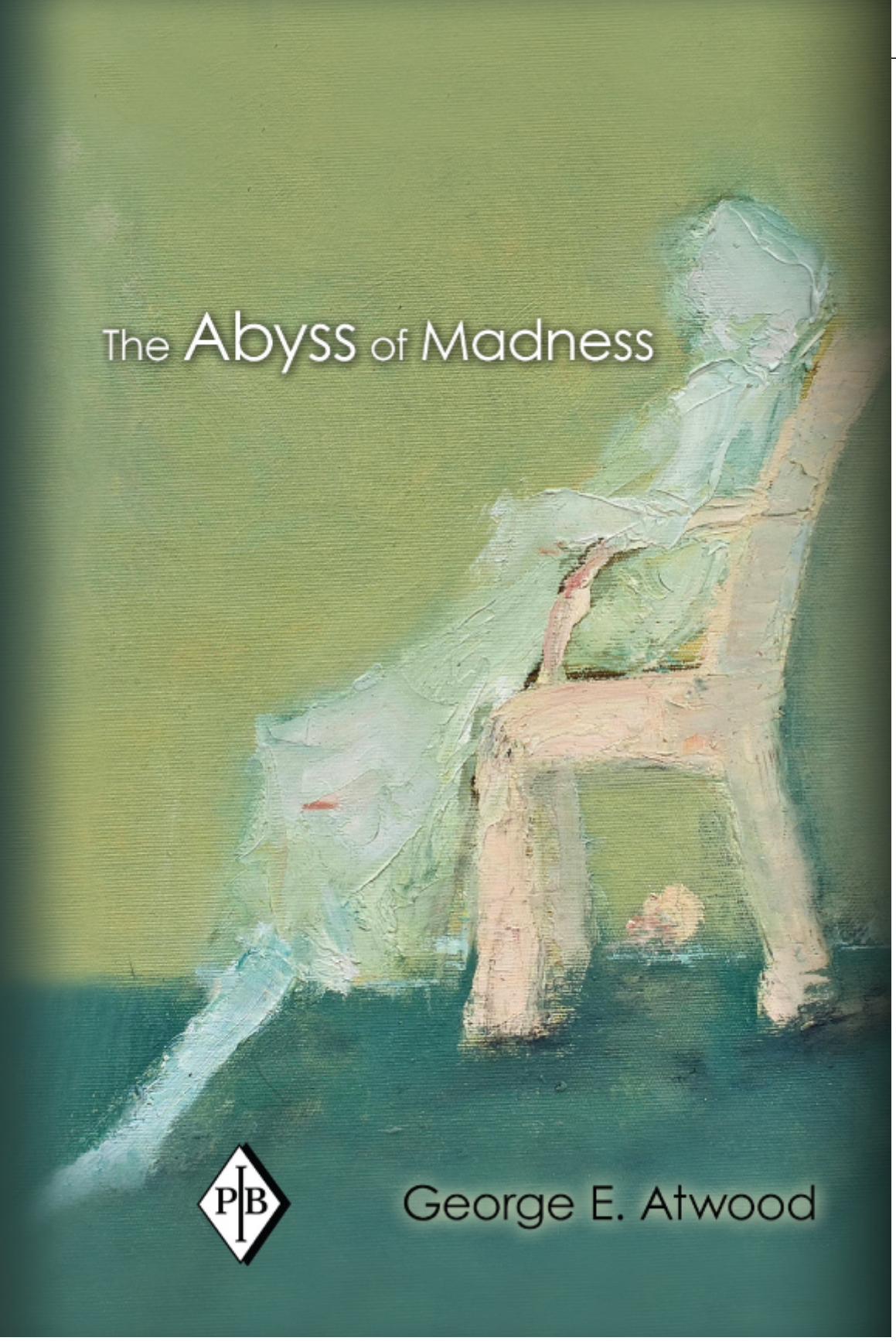
The Abyss of Madness
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George E. Atwood

