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INTERCONNECTED WORLDS

Environmental Self-Help Center in Otwock

Institute of Group Analysis Rasztów

case study

group analysis

patients with psychosis experience

Summary

The article is an attempt to present group analysis as an effective psychotherapeutic interaction in a group of patients with chronic psychotic states. Through the presentation of clinical material, it gives the opportunity to look at the living matter of the relationships that arise, communication and the interpenetrating worlds from the current situation of the participants, as well as from their past. The author, by sharing her experience of leading groups of psychotic patients, wants to show that these patients develop when they are allowed to work for a longer period of time because this gives them a chance to fully enliven their own feelings and thoughts. This is a good method for Environmental Self-Help Houses, where psychotherapy with such patients is possible over a longer period of time. Also, it is important to point out that this kind of psychotherapeutic influence could not exist in a place where there would be no culture of the community, open communication, and genuine curiosity towards group-analytical thinking. It would not be effective as a "therapeutic island", in a totalitarian environment in which the financial gains of the institution stand before the patient's well-being, where there is no room for diversity and originality and curiosity and the search for meaning are perceived as a threat, where only one way of understanding the patient's psychopathology is considered appropriate. Another important aspect of this text is the presentation of the possibility of using a professional workshop with satisfactory results for development, despite the lack of ideal working conditions, understood in the context of maintaining a strict therapeutic framework.

*"Men's curiosity searches past and future
And clings to that dimension. But to apprehend
The point of intersection of the timeless
With time, is an occupation for the saint—
No occupation either, but something given
And taken, in a lifetime's death in love,
Ardour and selflessness and self-surrender.
For most of us, there is only the unattended
Moment, the moment in and out of time (...)*

*And right action is freedom
From past and future also.
For most of us, this is the aim
Never here to be realised;
Who are only undefeated
Because we have gone on trying;
We, content at the last
If our temporal reversion nourish
(Not too far from the yew-tree)
The life of significant soil. "*

TS Eliot [1]

The reason for writing this article is this year's Conference organized by the Institute of Group Analysis "Rasztów": "Working with *'myself'* – life stories of therapists. Conscious and unconscious aspects of experience in the process of psychotherapy."¹

I would like to raise the topic of group-analytical psychotherapy in the context of my work in the Community Self-Help Center for people with diagnosed mental disorders. It is a day support center, where I spend many hours with participants every day in various situations. It is also important to note that people attending our institution function in it for many years. How can we use analytical thinking, where it seems impossible to preserve the setting in the full sense of this term? I refer to the words of T.S. Eliot because I agree on the thesis that certain areas are unreachable for men (the poet says that they should be left to the saints) but this does not release us from the obligation to act in the space available to us. Analytical work is necessary and useful also in space where it is impossible to maintain the "ideal state" of the therapeutic framework – which I would like to present. I also want to show the unconscious process that is always present and possible to explore and discover. It does not change depending on the time and does not refer to it, nor does it follow any chronological order – it penetrates through various inner worlds of the psyche, like an ocean containing the past, present, and future. Ogden [2] put it beautifully: "Dreaming occurs spontaneously, both during sleep and in the standby mode. Just as stars are in the sky, even when the sun's glow overshadows their light, so dreaming is a permanent function of the mind, also in the state of wakefulness, although the light of the waking life conceals the presence of dreaming from consciousness" [2, p.112]. In a group, this is an intensified process because "oceans" or "dreams" of many people, including the therapist, are meeting in one room. I will use an example from clinical practice.

Group

The group whose work I will present exists since spring 2016 and was preceded by individual consultations (due to respect for privacy, the names of the group participants have been changed). Sessions are conducted in the setting 1 time per week for 80 minutes. At this point, it consists of 3 men and 3 women. All of them have a diagnosis of psychosis but also organic disorders (some have experience of stroke or other neurological diseases). They are between 35 and 80 years old and stay in the center for 5 to 14 years. They are not professionally

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active, which is a huge problem for them, both related to the resulting economic situation and because of their reduced self-esteem, helplessness, hopelessness and – one may risk the statement – because it strongly strengthens their feeling of being disabled. Outside the group, I have constant contact with the participants during the daily morning community, at other therapeutic activities, or during special events. They are also together during meals or in their free time.

