

THE REHABILITATION OF PSYCHOANALYSIS AND THE FAMILY IN PSYCHOSIS: RECOVERING FROM BLAMING

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Introduction

Psychoanalysis and its derivatives are clinical and research endeavours attempting to do just what the word implies – make a psychological analysis of a particular problem whether it be that of an individual, a group, a family or other context.

There is currently a revival of interest in the psychology of psychosis and in the talking therapies in psychosis including the involvement of relevant family members in the overall treatment.

It seems appropriate therefore to consider the ‘parent’ of the talking cures - psychoanalysis - and its relationship and relevance to work with families where there is a member with a psychotic vulnerability.

Reductionism

A common human tendency in all fields of investigation is to make claims for the applicability to other situations of some findings, knowledge or understandings acquired in one particular situation. New findings are often overvalued and potential contributions from other sources devalued.

It takes time to clarify whether new findings and their wider application are fully justified, sometimes justified or rarely unjustified and even dangerous and erroneous. Psychiatry has been vulnerable to adopting the latest ideas or success story. The history of leucotomy, asylums, insulin therapy, the idealisation of neuroleptics, the decades searching for ‘the cause’ of schizophrenia and the overvaluation of a variety of psychological explanations and approaches, (currently cognitive approaches) are examples. In the USA, psychoanalysis dominated psychiatry at the expense of the growth of other disciplines, sometimes adopting a reductionist stance towards the aetiology of mental disturbance.

Just as explanations or a treatment method can be overvalued or its implementation overextended, so they can be undervalued, and restricted in use.

Psychoanalysis and, in the context of this chapter, its contribution to understanding families in psychosis has swung between these extremes and is now currently excessively derided in some but certainly not all Western psychiatric services.

Complexity and general system theory

The ‘decade of the brain’ (Bush 1990) and its search for the exclusive biological ‘cause’ of major mental illness is passing, and perhaps Western psychiatry is beginning to move out of its reductionist tendencies. There is recognition of different levels of explanation and understanding (Eisenberg 2000, Robbins 1993) and increasing acknowledgment of the complexity of the relationship between nature and nurture in much of mental illness, replacing arguments vying for the supremacy of one side as ‘causal’. When used in a sophisticated manner, the stress –vulnerability interaction model of psychosis (Zubin 1977) can be an excellent expression of that complexity. There is recognition of the serious limitations of simplistic evidence based approaches (perhaps more relevant to the physical illness model (Mace 2001).

There is increasing interest in the less reductionistic Scandinavian ways of understanding and treating psychosis. Scandinavians have some quite mature models of psychosis and of its therapy that integrate multiple vantage points including psychodynamic and systemic understandings of individuals and families in psychosis with biological and genetic vulnerabilities (Alanen 1997, Cullberg 2006, Seikkula 2006). The clinical outcomes are impressive (Cullberg 2006, Seikkula 2006).

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Psychoanalysis, Psychosis And The Family

Psychoanalytic investigations and theorising about families with a psychotic member perhaps began in the 1930's with Harry Stack Sullivan concluding that schizophrenia was the result of painful early relationships (Sullivan 1931). David Levy wrote about the overprotective mother (1931) and Hartwell (1996) and other psychoanalytic investigators of this era described their family findings.

Robbins (1993) gives an excellent critique of the 1950s and 1960s publications. He summarizes the writings of Lidz et al., (1957) on 'skewed' families in which one parent is dominating: in male patients with schizophrenia, Lidz found it more usual that the mother was dominating and the father passive and the reverse in female patients with schizophrenia. Their investigations led to conclusions that the child's role was often to maintain the equilibrium by alliance with the dominant parent. Robbins reports a number of investigators who found 'a family complicity to deny basic problems and assert a false harmony'. These and later non-psychoanalytic investigators such as Bateson et al. (1956) added to the clinical descriptions of subtle threats to the 'schizophrenic' member if he or she used his mind to individuate from these situations. Indeed, in the double bind the most powerfully destructive factor is the unspoken injunction that the contradictions of the double bind are to be denied and not talked about.

In the 1960s, the detailed clinical descriptions of Searles (1965) elaborated on these powerful binding family systems in which the schizophrenic member was caught up. Robbins' own detailed family case studies find similar features. He emphasises the importance of being aware that the findings of these investigators and teams resulted from prolonged clinical work with families, sometimes over years and the need to compare this with brief and simple statistical evaluation of families made from other vantage points.