The Abyss of Madness

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Volume 37

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George E. Atwood

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Contents

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Prologue

In my work as a psychotherapist exploring the far reaches of madness, I have discovered something completely unexpected: myself. Amid the shattered hearts, the broken minds, the annihilations—it is as if the pattern of my own life and world has been somehow inscribed. Does this mean I should be diagnosed, medicated, and, perhaps, taken away? I certainly hope not. Another possibility is that the individuals we consider insane are simply human, all too human, and the pathways their lives have followed are also our own. What if the territory of the so-called psychoses is the mirror of our souls, given to us with extravagant clarity and drama? What if the task of studying and understanding madness is also an opportunity for us to discover who we actually are?

Extreme psychological disturbances often present themselves in obscure, incomprehensible forms. And yet, no matter how difficult the symptoms may be to understand, these conditions remain, in their essential being, human events arising out of human contexts. But it is not just that. When we listen to the human stories told by our most disturbed patients, we inevitably also rediscover ourselves. A central aim of this book is to erase the sharp boundary that has been drawn to separate madness from sanity, returning

the phenomena of severe psychological disorders to the circle of the humanly intelligible.

The viewpoint guiding this work is that of *phenomenological contextualism*, a perspective that has gradually come into being over the course of many decades of collaborative study, primarily with Robert Stolorow (Stolorow & Atwood, 1979; Atwood & Stolorow, 1984, 1993), but importantly as well with Bernard Brandchaft (Stolorow, Brandchaft, & Atwood, 1987) and Donna Orange (Orange, Atwood, & Stolorow, 1997; Stolorow, Atwood, & Orange, 2002). Born originally of studies of the subjective origins of psychoanalytic theories, this way of understanding has arisen out of our efforts, over more than three decades, to rethink psychoanalysis as a form of phenomenological inquiry and to illuminate the phenomenology of the psychoanalytic process itself. Our dedication to phenomenological inquiry, in turn, led us to a contextualist theoretical perspective, from which personal worlds of emotional experience are always seen as embedded in constitutive relational contexts.

This evolution has had profound consequences for our understanding of psychoanalytic theory and of the varied phenomena it seeks to address, including our conceptions of psychological structure, of the unconscious, of psychological development, of dreams, of trauma, of the phenomena of psychopathology in all of its variations and degrees of severity, and of the psychotherapeutic process. Phenomenological contextualism is a post-Cartesian viewpoint, dispensing with a view of the person as an isolated mind—a thinking thing having contents that looks out upon a world from which it is essentially estranged. Instead, the legacy of the philosophy of Descartes is replaced by a broadly based set of assumptions on which the person is seen as always inhabiting a world that provides the context for his or her experiences, a world itself understood as saturated by human meanings and purposes.

Traditional Freudian theory and its derivatives are pervaded by the Cartesian myth of the isolated mind (Stolorow & Atwood, 1992), which bifurcates the experiential world into inner and

outer regions, severs both mind from body and cognition from affect, reifies and absolutizes the resulting divisions, and pictures the mind as an objective entity that takes its place among other objects. Freud's psychoanalysis greatly expanded the Cartesian mind to include a vast unconscious realm. Nevertheless, the Freudian psyche remained a Cartesian mind, a self-enclosed mental apparatus containing and working over mental contents, a thinking *thing* that, precisely because it is a thing, is decontextualized, fundamentally separated from its world. Phenomenological contextualism, by contrast, leads to a post-Cartesian psychoanalysis that investigates and illuminates emotional experience as it takes form within constitutive relational contexts. From a post-Cartesian perspective, all the phenomena that have traditionally been the focus of psychoanalytic investigation are grasped not as products of isolated intrapsychic mechanisms but as forming within systems constituted by interacting worlds of emotional experience.

