the theoretical basis of writing as follows:

> A society in which forms of objective memory with greater semiotic freedom, such as writing, have been invented, is necessarily more open to increases of complexity [*e.g., to the evolution of psychologically structured therapeutic community—the authors*]. It has no need to ask its members actually to embody the cultural code and the history of the society to the same extent as the cool society must do, for its code is also inscribed elsewhere. In a hot society, the cultural code is a far greater extent 'outside' the individual (...) One might say that the hot society records itself in an essential way, on the world outside—(...) on paper (...)—whereas the cool society is more nearly written on itself (p. 408).

The idea of writing and the writing itself emerged in the course of the supervision process in the following way:

> (1) The supervisor's mind was occupied: he started to worry that valuable information on the staff-patient interaction was being lost. We can say that writing *as an idea* had begun a life of its own in the supervisor's mind.
>
> (2) The supervisor himself began to write down his reflections about the supervision sessions. The idea of writing was transformed into writing.
>
> (3) Later he started to send these notes to the head of the ward, and afterwards also directly to the staff members. The notes were received with enthusiasm. They are still being studied carefully; the whole supervision situation has become more alive as an effective part of the ward culture than it was previously.
>
> Writing has gained a life of its own as a part of the treatment community, both in itself and as an increased ability to observe and accept one's own fantasies, *to write them*, and to read them aloud in daily staff briefings.
>
> In this context, it is important to note that recording can, in working with psychotic patients, have a special effect on the workers' welfare. Tustin [7] has stated that, in connection with the therapy of autistic children: "An undue use of hypersensitized modes of functioning can be very exhausting and can even result in physical and emotional illness in the therapist. I have come to think that the welfare of both therapist and patient can be best served by the objectivity which comes from careful following and *recording* of the details of the patient's behavior... [p. 171, italics added].
>
> (4) The head of the ward and the supervisor agreed that it is important that the doctor of the ward write down, in case reports and summaries, the main images guiding the treatment that emerge during the patient's hospital care. We realized that, in normal case reports, only the changes in the patient's symptoms are recorded, i.e., the case history is the patient's history separate from the community's history, of which it is, however, an organic part. Therefore, the case reports could not actually be a part of the patient's history either.

The idea of history had emerged within the ward. It is no longer lost when the patient leaves, it can be read and reread, and it is now possible to recall the situations where the images first became alive.

Presumably, this also diminished or eliminated the compulsive split described above. As a whole, the ward could now integrate the earlier externalized good-me. Personal abilities did not seem so strange and distressing anymore, and thus did not require so much defensive externalization. Evolution of the ward enables it to act as an instrument for studying and treating schizophrenia *and* schizophrenics.

6. Axel on the ward in evolution

Last spring, Axel was once again transferred to this ward because of his violence. The first supervision discussion concerning him was as follows: the referring ward seemed to want, defensively, to keep their interpretation of the reasons for the unfavorable turn in the patient's

situation, in order to minimize the distress and anxiety spread by the chaotic psychosis. It did not feel so bad as it would, had they not been able to organize it by expelling the patient. It was, however, an impossible task.

The supervisor thought that the referring ward was in serious difficulties when faced with the patient's chaotic, somehow bare "instinct blow-up." The patient's internal chaos seemed to collect, like a snowball, other primitive affects which, unconsciously, existed on the referring ward, and which could not be bound to any images. A vicious circle was created. In this situation, the referring ward did not have any other choice but to expel the patient into another ward. Thus, along with the patient, the new ward had both the patient's and the referring ward's primitive, unbound chaos to deal with.

The dissolution of oedipal crisis

We who base our daily work on the psychological consequences of the Oedipus complex and its attempted solutions seem to assume that its basis, the incest taboo, is a biological necessity. It is not, as Wilden ([8], referring to Lévi-Strauss) has pointed out. Human procreation and diversity of the species' gene pool can prevail without the prohibition of incest, but not human society, which is based on communicational possibilities for symbolic exchange (symbolic function). It cannot prevail without a learned and ingrained ability to distinguish between the man (class of men) and the father, husband, and brother, (subdivisions of the class), or woman and the mother, wife, and sister.

The situation concerning the patient remained exceptionally difficult on our ward. The patient was still violent. In the supervision discussions some of the female nurses recalled the male nurses of the past who had been more powerful than the present ones. During these reminiscences, the men kept quiet and felt humiliated. The men were in a way caught in an oedipal trap. The only thing that women seemed to think men were good for was physical power, but there, too, they were not as powerful as the men of the mythical past.