The fact that they see me as a real person outside the sessions has an impact on projection processes and those associated with transference – countertransference. I think that this makes analytical work more difficult but on the other hand, it gives the possibility to accommodate the group process more – which seems to be a great need of patients with psychosis experience. In such situations, I am often in the role of an object for identification, rather than transference. For this reason, the therapy material comprises not only verbal or non-verbal messages, as in outpatient groups, but also all of the patient's behavior and experiences in dealing with others, happening "here and now" [3].

Current situation

I will present the 108th session of the group, which took place after a two-week break related to my vacation. It is also important to highlight the situation of the entire Center community that is currently taking place. After a long time, Adam returns – a former participant not only of our Institution but also of the group presented here. After an event, in which he had used violence against another person (not in the group but in a wider community), he had been removed from the Center. As a result of various events, we faced the need to accept Adam again. In the morning community, patients were informed about the specific date of his return (they were kept informed about the progress of this matter).

Session material

When I enter the room, the group is already waiting.

All are present.

Bartek: — And I hate them! I hate them and that's it!

Cecylia: — Look, you can't say that. You don't know anything about them. Did you know them? Did you meet them? No.

Bartek: — But I hate them and that's it.

Danuta [to the therapist, explaining]: — We are talking about the Gypsies.

Cecylia: — Because Bartek doesn't know them, and that's how he speaks. He can't do this.

Bartek: — They are sitting in this X [name of the place]! They have entire estates there. Dirty people, thieves.

Cecylia: — And I lived there, so I know it's not like you say.

Danuta: — Eva used to live in those areas, too.

Eva: — Yeah. Yes.

Cecylia: — You can't treat others like that just because they are different. We have had such times. Hitler's already tried it, Stalin, too. I survived those times, I know what I'm talking about. I remember the corpses swimming underwater, you could see only those bodies that suddenly came out from the ground and floated on the surface. Lots of bodies. So I know what it means. Bartek, you are not allowed to say that.

There is a lively discussion, the participants return in their memories to Bierut and Gierek. They are talking about the funeral of one of them, which they had watched on TV. An individual thread of Cecylia is woven into it. It tells the story of a child she had in her womb many years ago, who had "rotten" mainly due to poor medical care. The participants do not believe this story – a conversation revolves around this topic.

Cecylia to the therapist: — We are just having a small-talk.

Therapist: — I understand that you are talking about the cruel system of authorities that hurt people. I wonder if this has anything to do with Adam's return. To what extent do you feel that we have disappointed you in this matter?

Comment I:

This fragment reveals the penetration of the social world from the past and the present with the individual world of patients and in some sense also mine. Most often while leading this particular group I am immersed in a state of lethargy and barrenness. In this state of mind thinking is a great difficulty for me. I get to my workplace from another city. From the beginning of our meetings (that is for three years), the participants have very often "led" me along the different streets of their town. They come back to the way they used to be, and the way they are today, exchanging names of streets and places that I have no idea about. I usually feel completely lost. On the other hand, I have never made an effort to get to know the topography of this agglomeration, which would have helped me better understand their stories. I am surprised by this stubbornness against "getting to know" but maybe in a sense, it brings me closer to the experiences of the group's participants.

During this session, when they were talking about the Roma, Jews, communism, or a "rotten fetus" – I felt the same way. As if they would lead me along routes that I cannot quite orient myself. I referred to the current situation primarily for technical reasons to "give meaning" – but I did it without conviction. I felt that they were not quite talking about Adam's return, that it was the most visible topic because it was on the surface but underneath it, there was deeper content, which could not reach my "ear" at that moment.

I have the impression that people with experience of chronic psychotic states have greater access to unconscious processes, while at the same time giving what they feel the wrong meaning because the boundaries between the unconscious and the conscious world are not clear. Bollas [4] introduced the concept of "the unthought known", pointing to the existence of certain thoughts of which the individual is not aware, which are not represented, although they act in their internal world. Therefore, a given person is not able to recognize certain areas of his/her

psyche related to subjective experience. One can hypothesize that a group's "mind" is in this state. They started the session with a discussion about people of other nationalities. I linked this with information about the return of the "aggressor" (Adam) to the Center. At some level, this seems right. The current situation in fact triggered associations with those who rob them, attack them, and take their goods ("Roma"). Those who take away their sense of security then turned into those who have "power" and make decisions that harm the "nation". At the same time, I did not feel what I am talking about at that moment. I made this move because I assumed that "it is probably about that", although I was in chaos and experienced that "it doesn't quite fit." However, at this stage, I did not understand and had no knowledge of the deeper level of their stories, related to the unprocessed history of the Holocaust, which was extremely moving in this region, and which the participants were either direct witnesses of or unconscious "heirs" of family histories (their parents or grandparents took active or passive participation in the traumatic events of that time). It was only the supervisor who provided me with important information and became a containing mind for me, thanks to which I could start the process of observing one of the "worlds" of this group, post factum:

During World War II, Germans executed Polish citizens of Jewish origin in the region "X." The publication of 1988, "Register of places and facts of crimes committed by the Nazi occupier in Poland in 1939-1945–: the Warsaw voivodship / Main Commission for the Investigation of Nazi Crimes in Poland" [5] mentions many such events. Presented below are only two examples, which constitute only a very small part of the documented crimes in these areas:

- In March 1940, 20 people (15 men and 5 women) were shot by military policemen on the "Y" river in the "Z" street. The bodies were buried at the place of murder;
- On December 26, 1942, behind the "Y" river 18 people – fugitives from the transport to the Treblinka extermination camp were shot. The bodies of the victims were buried at the place of murder.

Perhaps *"those bodies that suddenly came out from the ground and floated on the surface"*, mentioned by Cecylia in the above part of the session – are these bodies buried at the river "Y". Thanks to this information from the register, I can hear better what the participants were talking about that day. Perhaps even if I had known about it during the session, I would have decided to intervene with the "here and now" interpretation from the life of the community. However, conscious knowledge gives a choice, and I, like the patients, have been deprived of this choice and one of the levels of unprocessed trauma has thus been completely omitted, "the unknown unthought." I mark this because the experiences of that martial period of social life may be one of the primary reasons for the duration of patients in a psychotic state, so knowledge of this topic could have allowed me to embrace the mind of chaos in which we were all stuck at that time of the session. We could have found a deeper sense of reality than just being anchored in the current situation.

I will use the concept of James Fischer [6] to better explain what movement I have in mind: "The sense of reality plays a vital role in imaginative identification, which is the key to the maternal function of shaping and forming sensations that a child experiences. If a mother's imaginative identification is to be effective, she must accept her child's projections – those experiences that the child is unable to cope with. Then, what the mother imagines must have characteristics of reality. Ultimately, this becomes true when she imaginatively engages in what is happening to her child. That is, when she dreams of her child's emotional experience, she must experience it as reality, just like in a dream. Of course, then she has to wake up to be able

to reflect and communicate this emotional experience, so that the child can recognize it as his or her own." During this session, I was dreaming emotionally together with the patients – immersed in chaos, in the inability to experience anxiety that borders with the fear of annihilation. Reflections came later, during supervision. This is when I could "wake up" and understand why the meaning of Adam's return was an "insufficient" explanation in my experience. This situation activated much deeper levels, but I was not fully aware of what was going on with "my child", my group, to be able to capture this during this meeting.

Continuation of the session

Bartek: — I don't like him. I don't want him here.

Filip: — I'm going to sign out from the Center when Adam returns. I don't know yet, but I think I'll have to.

Group: — You won't sign out, you will not leave.

Filip: — I don't know. I think I'll have to. Maybe not, but I guess I will have to.

Group: — You will not sign out, Filipek.

Filip: — Well, maybe. We'll see.

Eva: — And I don't care. I don't have a problem with that.

Cecylia: — I believe that we should give him a chance; we should not cross out anyone in this way. He was anxious to get back to us. Maybe he's changed, maybe he's understood.

Bartek: — Nothing has changed. No. I do not believe that.

Gustaw: — I liked Adam, he did various actions on trips, but I liked him that way. I have nothing against him.

Danuta: — I don't mind him coming back either. Despite the fact that he threw me down the stairs once, I think we should give him a chance.

Cecylia: — We just shouldn't provoke him, stay calm.