The philosophical foundations of phenomenological contextualism trace back to the thinking of a number of post-Cartesian philosophers, most notably Søren Kierkegaard, Friedrich Nietzsche, Ludwig Wittgenstein, and especially Martin Heidegger (Atwood, Stolorow, & Orange, 2011; Stolorow, 2011). My purpose in this book, however, is not to focus on such historical origins, but rather to give a more purely clinical exposition, illustrating the radical implications of this viewpoint for the practice of psychotherapy.

This book presents a series of specific clinical stories and includes detailed accounts of individuals in crisis and of the successes and failures that occurred in their treatment. This material reflects the almost 50 years I have spent working as a psychotherapist, teaching, writing, and thinking about the problem of madness in all of its many aspects. The topics covered range widely, addressing the most extreme emotional situations human beings may fall into. I focus on different forms of psychosis, major depression and suicide, the impact on people of profound childhood trauma, the splintering of personality into systems of alternative

selves, the psychotherapy of extreme states, the relation of madness to genius, and the importance of the philosophical premises of clinicians working with severe psychological disturbances. The final chapter approaches the philosophers whose thinking made phenomenological contextualism possible. By viewing these great thinkers as clinical cases, I have tried to point toward a future in which even their ideas are superseded. Throughout the discussions, an emphasis is always placed on discovering the inner truth of a life, and I do not think it is possible to read the accounts without being brought closer to the truths lying at the heart of one's own personal existence.

1

Psychotherapy Is a Human Science

Much Madness is divinest sense—
To a discerning Eye—
Much Sense—the starkest Madness.

Emily Dickinson

When I was a student first entering college, in a burst of youthful enthusiasm, I had the thought that the psychotherapy of severe mental illness offered an opportunity to discover the secrets of the human mind and the depths of human nature. I have had the good fortune to actually devote my life to this quest, and the chapters in this book bring together some of the things that have emerged in the course of nearly 50 years working in the field.

I cannot claim that my journey has unveiled the mystery of the psyche, but I can say it has led to ideas and understandings that, to me anyway, seem interesting. The material develops in the form of a series of thought trains covering important clinical experiences and associated theoretical and philosophical reflections on the nature of the psychotherapy process.

THE CASE OF GRACE

Every psychotherapist has one early case that shapes his or her destiny as a clinician. The following account tells the story of a woman from whom I learned about psychosis, and about what is required of a therapeutic experience in order that the patient's devastation be addressed and healed. The work occurred as part of a postdoctoral fellowship in clinical psychology at Western Missouri Mental Health Center in Kansas City, Missouri, from 1969 to 1972. What made this institution of interest to me was that its director of clinical training was Austin Des Lauriers, a renowned psychotherapist and author of *The Experience of Reality in Childhood Schizophrenia* (1962). Des Lauriers was my clinical consultant in the unfolding of the experiences described.

First, a word about my initial encounter with the patient, a 28-year-old woman whom I shall call Grace. Early one morning—it was 3 a.m.—she came into the screening clinic at the hospital where I was being trained, shouting, and carrying on. Her hair was disheveled, her eyes were wide with excitement, and perspiration drenched her clothes. She demanded to see someone important. I presented myself as that person and sat down to hear her story. A few hours earlier, Grace had experienced an invasion of her bedroom by dazzling flashes of golden light, and she said the flashes had also somehow penetrated into her body. I asked her what she thought this event was. She answered, in loud tones: "I had sexual intercourse with Jesus Christ!… I am filled with His energy, and I am about to *bust!*" For many years, the patient had carried the diagnosis: schizophrenia, paranoid type—*DSM-II*: 295.3. She fulfilled all the criteria: clear signs of thought disorder, inappropriate affect, hallucinations, delusions of grandeur.

Under Des Lauriers' guidance, I arranged to have daily meetings with the patient. I saw her five days a week. She was placed on phenothiazine therapy, and while the drugs certainly slowed her down, they seemed to have no effect on the religious delusions she expressed. Her delusional life was quite involved, and in the

early months of my work with her I made an effort to become acquainted with its full extent. I also collected a detailed history from her and from various family members.