At this stage, the men felt excluded from implementing any psychiatric treatment. They were being made into some kind of instruments for aggression without any chance of neutralizing it for the service of real psychiatric treatment. At the same time, those men who aimed at psychological understanding of Axel were seen as weak. We could see that a crisis was emerging at the ward that strongly presented many elements of oedipal crisis: the men seen as exclusively weak (those who aim at understanding and shun physical power) versus women seen as exclusively strong (those who talk with the patient and delegate the physical power to the men). In psychoanalytic jargon, we can say that the penis had become detached from its symbolic significance.

During the supervision session, this constellation and crisis was discussed intensely. At the end of the session their solution was, at first sight, naive and simple: *also the female nurses should try to set limits for Axel; this did not, of course, mean that they had to be physically as powerful as men, or have any other male characteristics. The men, for their part, should start talking with Axel; this did not mean that they were forbidden to use physical power, if needed.*

In all its simplicity, this solution is like the child's way of solving the oedipal situation [1]. According to Freud, the child does not "solve" the oedipal situation; rather, the child simply dissolves the whole situation, as the staff members, in fact, did. This dissolution seemed to be in line with the emphasis on everyday interactions as the source of the images guiding the treatment process.

The empathic touch to Axel's internal wasteland

A breakthrough on the ward occurred after the patient became uncontrollably violent and had to be tied down for a long time. He seemed to be totally out of everyone's reach, with exception of one nurse, who felt at times she had psychological contact with Axel.

The patient had to be given great doses of neuroleptics. They seemed to have more narcotic than psychological effects. It seemed the patient lacked a psyche or a whole content of mind which could have been influenced by the drugs. The only target of the drugs, therefore, was the soma. This is not the only case in which we have noticed this paradoxical effect of drugs in highly confused psychotics. We believe that it occurs when the internal situation is totally unbound, when the patient is totally unable to bind his affects to any internal images. Axel was intensely dreaded.

The contents of the patient's mind could not be reached because of the chaos or emptiness prevailing in his mind. In supervision sessions, this phenomenon gave rise to long, anxious, and indecisive discussions or quarrels. One of the questions was, how long would the patient have to be kept in seclusion, since the nurses were very afraid of him. How can they tell when the patient is no longer so fearfully dangerous? It was an impossible question, as the patient was no help here. He could not be asked whether he was still to be feared, and even if he could have been, the answer would still not have been conclusive.

The supervision session gradually yielded the image for guiding our way out of this impasse. *The solution was based on the psychological hypothesis that the dread itself, the helplessness, and the lack of images were,*

in fact, a description of Axel's internal wasteland. Initially, the staff had had no other option than to trust on their own feelings, separated from the patient's outer behavior. The patient had to be kept in seclusion as long as the nurses were afraid of him, quite independently of whether he was outwardly frightening or not. They decided to have daily meetings where they discussed whether or not their fear still existed. We thought that in this way, the staff simply reflected in their own images the patient's first steps in his internal organization process.

This may, once again, seem too simple an image to guide the complicated treatment process to anyone who has not been there and felt the sequence of small interactions and pieces of fantasies that yielded this conclusion. It may seem mechanical, colorless, or custodian. It was, nevertheless, a vivid and important psychological *invention* that required:

(1) "the objectivity which comes from a careful following and recording of the patient's behavior" [7];

(2) observing and accepting one's own internal images concerning the patient in spite of the fact that the images cannot be directly confirmed with the patient;

(3) touching upon the difficult fact that even the lack of images can be an exact image of the patient's inner world; and

(4) an evolutional level of the culture where the experience of emptiness can have positive informative value; it cannot have this value in a society where rites prevail, because the *experience of emptiness cannot be expressed by rituals.* It presupposes that the community has developed some form of "writing," in other words, is at the evolutional level of the hot society.

This invention was a part of a sequence where we could follow, in "stati nascendi," and record into the history of the ward how unbound, shapeless psychic energy was gradually bound to images and interaction both in the staff and in Axel. The process and Axel's improvement were, however, initially apparent only in the various living images Axel evoked in the staff members. Mostly, these guiding images were surprising and seemingly unfit for the occasion, but their character was always based on small, concrete everyday incidents, which were at first frightening and later amusing. In the end, the staff had empathy with Axel.

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