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COUCH

A Conversation on the Edge of Human Perception

By **Christopher Bollas** October 17, 2015 2:30 pm

Couch is a series about psychotherapy.

Lucy wrote to me at my farmstead in North Dakota and asked if I was prepared to psychoanalyze her. She lived on a remote island in a Norwegian fjord. A 55-year-old writer, she was supported by a family trust. Her parents were deceased, she had no siblings and she rarely spoke to the 60 or so islanders who were her neighbors.

Her companionship came from a highly active mind devoted to endless reworkings of memories and sudden epiphanies. When she went down memory lane she inevitably retrieved a distressing encounter with another person — a teacher who had not understood her, an editor or publisher who had slighted her. Her epiphanies would be abrupt brainstorming sessions in which she saw configurations in the landscape that momentarily objectified an unknown secret about herself: A wave crashing against a cliff, for example, took the shape of her mother leaning over her crib, trying to suffocate her.

Lucy phoned me at 8 o'clock in the evening, five days a week, always on the dot. She would speak nonstop. Usually she announced an agenda. "Today," she

would say, “I am going to tell you about Sister Underwood and the day she told me that I had to write ‘I cleanse my mind of evil thoughts’ 100 times on parchment in a very cold room when I was 13.”

At university Lucy had concentrated on Celtic and Nordic legends, and her imaginings were often pervaded by a conviction that she had actually seen one or another of the gods or humans who figured in these tales. I knew some of these figures from my university studies, and whenever I let on that I knew who one of them was, she would cry out, “Oh, Christopher, thank god you know him!” as if I had confirmed that this figure did exist in some form of reality.

She hallucinated many of these characters — and she would also transform real people through “memory” into phantasmagoric presences. Often she would be fleeing from them.

Lucy was a schizophrenic. Most people I know who have talked with schizophrenics have noticed that it feels like a conversation not with someone whose ailment is derived from the fog of symptomatic preoccupation, or the dulling repetition of character patterns, but with a person who seems to be existing on the edge of human perception. Take LSD and you see things you would ordinarily never perceive. Become schizophrenic and you see these things without the aid of drugs.

I have been working with schizophrenics since the 1960s. I am sometimes asked about the possible causes of schizophrenia. I do not know the answer to this. To me it is rather like asking what causes the being of human being. Nonetheless a certain theme has emerged in my work: To be a child is to endure a prolonged situation in which the human mind is more complex than the self can ordinarily bear. Our minds — in themselves — produce contents that will be overwhelming. To be successfully normal, then, we rather have to dumb ourselves down.

Work with schizophrenics has taught me that when defenses against the complexities of the mind break down there can be a breakthrough of too much. Selves cave in.

It is not a coincidence that the beginning of schizophrenia is almost inevitably an event in adolescence. The schizophrenic fails to make the transition from childhood to adulthood: Something goes wrong.

But precisely because selves falter during this period, they can also turn around and rediscover an ordinary track to life. So although schizophrenics are highly vulnerable to all kinds of disturbances, this porosity also makes them open to therapeutic change.

One day, during a session, Lucy screamed into the phone in an indescribably haunting way. I thought the house had caught fire or something else terrible had happened. I could hear her running around, screaming: “Go away! I did not do it! Please leave me alone!”

Half an hour passed, and she returned to the phone. She told me that “It” had come after her. This was a reference to a dragon that had eight legs and five eyes, and was flying around her house. It had come to kill her.

I suddenly realized that earlier in the session I had told her it was good that of late her bad memories were not “dragging on,” and I said that I thought my use of this phrase might have brought an image of the dragon into her mind. She insisted the dragon was real, and she was furious that I did not believe her.

“Christopher,” she said, “it was right here in front of me. It was breathing fire at me. It scorched my dress! It has nothing to do with what you said.”

Her scream was still echoing in my head and her refusals were adamant and infuriated, so I said little, and the session ended.

The next day Lucy accused me of having summoned the dragon: “You said, ‘Your dragon will get you.’ And it did!”

“That’s what you heard?”

“No,” she replied. “That is what you said. I have a perfect memory. You did this to me.”