She was deeply entangled with God, the Catholic Church, and a special destiny she envisioned for her life on our planet. She considered herself to be the earthly incarnation of the Holy Spirit, a member of the Trinity, and saw her role as one of exercising a peace-making force upon the world as a prelude to the Second Coming of Christ and the End of the World.

From a logical point of view, this patient's delusions were inconsistent with one another in a number of respects, but if one looked at them symbolically, one could discern the presence of repeating themes. She envisioned herself as a member of the Holy Trinity, incarnated to help bring about the coming of our Lord and Savior, setting the stage for her ascension into everlasting life in heaven and the resurrection and salvation of all humanity. She believed that God the Father and God the Son had also taken on earthly form and were present in two individuals of her personal acquaintance. God the Father, she said, resided inside the Bishop of her diocese, a man for whom she had worked as a church volunteer in earlier years of her life. God the Son, Jesus Christ Himself, was present in another man who had served as her counselor during her late teen years. This person, also a devoted Catholic, had tried to help my patient with some very dark depressions that came upon her as a young woman. She had developed great love for this counselor, but their relationship ended when she was 19 and suddenly became psychotic. Although she had not seen him for almost a decade, she looked forward to a joyful reunion within the Trinity at the End of the World.

My patient seemed to entertain fantasies that she might be pregnant, often crying out in the mornings: "I feel nauseated, and I am in pain!" One day, I impulsively responded to this statement by telling her not to worry, because she was not pregnant. She reacted with gales of laughter. Although she never made overt claims to being the mother of Christ, it was apparent that she was

identifying with the Holy Virgin. She also believed she had a personal relationship with the Holy Father in Rome, often experiencing vivid hallucinatory flights through the sky to the Vatican, where she would descend from above and be gently deposited upon the lap of the pope. The College of Cardinals, according to her further explanations, was giving consideration to canonizing her, and she eagerly awaited a proclamation from Rome that her sainthood had been declared.

Let me now turn to what I came to understand as a pivotal tragedy that occurred during her childhood. She suffered the experience of what is probably the single most injurious thing that a parent can do to a child: the suicide of her deeply beloved father. It took place when she was 10 years old, shattered her mother and really her whole family—there were also two brothers—and she had no one to help her deal with its cruel aftermath. One afternoon, without any warning, her father had slashed his wrists and hanged himself from a tree.

An event such as this is indescribably destructive. In addition to constituting a traumatic loss, suicide retroactively invalidates the relationship the child had believed in prior to the death. Because it is a willful act, something the parent has chosen to do, a statement has been made as to the significance of the child to that parent. So the very reality of the child's world is attacked by a parent's suicide. All that was believed to be true has been suddenly rendered meaningless; faith in one's own perceptions and thinking is therefore assaulted, and the child is left with the knowledge, never before considered even as a possibility, that he or she was not worth living for. A child having undergone such an experience is in need of very significant support in finding a way to survive what has happened that will not progressively destroy his or her life. But generally the other family members are so traumatized by the death that they are completely unavailable to each other, and this greatly compounds and complicates the situation. All of these things came into play in my patient's early years.

How did Grace go from the tragedy of her father's death to membership in the Holy Trinity? How does someone move from

a devastating loss to a messianic destiny to bring on the End of the World (Atwood, 1978)? As I listened to my patient's sad story, I wondered about these things. One could never ask her such questions, though, because in her delusions she was not able to have any kind of ordinary conversation. Whenever the topic of these ideas came up in our meetings, she quickly became carried away with excitement and filled up with feelings of godlike power. If I was unwise enough to ask, for example, why she thought her counselor was the reincarnation of Jesus Christ—and in the early going I often asked very ill-considered questions—she would bound out of her chair and cry out: "I am the Truth, I am the Way, I am the Light, or the suffering, the sorrow, the *pain*, it is the *human* side of Jesus Christ, not the *divine!*" I learned to avoid such direct inquiries into the details of her religious life, and for short periods in our initial meetings I found it possible to engage her in fairly coherent discussions of her childhood background and of very concrete aspects of her program in the hospital.

