

# The Psychoanalytic Understanding of Psychotic States of Mind

Marcus Evans

# Psychotic part of the personality

- Bion believed the psychotic persons mind was split between non-psychotic and a psychotic of the personality. *(anorexic)*
- The non psychotic part registers and thinks about the pain and conflict involved in emotional life. *(difficulty tolerating frustration, I'm not feeling anger I am anger, dependence)*
- The psychotic part hates all emotional links and attacks the organs of perception in the ego that registers emotional pain and dependence. *(Psychic Muscle, See, hear touch, smell, Beta elements)*

# The acute psychotic breakdown

- The patient fears projected elements of the ego will force themselves back into their mind in a way, which is as violent as the evacuation. *(delusional mood, conscious, unconscious, terrified state, Beta elements)*
- Freud thought a delusion represented the patient's attempt to heal the breakdown by putting a patch over a rent in the ego.
- *Whereas Freud described dreams as the royal road to the unconscious, Richard Lucas used to describe the counter transference as the royal road to unconscious with patients in psychotic states of mind.* *(Fat man)*

# The delusional system

- The delusion is used to defend the individual against knowledge of damage done to the ego. (coherence, no reality testing)
- The delusional system sometimes involves the patient in playing the role of a god like figure who has the task of rescuing protecting or curing damage located in the external world. (*Ambassador of Pluto*)
- This Manic and grandiose mood often oscillates with depressive states of mind as the delusional structure threatens to crash. (*Armageddon*)

# Denial and rationalisation

- The psychotic part of the patient may employ denial & rationalisation to cover extent of psychosis. *(Nurses ward round, projection of sanity)*
- Also leave the non psychotic part of the patients mind struggling with the psychosis on their own. *(trapped in side alien suit, revolving door, )*
- The psychotic part is in deadly rivalry with non-psychotic part and there is a never ending struggle. *(phobic of fourth floor)*
- The psychotic part operates as if it can solve psychological problems through concrete physical action or a magical cure. *(sex change)*

# Dynamic struggle between psychotic and non psychotic aspects of the personality

- Dynamic struggle between psychotic and non psychotic aspects of the mind. *(Jesus)*
- A solution to the conflict between the non psychotic and psychotic part of the mind is sometimes sought through an attempt to evacuate sanity while the patient immerses themselves in a fanatical belief system eradicating doubt. *(fanatical religious conversion)*
- The psychotic part of the mind can not actually get rid of the pain involved in sanity and even the most psychotic patient's have to deal with non-psychotic problems. *(hostel, making the best of a bad job)*

# Negative therapeutic reaction

- Psychotic part of the patient may feel excluded from the dialogue and attack any meaningful link between them and their mental health team. *(snooker hall)*
- Even when the patient seems to be making progress the therapist has to be aware of the psychotic part of the mind. *(catatonic anorexic)*
- When working with psychotic patients it should be remembered that the unconscious is timeless and the psychotic ideas may be concealed in the mind somewhere. *(murder post discharge)*

# Psychotic types of communication

- Concrete communications have the psychological meaning squeezed out and invite a concrete response. *(give me a minute)*
- Psychotic part attacks any capacity to link emotional connections together including words and their capacity to communicate. *(neologisms, word salad, flat delivery, horses head)*
- Richard Lucas used to talk about tuning into the psychotic wavelength. *(Breathing life into deadly communication)*



# Affect on mental health professionals in the counter-transference

- Mental health professional often feel guilty about questioning the patient's claims and views as it increases disturbance. *(probation officer)*
- The psychotic part of the patient may wish to discredit anyone who is aware of the influence of the psychotic part of the self. *(reports highlight relatives)*
- Professionals can respond to feelings of alienation by becoming mechanistic in their thinking. *(fragmentation of care, lack of continuity)*

# The need for a Long term clinical view and rehabilitation services

- Chronic patients often withdrawal from contact with the external world into delusional worlds of their own creation. *(blankety, blank)*
- Patients need contact with mental health teams that can help them resist the pull of negative symptoms. *(Henry Rey, rehabilitation)*
- Lucas thought patients needed a strong exoskeleton that could support them and their functioning in the external world for five years. *(system under pressure, morale)*