The early investigators of the family constellation in psychosis often made errors (a) they tended to describe their findings as causal (in a reductionistic manner) rather than contributory (b) they looked at small numbers from select groups and tended to generalise their findings to all cases of schizophrenia (c) they sometimes described the phenomena they found in a language that came across as somewhat condemning especially of the mothers of schizophrenic patients.

The powerful and compelling psychoanalytic case descriptions of family patterns in psychosis were complemented by the findings from other groups such as that of Goldstein (1987) and Tienari et al, (1994) that stable (enduring) measurements of family communication disturbance was associated with far higher risks of later schizophrenia, other psychoses and other disturbances.

In counteracting the competing reductionist claims of psychoanalytic and other psychological investigators on the one hand and biological investigators on the other, one of the most important investigations is that of Tienari et al. (1994). They managed to conduct one of the very few statistical prospective studies that combined investigations of both nature and nurture in psychosis. They compared the long-term outcome of adopted away children known to have a mother with a schizophrenic illness with those adopted away but whose mother did not have such a disturbance confirming increased vulnerability of those with a biological mother with psychosis but measuring the mental health of adopting parents gave evidence for the protective factor of those with good mental health. The increased vulnerability to psychosis was confined to those who had a combination of two features (a) those with biological mothers with psychosis (b) those adopted into families where the parents had adverse mental health features.

The work of Tienari and his colleagues therefore offers a rapprochement between the fiercely held reductionist views of both psychogenesis and biogenesis, and assists in pointing to the likelihood of a constitutional vulnerability to psychosis precipitated by adverse emotional and environmental circumstances.

That rapprochement has certainly not happened. The accruing evidence that the family environment had some role in increasing vulnerability to psychosis has met a very great resistance, active opposition and resentment both within the psychiatric field and outside.

Unfortunately the emotional reaction has not only been about the possible tone of the reporting of original findings and any intended or unintended finger pointing. There has also been widespread denial of the very findings to such an extent that many guidelines have statements such as that of an American 'Expert Consensus Treatment Guidelines for Schizophrenia: A Guide for Patients and Families' (1999) which states '*Many of the recommendations are based on a recent survey of*

over 100 experts on schizophrenia who were asked about the best ways to treat this illness'. It states categorically 'We do know that schizophrenia is not caused by bad parenting, trauma, abuse, or personal weakness' (Expert Consensus Guideline Series, 1999, pp. 2). While one would have to agree that the word causal could not be acceptable in the reductionist sense, these kinds of statements are of a gross reductionist nature themselves and rather whitewash the issues. It is interesting that the funding for the guide was supported by five leading drug companies.

There is evidence that some psychoanalytic investigators and those who took up their ideas had some difficulty retaining their investigatory neutrality. Perhaps from sympathy based on their work with individual patients some clinicians perhaps did report family findings in a way that lost a neutral scientific approach and adopted a critical tone towards family members as if their psychology was not the result of unconscious processes that needed as much understanding as the individual patient with psychosis. A more sociological commentary on the era is made by Hartwell (1996). Alanen (1997) is of the general view that these early family studies have been excessively misinterpreted as blaming. Interestingly the criticism of the psychoanalysts is as if the latter were making statements about conscious intention of family members and as if the analysts were not referring to their area of expertise – the unconscious.

Robbins, as a contemporary psychoanalyst and commentator on the history of psychoanalysis and the family is also well worth reading for his detailed case histories in which those family members with a psychotic member who were able to engage in a therapeutic process found their lives becoming enriched as they become aware of serious previously unacknowledged problems.

Expressed emotion and psychoanalytic ideas

The psychodynamic model of psychosis contributes to understanding of empirical findings of interpersonal processes reported in psychosis. In spite of the continuing controversy over the role of family in determining vulnerability to psychosis, it is established from much replicated empirical research that living where there is 'high expressed emotion' in relatives carries a much greater risk of psychotic *relapse* (Leff 1985). Expressed emotion is a euphemism for 'excessively' expressed criticism and 'over-involvement' of family members.