The answer to the question as to how she went from the father's death to her delusions and hallucinations concerns the pathway she tried to find in the years following the tragedy. It was a pathway of inwardness, of secret prayer, of an attempted drawing close to God, of seeking comfort in the arms of Jesus. She made a kind of pact with her Savior: If He would accept her into a state of rescuing union with Him, she would transform herself and become a purely spiritual being. Telling no one living of her secret commitments, Grace tried to enact the planned union with God by entering a convent at age 17, with the idea of becoming a nun and a missionary and devoting the remainder of her earthly existence to works of self-sacrifice on behalf of the poor and the sick. She tried mightily, as an aspect of this striving toward oneness with her God, to purge herself of every trace of self-interest and personal need, including the whole of her emerging sexuality. She was unable to complete the course of study at the convent, however, and after a year of struggle collapsed into a black depression. This was the time at which she began to receive counseling from

a man who was a member of her church and who worked with many priests and nuns.

I am not going to go into the details of their sessions together, although she did describe them fully to me. Suffice it to say that she latched on to her counselor as her Savior, and without telling him what she was thinking began to entertain the notion that at last she had found Jesus—that a miracle had appeared in her life and her counselor was himself the Lord her God. But the spiritual attraction and joy she felt on having at last arrived in His presence was disturbed by other feelings: A confusing, dismaying sexual intensity began to color her tie to her counselor, and she was unable to suppress longings for physical, erotic contact with him. She also began to feel that he was not listening to her and, in spite of his exalted status as a quasi-deity, that he did not care about her suffering. Never saying anything directly regarding these matters, one day, without warning or explanation, she arose in his office and shouted out these words: "*Jesus Christ abandoned me!*"

Following this announcement, Grace walked out and their meetings were discontinued. A few days later she was hospitalized for the first time, already deeply immersed in the delusional fantasies that were present when I first became acquainted with her. Her counselor made no effort to contact her, and she made none to find him. There was nevertheless the fluctuating idea present in her mind that in him she had found God.

Over the course of the next 6 years, Grace went back and forth between relative stability and states of deep religious preoccupation. There were at least 10 separate hospitalizations during this period, some of them lasting months in duration. Finally, shortly after her 28th birthday, in the midst of the latest resurgence of her hallucinations and delusions, she and I found each other.

I spent a lot of time with her, visiting her almost every day for the first 6 or 7 months, sometimes for as long as 2 hours. I could see in the course of these meetings that she was becoming very attached to me—I always found her eagerly waiting when I arrived at the hospital each morning, and she was the last to

say goodbye when I left in the evening. There was, however, no particular improvement that was visible as the streaming of her religious fantasies continued, sometimes becoming so intense as to preclude any meaningful conversation. Often she behaved in an imperious manner, barking out orders about what she wanted me to do for her, and promising that if I would comply she would repay my efforts by raising my consciousness and helping me become a spiritually powerful person in my own right. She once stared deeply into my eyes and cried out: "Doctor! I am going to raise you up, from here [*gesturing toward her knees*] to *here* [*raising her hands high over her head and shouting*]*!*" She became intolerant of any response I made to her words that did not seem to her connected with whatever she was trying to convey, many times angrily screaming out: "Stop cutting me off, you're cutting me off, *stop cutting me off!*"

Such moments were extremely difficult, to say the least, especially because the ideas she was expressing were almost always matters of barely comprehensible, often incoherent religious revelations. In addition to her words, she presented a series of paintings she had completed some time before. These were chiefly concerned with religious themes (e.g., the Crucifixion, the Resurrection, the Holy Virgin, etc.), but others displayed images of fire and destruction, with the words "I AM PAIN," "I AM ANGER," or simply "I AM," scrawled across the canvases in large capital letters.

