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The Psychotogenic 'Double-Bind' Model in Psycholysis. Case Study Contribution to the Sociogenic Theory of Schizophrenia

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According to our theory of the dynamic confrontation model, outlined in another paper, the operating key in the psychotherapy can be seen in simulating the confrontative reexposition of the patient to his pathogenetic past, present and future, in five target areas: neurochemical, intrapsychic, interpersonal, psychosomatic and in the valuation system. The application of hallucinogenic drugs during the psycholytic or psychedelic cure enables the therapist to operate these five areas on an experimental field. It seems possible, by means of LSD application, to create artificial models of double-coded interpersonal communications and interactions *in statu nascendi* and to study them experimentally. The sociogenic factors, eventually operating in the origin and in the perpetuating of the psychotic-like reactions, can so be verified by a chemical intervention into the brain metabolism and by studying the interactional patterns of the intoxicated person and his guide. From this point of view the term 'experimental psychosis' contains another, i.e. an interpersonal and interactional meaning as compared with the old and phenomenological one.

Let us follow briefly a case elucidating our conception, i.e. the interaction, by means of 100 γ-lysergamid (Spofa), between intoxicated Thomas (schizoid personality), Susan (the female therapist) and Eva (Thomas's 'guide', a patient with reactive depression) in the psycholytic group.

Thomas was a 24-year-old single schizoid personality treated unsuccessfully three times by means of insulin comas and chemotherapy. He was very sensitive where his prestige was concerned, especially in regard to women (success phobia). His mother, a teacher, offered him either rejection or overprotection; his father, also a teacher, systematic ridicule. Thomas was a timid, passive:aggressive boy. He had never had sexual intercourse and was totally tied in the trap of the Oedipal transference situation. His IQ amounted to 120 according to the Raven test. He was submitted to psycholytic group therapy.

Eva was a 43-year-old patient suffering a severe reactive depression with a suicidal attempt, after her son of 17 died of a heredodegenerative disease of the brain, although diagnosed at the beginning as schizophrenia. The son was an unwanted child; the mother developed towards him a relation of punitive hyperprotectivity with hidden hostile feelings. The brother degradated Eva in childhood; the man who raped her and caused her pregnancy, deserted her; her father hung himself in a Nazi prison, etc. She never had positive feelings with men and people at all. Eva was also submitted to the psycholytic group.

From the very beginning Eva showed great interest in Thomas. His symptoms were similar to those of her son. This relationship was soon identified as a malignant transference from both sides, i.e. the relation between the hyperprotective dominant and hostile mother and her passive, dependent, ambivalent son, unable to develop freely. Eva repeatedly offered to act as his guide during his psycholytic sessions.

In one of Thomas's psycholytic sessions (100 γ-lysergamid, Spofa) Susan, the young female doctor operated as a professional guide. During this session, Thomas at first gave up his defenses and started to work through his negative childhood experiences. His language became clear and devoid of superfluous exhibitions and abstractions. He was more understandable as compared with the nonintoxicated state. Eva joined the session as it was planned beforehand. Thomas's behaviour changed almost immediately. Although Eva took 'greater care' over Thomas as compared with the doctor, Susan, within 10 min he sank into a deep psychotic state, was disoriented and lost contact with his surroundings. Susan remained in the room to observe the interaction and to help them both. Thomas experienced anxiety and panic, trembled, his face wet with perspiration. He turned away from Eva, sitting on his bed, his language became broken and completely incoherent, and he became autistic. We decided not to stop the so-called 'complication' chemically and to enable them both to work through this painful experience. Later Thomas spoke about his experience: 'I saw Eva as the Eastern godess, Kali, with many hands. She was terrible to look at, with many layers of eyebrows, thick, ugly veins on her hands. I felt hypnotized by her. Her hands were rummaging through my brain and Eva was explaining I could live even if I were a completely stupid idiot, and I was trying to show her my best qualities. I experienced my own death and there was nothing left on my brain. I was completely subjected to Eva and experienced all the primitive drives such as intercourse, eating and my own destruction. Eva was slaughtering me like a pig. Then, that unimaginable torment, the hell, changed into a transcendental heaven. Suddenly there was something beautiful and godly in Eva and you, doctor, also. What followed was a unification and integration and I was no more defenseless ...'

Two months later, Thomas stated that if it had not been for psycholytic therapy, he would not have been better and more satisfied. 'My mental state is

changing so rapidly that I can hardly keep up with it. The influence that LSD has had on me and my environment is such, that I could never imagine these changes taking place without it. That LSD was out of Kafka's "Trial". I died and was reborn.' Communications and interactions of Thomas with women and people became easier for him and he began to speak fluently, lucidly, and with a sense of reality.

Why did Thomas react psychotically in Eva's presence when she sat by his side throughout the session, comforting him, wiping the perspiration from his face, handing him the milk bottle and keeping all intruders away? She did so with the total dedication of a mother caring for her sick son, although it did not save Thomas from anxiety and panic. Under the influence of LSD, Thomas immediately and empathically perceived there was a great discrepancy between Eva's overt and covert behaviour and feelings. He perceived her unconsciously as a surrogate mother. Eva of course, used Thomas as a substitute son. When her own son had been ill, she made every sacrifice for him and this behaviour now helped her from having to admit to herself that she had cast him into the role of a partner; a substitute for those who disappointed her. She punished him at the same time for all the disastrous experiences she had had with men. But when the son died, she blamed herself for his death, kept the urn with his ashes in her apartment and lost all interest in living.

References

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