When therapy leads to containment of such factors the relapse rate is considerably reduced. The psychoanalyst Migone (1995) has made important attempts to bridge the empirical atheoretical concept of expressed emotion in terms of the psychoanalytic theory of three phases of projective identification as espoused for example by Ogden (1979). In this theory, first unwanted or threatening mental contents e.g., feelings of inadequacy or guilt or fears of criticism from other relatives are projected (as a result they may criticise the patient or become excessively involved in order to compensate for these unwelcome feelings). Secondly, the projecting relative(s) places 'interpersonal pressure' (through expressed emotion) so that the other (e.g., the person vulnerable to psychosis) fits the projection e.g. he or she is worthy of criticism (e.g., he is lazy). The latter cannot contain the projections and over time either decompensates and /or projects back into the relatives arousing further feelings in a negative circular fashion that cannot again be contained in the relatives.

Unfortunately these theories, which are based on careful observations, are themselves vulnerable to the possibility of blaming family members by inexperienced professionals rather than understanding. It is important to be clear that it is unconscious mechanisms by which consciously unacceptable feelings or thoughts are handled that are being inferred in the psychodynamic model. By their nature, they cannot necessarily be immediately accepted into consciousness even through empathic interpretation. The case of Mikko given later in this chapter is a clinical example of the kind of processes in expressed emotion that Migone is referring to.

Blame and guilt

Currently, there is a great sensitivity to any hint of blaming families with a psychotic member. This is of course right and proper and is intended to not arouse or exacerbate any unhelpful guilt in family members. However this author's view is that this fear of blaming may, in part at least, account for the rarity (Burbach 2006) with which families are actually engaged in psychosocial approaches even though there are many forms of family engagement that are highly effective in a variety of ways (Pilling 2002). The fear of being blamed is rarely even discussed with families.

Reparative guilt, punitive guilt and projected guilt

Not all guilt is unhelpful. **Reparative guilt** in a family context in psychosis is where a person senses that they may have done some harm in thought or deed that may have contributed. In reparative guilt, there is motivation to find a way of assisting the person with psychosis and it would be a major error to offer immediate reassurance to what is in fact healthy suffering. The professional should fully investigate what is making the person feel uncomfortable and to support that persons discomfort in the interest of both the person feeling the discomfort and in the interest of the patient. Professionals should not independently make judgements as to the cause or exacerbating factors in a psychosis without listening very carefully, probably over time to all parties. The case of Alicia described below illustrates the importance of attending carefully to reparative guilt.

Punitive guilt is where, at a conscious or unconscious level, the person is either punishing themselves or anticipating retribution for whatever it is they think they are doing wrong. This 'tooth for a tooth' response is very different from the reparative guilt described above. If the guilt is unconscious, a sensitive observer may just notice the consequence of the punitive guilt, perhaps a family member being particularly hard or depriving towards themselves. Depression is a common manifestation, for example feeling one does not deserve to live, let alone to have any pleasure.

Projected guilt. If the guilt is too unbearable it may be projected onto another person inside or outside the family (as Migone indicates). Another person is deemed responsible and is then criticised and attacked. In psychodynamic terms, this is psychotic guilt: psychotic because a new reality is created, it is no longer the sufferer who feels guilty; it is the other.

Guilt and its many different forms, its developmental aspects, its vicissitudes and its dynamic links with other affects is a vastly complex subject that has received extensive investigation in psychoanalysis (e.g. Grinberg, 1992). Singh (2000) provides an easy to read introduction. It is important clinically to differentiate these different forms of guilt. Theoretical considerations may help understand the virulence of the attacks on psychoanalysis which for the most part has attempted to do no

more than describe the findings of its investigations. With the aid of psychoanalytic theory the question can be asked whether it may be too disturbing for some professionals, lay groups and family members to contemplate whether the very idea about a possible role of some family emotional and communication difficulties contributes to the vulnerability of certain family members to psychosis and/ or the immediate stresses. This question does not mitigate the regrettable reductionist and sometimes blaming stance that may have been taken by some professionals.

Contemporary Psychoanalytic Work with Families: Towards a Rapprochement

The rest of this chapter will consist of bringing three examples of clinical work with families in order to illustrate, in very simplistic form, the variety of clinical and psychological issues and phenomena that emerge when one offers families a setting to bring themselves. This setting does not have any set agenda other than an opportunity to join in understanding that particular family as far as possible and to see if those findings seem relevant to the family in their current difficulties in the hope that a better resolution may emerge.