Danuta: — Yes. When he pushed me down those stairs back then, it was because I kept telling him not to touch the picture. He was constantly rearranging one picture, and I told him to stop moving it. But maybe I told him too many times. Maybe I shouldn't have done like that. After all, it was not even my duty or anything. I told him once, he didn't listen, so I kept following him and I told him over and over again, "Leave this picture, leave this picture. Adam, put down this picture, don't move it." Well, at some point he couldn't stand it anymore and on those stairs, he took this picture and pressed it into me. "Take this picture!" he said. And I lost my balance. I could have left him alone before. Say it once and for all. Would he have listened, then he would. And if not, then not.

Cecylia and Bartek: — That's right.

Therapist: — You are talking about boundaries – that sometimes it is difficult to find the moment not to cross them in time and then something bad can happen.

The group nods saying to me "that's right". Then they start reminiscing about Adam, they talk about many funny situations with him in the lead role. Filip is laughing. Others are also amused. They recall different trips.

Comment II:

My intervention brings the group to share their current experiences related to the actual situation. The question arises: In what position is Adam? Is he a stalker or a victim? And who are they becoming at this moment? Who is responsible for such a difficult situation as the return of an unwanted participant? Adam's, theirs, mine, the therapeutic team's, the community's? The participants face a challenge related to the topic of aggression, which comes from both outside and inside. How to hold it? How to express it? We are talking about the need to find boundaries in such a way that emotions are not equated with actions, as that is when tragedies occur, which the patients have experienced many times. Therefore, in a sense, they are waiting for them, and at the same time, they are horrified by them. Two remedial reactions are revealed – laughter and immediate distraction.

Continuation of the session

Bartek to the therapist: — So, Weronika, were you in the mountains?

Cecylia: — Yes, where have you been?

Therapist: — Somehow you are very interested in what happened to me when I was not here with you.

Group: — Sure!

Bartek: — So where were you? In Zakopane?

Cecylia: — In which mountains were you?

Therapist: — In the Tatra Mountains.

Comment III

Maybe too much fear makes the group redirect their attention to me. Such questions happen very often – they concern, among others, how I get to them, they want to know something about my family and professional situation, or my place of residence. Finding myself in these investigations is a big challenge for me. On the one hand, there is the desire to maintain

the neutral attitude of a therapist, but on the other hand, I understand and acknowledge their curiosity about me. As Nancy McWilliams writes [7]: "People with psychotic tendencies are particularly sensitive to the therapist's honesty and are grateful for it." (p.82). However, such an understanding is not conclusive enough. Every time I leave (and often fall out of) my analytical position and answer in a human way that "I was in the Tatra Mountains", I am confronted with the dilemma that the group had raises in the session a moment earlier – how to keep healthy and safe boundaries enabling development? I can experience what they feel in a countertransference way.

On the other hand, a psychotic person denies his or her dependence on reality, if by this dependence we mean a constant questionable examination of our intuition. Bion [in 8] argues that a psychotic patient suffers from a disturbance in the curiosity function, which – if activated – will start the therapeutic process. Therefore, the question arises as to how much their interest in me is a kind of prelude to authentic interest in each other and their own thinking, feeling, and acting.

Continuation of the session

Bartek: — It's beautiful in Zakopane. Oh, how beautiful!

Danuta: — When I went to the mountains for the first time, when I was a little girl, I was afraid that the mountain would fall on me [*she laughs*]. — Back then it seemed to me that this could really happen.

[The patients start to remember their own trips.]

Therapist: — You talk about various trips with longing. My absence, my trip may have awakened in you a feeling of deficiency that you don't have something you desire.

Cecylia: — Weronika! You make us look like orphans every time! Really!

[The group continues their talking about trips. At some point, I come back to the words of Cecylia:] — Cecylia pointed out that I am making orphans out of you, in what sense are you talking about it?

[Danuta joins the conversation:] — Because we are orphans when you leave us.

Cecylia: — No, I'm saying that you are making orphans of us saying that we are so poor, that we don't travel, and you do. [*irritated*]. — While it's not like that, after all. We also have various trips here, different outings and attractions. We have various parties. We also use these things.

Comment IV

The reaction to my absence, as well as to what I was saying, may indicate the progress of the group's development. Previously, the patients had neither opposed me nor got irritated with what I was saying. There were no differences of opinion around me. However, things are different in this session. They no longer agree on a deal in which I am perfect and they are

orphans. This raises their opposition. I feel curiosity, amusement, and pride – it is them I am proud of. It also wakes me up when I come into contact with them – I wake up to live, maybe that means that they do too? Perhaps it is a sign that the ability to wait without disintegrating fear associated with the internal knowledge that the period of frustration will have reasonable limits, has been internalized enough to discuss this? Maybe in the “group mind” there is a concept of process and the original memory of presence but also of the object’s separateness? Maybe the first seeds of integrating the past, present, and future have been formed? These are questions that will only be able to wait for their answers in the future.