One day, many months into our relationship, she informed me that there was a secret project she had been working on for more than 2 years that was now on the threshold of completion. I asked her what this project entailed, and she answered, again shouting: "My plan to reach my gold!" At first I did not understand her words, and I asked: "Your goal?" She then roared: "My goallllll…d!"

Seeming to condense the words *goal* and *God*, this plan involved, as I learned with great difficulty, a program of clandestine meditations and prayer she had developed that were producing healing, loving effects sweeping across the world. She was channeling, via the meditations, God's love, which then was being transmitted to

all humanity. The purpose of this was to bring about world peace, and also to create the conditions for the Second Coming of Christ and the End of the World. In order for the plan to be executed, she imagined it would be necessary for her to have a reunion with her old counselor, the man she had identified as Christ on Earth. Following their coming together, the two of them would then join with the Bishop and ascend into Heaven in a burst of radiant glory as the Trinity. The End of the World could then unfold, the souls of all mankind would stand in Judgment, and the Final Ascension of all into Heaven could then take place. "Reaching my gold" meant achieving union with God, the deity that had come to her many months before in the form of miraculous golden light. The patient then gave her instructions: "I want you to call Dr. S., my old counselor, and arrange for me to meet with him. *You will do this!*"

When I at first hesitated in the face of this demand, expressing doubt as to its wisdom, she furiously responded: "*Listen up, you!* If you want to know me and be associated with me, you will be a part of my plan and do as I say! *Now!*"

This was the crisis point in our evolving relationship: I had been given a choice between participating in her journey and following her orders, or refusing and therefore dropping out of her life. I found her to be almost irresistibly forceful in presenting this demand and was very unsure as to how to respond. I managed to put her off by promising to give her my answer the next day.

By this time, we had spent more than 120 hours together, increasingly, it seemed to me, immersed in her passionate religious expressions. One day when I was playing a game of pool with another patient, she burst into the game room, pushed us out of the way, and held the white cue ball high in the air. She cried out: "*This is the Holy Ghost!*" She then shot the cue ball with great power, and showed intense satisfaction as a number of the balls flew off the pool table.

On another occasion, following a very difficult 2-hour conversation with me on various religious topics, she ran into a room where other patients were playing a game of bingo. Standing

before them, she announced in loud tones: "*Lord I am cured! Lord I am saved! Lord I am joy! Do you know who has saved me? That wonderful man, Dr. A. Whooopeeee!*"

Some very serious thinking occurred the night following her instructions regarding the planned reunion with her old counselor. This included a short consultation with the gentleman at the hospital who had been guiding my work, Austin Des Lauriers, who believed psychotherapy was the most important of all things in the treatment of schizophrenia. He suggested standing up to her demands with a countering firmness, one that would more fully establish my presence in her world as the ground of her eventual healing and recovery. He thought that all her extravagant orders and threats were bids for a strength outside herself that she could finally rely on, and that it was up to me to help her find that strength in the connection she and I had been building now for many months. Des Lauriers told me it was time for me to rise and shine.

The next day, I saw her in the late afternoon, and this time our meeting was a very different experience, for both of us. When we sat down and she was about to launch into her Plan and its associated instructions, I stopped her by asking her to be quiet and listen to some things I had to say. When she shouted I was "cutting her off," I answered that I was not; furthermore, now she was the one doing the cutting off, and she needed to stop and listen to me instead. Finally she was silent. I spoke the following words, trying to use a calm but very firm voice.

> We have been spending time with each other for days and weeks and months, and I have listened to everything you have told me very carefully. Now I have something to say to you, and you must hear this clearly. There has been a lot of talk about a plan. I want you to know that I have a new plan now, a plan for you, and in my plan you are going to get well, and you will be able to return from the hospital and be with the people who love you. In terms of any meetings to be arranged, there are to be no meetings with anyone except for the ones between you and me, because it is in our work together that the plan I am telling you about will be fulfilled.