An example of reparative guilt

Alicia was a 26-year-old South American gym instructor who was admitted to a psychiatric hospital in her home country for her own safety after becoming overactive and grandiose with brief suicidal moments. She was discharged on a neuroleptic in a more settled state of mind after three weeks. However she soon stopped the medication and met and soon became engaged to Manuel, immediately relapsing in a similar way, for example, preoccupations with unrealistically grandiose aspirations for her pupils' gymnastic achievements. At times she believed herself to be the mother of Jesus and God's wife.

Following her marriage she became depressed for a prolonged period with dissatisfaction focussed endlessly on her husband being 'the wrong person for her'. The depression did not respond to antidepressants, mood stabilisers and supportive counselling. She could only work occasionally and because of the lack of improvement and the negative focus on her husband, the couple elected, after two years of marriage for a trial separation without benefit.

At this late point, three years after Alicia was first admitted, couple meetings were offered by an analytically trained member of staff. It transpired that Manuel had also been depressed from the start of the marriage as a result of Alicia's depression and its critical content with its focus on his 'inadequacy'. However Manuel, although possessing many qualities, lacked assertiveness to limit what he regarded as an abusive repertoire as he feared he would do irreparable damage by asserting himself. This fear had its roots in his own family background. It is important to emphasise that Alicia made it clear in these interviews that she felt distinctly uncomfortable and concerned about what Manuel had been going through from the way she was treating him.

From the beginning of these meetings, Alicia spoke to the analyst with minimal prompting of the close relationship with her identical twin sister until just before the breakdown when they amicably elected to develop more separate social lives. Being identical twins had meant that from earliest days, no effort was required for Alicia to be in the limelight providing the twin sister was present. Alicia had developed a fixed phantasy (close to a belief) of marrying a super handsome film star (thereby effortlessly retaining that special centre of attention place simply by association with the film star/twin). Alicia also volunteered that Laura, although her identical twin, was just that more able than Alicia at singing and dancing at school. Being identical twins this difference stood out to others and her parents and had been too painful to come to terms with. Alicia tended to disrupt Laura in these activities drawing attention to herself.

These and other matters emerged readily once the couple were given a regular time to meet the analyst who drew attention to the difficulty for Manuel in being allocated the role of 'the not good enough partner'. He wondered aloud with them that it was in fact Alicia who had broken down on several occasions and elicited that Alicia had indeed been secretly worried about the consequence of having had a breakdown for *her* marital eligibility. At this point Alicia 'rightly' complained rather contemptuously that Manuel just soaked up 'all her rubbish' implying awareness that she was dumping on him and was being disparaging of his tendency to 'take it'. At this crucial point, Manuel started to get help and attention for asserting himself to Alicia, who also cared a great deal for Manuel. Alicia had to face

the fact that she had to make an effort for the marriage to work and mourn her wish that all would be well by simply being alongside a handsome man (God's wife). She clearly appreciated Manuel more than her denigrating would suggest and this more open appreciation helped her make more effort to attend to her guilt about her misuse of him including her relegation of him to the sidelines.

It emerged that this misuse of Manuel was a repetition of Alicia's way of coping with childhood wounds to her self-image, symbolised by Laura's greater ability than Alicia at singing, leading to Alicia making cruel attacks on Laura's greater ability. In the adult situation, Alicia found it difficult to tolerate Manuel's strength in not having had a breakdown in spite of her endless assaults on him.

The marriage improved very considerably indeed as a result of a combination of Manuel standing up to Alicia's denigration and Alicia taking increasing responsibility for containing the denigration and making a more active effort to appreciate Manuel and his contribution to the relationship. The couple went on to have a family. Over the years Alicia has had just one brief hypomanic relapse evoked by an employment issue that re-awoke rivalry with her sister and there have been no further significant depressive episodes.

Comment

This case illustrates many points of which I will mention two for the purposes of this chapter:

Alicia (and Manuel) in the first two years of treatment had received 'psycho-education' about psychosis. This education focussed on the importance of medication in the face of stress and vulnerability. Neither the stress nor vulnerability were examined in ways that were at all personalised to their particular situation. So Alicia and Manuel had never had a previous chance to 'tell their story' in their own way. The professionals did not seem interested in being educated themselves as to what were the important and unique stresses for Alicia in her life and Manuel was certainly hardly listened to at all.