Summary

In this article, I wanted to show that the therapeutic situation we create is saturated with aspects of various spaces: we work with groups most often in 90-minute sessions that follow each other at set intervals, each is a permanent segment with clear time limits, while the analytical process as the whole is open and timeless, as if it was moving back and forth on the timeline without any obstacles. A fundamental characteristic of the analytical process is our ability to remain with patients in an unspeakable movement between different “worlds”, not in linear time, but in a certain state of suspension [8].

I understand my work with the group presented here as a large part of it being at the pre-symbolic level, called by Spero [in 8] “symbolization.” Achieving this stage creates the basis for moving to the next level of more symbolic work, in which one can move freely between the past, the present, and the future. The essence of my efforts is to act as a resonance box, allowing particles of experiences to resonate inside me and then in dialogues with the patients. The group is in a moment where the ability to symbolize is very limited. They actively face this developmental challenge. Such a function can arise on the basis of the ability to withstand separateness, which in turn consists in the ability to recognize the space between oneself and others, between what is concrete and what is symbolic.

An important achievement of the group is also emerging from the state of withdrawal from life in general. If, in order to live, a psychotic person has to transform their identity by changing perceptual functions, at some point, they destroy the emotional truth system that enables their psychological development and understanding reality [4]. The function of a group is that in place of the desire to deal with the overwhelming emptiness by destroying all perceptions of relationships with others, the individuals face the challenge of constant recognition of the bonds and experiences connecting the participants of the group. It is possible to observe and learn through experience that these relationships are influenceable.

My observations of leading groups of psychotic patients last more than three years and show that those patients develop when they are allowed to work for a longer period of time, which gives them the chance to revitalise their experience, feelings, and thoughts more fully.

With this presentation of clinical material, I want to show that analytical work with people facing huge deficits is possible and advisable, also in the situation of being exposed as a human, when the therapist can be like a blank screen for the patients’ projections. The group session presented in this article can be an example of this. The participants know a lot of things about me that I could have kept for myself in an outpatient group, such as the fact that I love mountains and often choose these areas during my vacation. Due to the fact that I am with them many hours each day in different scenes, these kinds of information are available to patients. This is when I face the dilemma – either I will create rigid boundaries that are experienced by

the participants as coldness, exaltation of the therapist, or a message that they are someone worse who do not deserve some kind of closeness. (In me, such an attitude evokes the feeling of being false, untrue, it is blocking my intuition – which is the antithesis of analytical work, as I understand it.) Alternatively, I can risk exposing myself and deal with the consequences – for example the fact that in the session a question about mountains arises and it is difficult to guess the reason of the question (because they could have assumed that they were "mountains", so is it a sense of reality or projection?) Such material can open the gate for a joint study of various unconscious processes, or it can be a training of the sense of reality. Above, I have presented one of the possibilities to understand this exchange but I realize that it probably has many other meanings.

We cannot wait for ideal working conditions, as they may never occur. We need to use our professional workshop to the extent that the environment allows us to. This applies to the institution's atmosphere in a broader sense. My work could not exist in a place where community culture, open communication, and sincere curiosity about group-analytical thinking would not be present. This type of impact would have no effect, as it would be a "therapeutic island" in a totalitarian environment in which the institution's financial profits are more important than the wellbeing of its patients, where there is no place for diversity and originality, and curiosity and search for meaning is experienced as a threat, where only one way of understanding psychopathology of the patient is imposed as proper. It is important that the team I am part of are interdisciplinary specialists in the field of pedagogy, psychology, social work, and occupational therapy. This diversity of disciplines and, at the same time, the openness to other approaches to working with people show that psychoanalytic thinking is not primordial; it is curiosity that integrates differences, climbs over specializations, and enables authenticity, which is so important in contact with both the individual patient and groups.

I would like to finish with the words of Ogden [9]: "The analyst is not a person who practices psychoanalysis but someone who brings his analytical sensitivity, training, and experience to the work with patients."

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