“Clearly, I am to blame for a most horrifying event.”

“Yes,” she said, “so why did you do this?”

“I think you are angry with me for listening to some of your very private thoughts and you are trying to get rid of me.”

“You were horrible,” she said.

“I was, and perhaps am, the dragon who drags on about things.”

“You admit that,” she said, “do you?”

“Yes. It’s my job to do that, sort of.”

“To be a dragon?” she asked.

“No, but I do go on. Psychoanalysts are tedious at times.”

“Why?” she asked.

“Lucy, you pay me to analyze you. It’s my job and sometimes I don’t get things right.”

“Why don’t you get things right?” she asked.

“Well, Lucy, I ...”

“Christopher,” she said, “I like it when you tell me what you think.”

“Thanks, Lucy.”

This is only a compressed fragment of a session. It is, however, typical of what went on between us for years. Lucy would construct a universe of heinous motivations and ascribe them to me. I would try to find the underlying persecutory anxiety that authored such admonitions, and now and then we were successful in tracking down the origins of her florid hallucinations to a simple idea.

For example, I was right to link the phrase “dragging on” to “dragon.” She heard the word “drag,” made a link to the idea that I thought she was a drag, and as she became incensed about this she felt that fire was coming out of her mouth and she saw a dragon. At the same time, I had to admit that I had been dragging on about her internal world and she was probably right to protest about this.

YOU need not be a mental health professional to be aware of concerted efforts within some factions in psychiatry — closely affiliated with the pharmaceutical industry — to promote the view that schizophrenia is genetically determined and should be treated primarily through a combination of maintenance medication and occasional periods of hospitalization. There may be a brief nod to “psychotherapy” in the form of time-limited cognitive behavioral treatment.

Sadly, many of today’s schizophrenics receive powerful antipsychotic medications in hospitals and are discharged on a cocktail of drugs that dulls their lives. Their zombielike states are caused not so much by their mental alterity as by their treatment. The tragic irony of this approach is that the patient is met with a process parallel to schizophrenia itself: radical incarceration, mind-altering actions, dehumanization, isolation.

Many people with schizophrenia may need to be in a hospital or to take some form of medication in order to help rediscover the useful parts of their minds. However, I am also aware of successful work with schizophrenics in which no medication has been administered and the patient has never been in the hospital. I am by no means the only psychoanalyst who has done such work.

We all know the wisdom of talking. In trouble, we turn to another person. Being listened to inevitably generates new perspective, and the help we get lies not only in what is said but also in that human connection of talking that promotes unconscious thinking.

Talking to an empathic other is curative. We all know that. We all do it. We do not need “outcome studies” to prove to us that it works. And yet it is precisely this ancient means of helping the self through its roughest mental and existential

quandaries that is too often denied to the schizophrenic person.

By the end of the fifth year of our work, Lucy was no longer hallucinating and she was no longer dwelling in past memories, but she was haunted by her history of disturbance and wondered what it was about.

She began to read up on schizophrenia, and I found it intriguing and moving that she wanted to talk about her ailment. She said she now found it comforting to be able to describe it, even if now and then — every six months or so — she would descend back into it, recalling hallucinations, as if playing with the notion of conjuring them up. In fact, she was getting much better, and these forays into the past were like curious amusements.

In the final months of our collaboration, during a difficult spell in our work, she asked if I would just, please, tell her what I saw through my window in North Dakota. And so I would tell her about the owl, the rabbits, the deer, the eagles, the trees, the changing weather and so on. In turn she sent me photos of her cottage, her garden and chicken coop, and the small village where she lived.

It is interesting that our respective landscapes — her island, North Dakota — were like comforting third objects that nourished both of us as we struggled to help her find her mind. In the last phase of our work, she asked for actual photographs rather than merely my narrative of what I saw, and I obliged. The object world had become its own thing, not subject to anyone's narration or subjective judgment. My North Dakota became her North Dakota.

Details have been altered to protect patient privacy.

Christopher Bollas, a psychoanalyst, is the author of the forthcoming book "When the Sun Bursts: The Enigma of Schizophrenia," from which this essay is adapted.

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