In relation to the theme of reparative guilt, in this case it was the very individual and specific aspects of stress and vulnerability. The details illustrate the dangers of generalising from particular individuals or families to others in psychosis. Given an opportunity, Alicia readily talked about her life and required no prompting to convey her clear and quite conscious awareness of

her guilty discomfort about her episodic cruelty to Laura throughout her life. She was aware that Manuel was now on the receiving end of something similar. Alicia was also revealing that within herself she was unable to 'assert herself'/stand up to this cruel aspect of herself. They were both aware that there was something 'not right' in the way they were interacting and wanted help for these factors. On the one hand Alicia wanted help to stand up to something 'not nice' in herself but this was competing with her wish for the problem to be located in Manuel (in Laura in her childhood). Manuel was already seeking help at work for lack of assertiveness and this problem (as well as his resilience to the denigration) was a source of both Manuel's attractiveness to Alicia (it suited the projection) and of her resentment of him.

The existence and potential availability from the beginning of *reparative guilt* in Alicia combined with Manuel's awareness of needing help with assertiveness were crucial to the success of the therapy. In this case, the therapeutic work *utilising the guilt* for constructive purposes lasted just six months in this public sector context therapy though making clear that further help was potentially available from the analyst was important until the robustness of the improvement was clarified with time.

An example of expressed emotion and 'psychotic guilt'

In the previous example, 'responsibility' was projected by Alicia into Manuel (in the form of 'not being good enough') after she had two breakdowns that had affected her own self-esteem. This projection was accompanied by her awareness (insight) of the ongoing cruelty by doing this and close to conscious awareness of this being a continuity of an aspect of the way she related over many years with her twin sister.

In other cases in families, the projection of guilt and responsibility may be much more forceful, shifting to create a new reality to protect more completely the 'projector' from too painful or unacceptable feelings. Here is an example.

Example

Mikko was from one of the Baltic States and had been labelled schizophrenic five years before he came into a service. One of his original complaints was that his mouthwash had been replaced by street drugs (Mikko did not use street

drugs). Mikko's mother relentlessly complained of the inadequacy of Mikko's treatment before moving the family to another city. However the dissatisfaction with Mikko's treatment was even more intense there. Mikko's attendance was thin and erratic, but mother frequently appeared and became hated by staff because of her intrusive insistence that Mikko had inadequately treated schizophrenia. The staff began insisting that his main problems were of a personality disorder (wanting to believe that their psychosis service was not appropriate for him!).

In spite of mother's prominence, there had been no family meetings during the previous five years. Tensions were high at the time when an analyst offered to meet the family and it was noteworthy that from then on father, mother and Mikko came regularly. As the family engaged in fortnightly meetings, the family were gradually able to reveal long standing problems and that the high degree of criticism and dissatisfaction previously directed towards the service gradually showed another dimension as the family patterns of interaction gradually came to be better known.

It transpired that Mikko had originally broken down soon after mother took 'early retirement' from a demanding career. From that time she was at home all day with Mikko. From this knowledge and her experience so far, the analyst had begun to understand the original presenting concrete 'psychotic' complaint of his mouth wash being replaced with street drugs; perhaps readers may also make some sense of this after reading the following account of one of these family meeting which took place a year after regular family meetings started.

A family meeting illustrating projected guilt

The session began with quite a 'good' atmosphere, the family giving examples of how Mikko was engaging more with the outside world. Mother seemed to be making a conscious effort to hold in her usual very intrusive impatient demands for more from Mikko - a welcome outcome of a lot of hard work on all sides over the months.

Mother: *Mikko has received a present for some voluntary work he has done with children. Mikko – you should follow this work up.*

Analyst: (a few exchanges later and based on non-verbal cues) *Mikko, am I correct that you seemed perturbed by the idea of something that you have done being recognized and valued - and as mother suggests - pursued?*

Mikko: (Without hesitation) Yes, I would immediately be under pressure to pursue something that was not really 'me'!!.

Mother: (clearly not acknowledging what Mikko had said at all)

Mikko would like working with children -everyone does. I enjoyed it so much.

Mikko: (neutrally) *That was not my impression mother.*

(The atmosphere immediately changed.)

Mother: (getting indignant) *–Don't try that on – you know it was only in the latter years I did not enjoy work. You need to find work that is enjoyable.*

Mikko: *Mother: I was simply voicing my experience that you had not enjoyed your work.*

Mother: (getting very uptight indeed and now accusing Mikko)

Don't you start – you are trying to manipulate me.

Author's comment: In terms of unbearable guilt, this was the point at which a familiar pattern of pressure was applied by mother. Mikko had explained why he could not pursue mother's ideas. Mother was unable to bear thinking what Mikko was saying. He was commenting on how he would experience her identity intruding into him and his difficulty in finding an identity of his own. Because it would elicit too much guilt, it was just too difficult for mother to consider her effect on Mikko. She therefore put increasing pressure on Mikko to reflect on what *he was doing to her*. Up to this point, the analyst felt Mikko had indeed been trying to do no more than convey *his* experience of mother and to enlarge on his own wariness of work. There was nothing malevolent detectable but the word *manipulate* in the last exchange got under Mikko's skin and he now tried to shift the focus onto mother (being much more robust than he was a year previously).

Mikko: (feeling accused) –

Why is everything my fault? What about Saturday?

(Mikko retaliates with counter accusation) –

You (mother) –simply lost it. You went completely wild blaming me.

Mother: *What are you talking about –nothing happened.*

(Analyst comment: in the session she seemed genuinely bewildered and to have no idea what Mikko was talking about).

Father: *I don't think I was there on Saturday.*

Mikko: *Mother you were in a rage accusing me of being responsible for everything(!) that goes wrong.*

Mother: (now recalling but again unable to consider her effect on others) *But I went out of the*

house after that and when I came back it was 'forgotten' it was nothing - it was water off a duck's back.

Mikko: *For me it was not 'nothing'. Your outburst disturbed me a lot. You went berserk – and I had done nothing. I was simply telling you that Larissa (a therapist that Mikko was seeing individually) had said something about a positive change in me recently. You said what a load of rubbish and you got into a fury saying my sessions were a waste of time.*

(Mother got even more defensive and attacking. The idea that this other woman could help Mikko change was perhaps very challenging to mother, who now must have felt very uncomfortable at her attack on helpful clinic staff being exposed. The analyst felt very perturbed and helpless at the speed with which the family attacks on one another escalated. The analyst had developed a good understanding and empathy for mother who was herself orphaned when she was young and no one had recognized the load she was carrying).

Father (now joining in the attack on Mikko; recalling that he had been there on Saturday).

Why are you bringing this up – nothing has been said since Saturday? You are deliberately manipulating the situation trying to blame us –well we are not going to take it.

And so it escalated.

Comment

In contrast to the work with Alicia and Manuel, any attempt of the analyst to reflect on the process was felt like an accusation towards them and it was very difficult to say anything except to refer to exactly that (i.e. that whenever he said anything it felt to the parents like another accusation).

The reader will be painfully aware of the pressure from the parents for Mikko to be the sole source of the problem in spite of – or because of – the course of the session and what was happening in the session and what emerged as having happened at the weekend. Neither parent was able to acknowledge any part in the problems and therefore could not contribute to an improvement in the home situation in contrast to Alicia and Manuel. In fact the more evidence that came to the surface of their difficulties the more forceful the pressure on Mikko to be the sole source of responsibility.

It reminded the analyst of earlier sessions in which mother had tried to bring up aspects of her own depressed feelings that had not been heard

about before, only for the husband to insist in a chastising way to her outside of the session that they were attending for Mikko and not for her! Father found it very difficult to offer emotional support to either Mikko or his wife (although physically present, his emotional absence from Mikko and his wife was painful to experience).

Although this case required much longer term work than that of Alicia and the material presented is very disturbing, it is worth noting the de-escalation that had happened over the course of year compared with the team who had been unable to tolerate the projections of guilt (mother had wanted Mikko to be diagnosed as having a pure biological disorder that someone else should be fully responsible for resolving). The team were trying to literally get rid of the problem mother was posing them (changing the diagnosis to one that their team did not deal with). The analyst did not get caught up in counteraccusations and made it relatively safe to allow the family to gradually bring the home problems into the open. (It transpired that episodes of verbal violence were longstanding). It was important that the setting *allowed* the family to be very critical at times of the family work without retaliation and excessive defensiveness. In time, Father was consistently clear that Mikko was functioning far better than he had been in the previous years and some of the above excerpts demonstrate Mikko having more of a mind of his own in the face of pressure to swallow mother's impatient demands.

Shame

The last two cases involved families where issues of guilt and the question of its tolerability was central.

In the early history of psychoanalysis and the family, psychoanalysts tried to extrapolate from their findings with particular families to create a more general theory of particular family constellations in 'causing psychosis'. The evaluation of these theories perhaps does not support the generalisations, but in the process something central to psychoanalytic approaches has been lost which is contributing to a making sense of the *particular* psychological circumstances in a collaborative manner whilst acknowledging that psychoanalysis cannot investigate other contributory factors such as biology and genetics. In the rehabilitation of the psychotherapies and psychoses, the psychoanalytic approach has a great deal to contribute to clarifying

the psychology of particular families and individuals.

I will end with a further example of how psychoanalytic approaches, with their emphasis on listening and learning and finding out, can contribute to what is unique to a particular family. In this case the main affective burden turned out not to be so much connected with guilt but more to do with shame.

Example

A woman, in initial denial of her pregnancy, was admitted in a seriously suicidal psychotic state. The ward team caringly waited for three months to no avail for neuroleptics to work. She remained suicidal with preoccupations taking a psychotic form about an *alien*. A psychodynamically experienced professional was consulted and recommended calling a family meeting involving the patient where it became clear that shame about the circumstances of the conception of the pregnancy was the key unbearable and unspeakable dynamic for the whole family (and the staff). The shame had immense implications as to for whether the family could tolerate the (alien) baby in their midst which would be the first grandchild or whether 'excommunication' was the only bearable solution.

All of these issues had been potentially available within the psychotic ideation of the patient but had not been utilised. However, once a regular safe setting was created for the patient and family for the very painful problem of shame to be contained, increasingly managed, good progress was made and the psychosis (the psychotic solution of eliminating the shame inducing baby /alien) quickly remitted.

Comment

This case illustrates again the potential importance of attending to the form and content of the psychosis to help identify unbearable affects contributing to the current stress and onset of psychosis. A search for the personal meaning of the psychosis in the minds of the ward team, would have easily found clues likely to be relevant to the precipitating stresses of the psychosis. The recurrent reference to the alien in her suicidal /murderous impulses turned out to have layers of relevance not only for the pregnant patient but for the whole family too and for the future well being of the baby.

In this example, the unbearable shame seemed to be the fulcrum of the problem. With regard to vulnerability, the continuing family work made it clear that there had been longstanding issues of shame and embarrassment in this family that the 'alien' impacted upon. The family were from a traditional Bangladeshi background and there were powerful emotive intergenerational and cross-cultural issues since their arrival in the UK. Being the oldest child, the daughter now pregnant with their first grandchild had been the 'pioneer' of these issues.

The case illustrates the danger of NOT taking a dynamic approach to identify the most potent dynamics and the dangers of not clinically engaging with those dynamics in a flexible way according to an assessment of the overall circumstances. In this case, family work started on the ward and later moved to the family home.

Concluding Summary

The interest in psychoanalytic therapeutic work with families rose to prominence in the 1950s and 1960s but fell away for a number of reasons of which the pressure for a more purely biological explanation for schizophrenia was possibly central. It is possible that this pressure was partially fuelled by the very findings of psychoanalytic, and other investigators of family contributions to psychosis, was emotionally unacceptable for consideration. It was certainly unhelpful that these findings were a) sometimes presented in an over reductionist manner as being causal b) sometimes over interpreted by others as blaming of families.

The case material presented here is intended to show a different perspective. The withholding of interest and sustained concern to understand the particular issues for a family where there is psychosis can be very damaging. It can lead to a prolongation of unnecessary suffering through lengthening of the psychosis by the persistence of potent dynamic factors that are not recognised or even looked for. This leads to a loss of opportunities for recovery and a more rewarding life for the whole family.

It is likely that families are nowadays suffering far more from neglect than from being blamed and there is a marked lack of sophistication in understanding the different psychodynamics of guilt and a tendency to regard guilt as necessarily counterproductive. Psychoeducation is at risk of being misused as a tool by which clinicians impose something very non-specific on a family and used

to support the avoidance of involvement in a careful listening and getting to know the very specific unique strengths and vulnerabilities of each family.

In the three families described in this chapter, a great deal of suffering was perpetuated from the lack of provision of analytically orientated family work (and its cousin systemic family therapy) rather than its provision.

Psychoanalytic clinicians need to apologise for any harm they have wittingly or unwittingly caused families in the past, but need to have the courage to find a way back to involving themselves with families. To find this way back, they must be wary of attributing blame by being able to empathise with and understand, as far as possible, all family members, not just those members with psychiatric psychosis, and they need to be wary of generalising from some families where there is psychosis to all cases.

What will certainly not be helpful to families, research and the development of clinical approaches is to respond to pressure to be silenced from describing what is found.

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