5. The following techniques make delusions entrenched:
   a humouring
   b distancing
   c collusion
   d confrontation.

MCQ answers

1	2	3	4	5
a F	a F	a T	a F	a T
b F	b F	b F	b T	b T
c T	c T	c T	c T	c T
d F	d F	d F	d T	d T

Commentary

Brian V. Martindale

Turkington & Siddle's article is written in a way that most helpfully allows comment from a range of perspectives; indeed, I was specifically invited to 'broaden its scope'. They clearly describe to readers the useful techniques by which cognitive therapy can diminish the power and domination of delusions in some patients with schizophrenia.

By presenting the reasonably detailed case history of the 'Godfather', a range of important issues are raised which would have been unavailable if we had been given only a statistical presentation on the treatment of delusions.

Turkington & Siddle describe the traditional definition of delusions. However it is important to clarify that they are referring to the dominant tradition in British psychiatry. There are other traditions in Europe and in some places in Britain in which it has long been thought that delusions (and hallucinations) and other seemingly bizarre ideas and behaviours are the expression of highly meaningful individual issues. These are accessible if the clinician is familiar with both unconscious symbolisation and its disorders and unconscious mental mechanisms for dealing with unbearable feeling states (Jackson & Williams, 1994; Lotterman, 1996). These understandings have led to the widespread implementation of a more integrated and sophisticated form of psychiatric practice with respect to psychotic disorders in some countries such as Finland (Alanen, 1997).

It is therefore particularly welcome that some practitioners of cognitive therapy, through their careful work with patients, are becoming increasingly appreciative of the personal dynamics of delusions and related phenomena. In the case of the Godfather it became clear to his cognitive therapists that becoming special and singled out was a defence against feelings of being a vacuous nobody, and that the trauma of being sacked from his work was also expressed in the feared attacks from the Mafia.

In the authors' discussion of technique, the establishment of a therapeutic alliance rightly receives a great deal of attention. On average it takes three years from the onset of frank illness and one year from the onset of overt psychosis before a person with schizophrenia finds his or her way to specialist help (Loebel *et al*, 1992). Having reached such services about 50% of people do not maintain contact with mental health services (Melzer *et al*, 1991). The Godfather had been psychotic for more than 20 years and had refused any form of treatment in the past. He was extremely alienated and isolated. Therefore, establishing and maintaining a relationship with him was the priority from which anything else would stem.

It seems that the very careful technique used allowed the therapeutic alliance gradually to

Brian Martindale is a consultant psychotherapist at the Parkside Clinic, 63 Lancaster Road, London, W11 1QG and at St Charles Hospital, London. He chaired the committee organising the Building Bridges conference on schizophrenia in London.

https://doi.org/10.1192/apt.4.4.241 Published online by Cambridge University Press

develop (this could be described as the non-psychotic part of the patient becoming involved cooperatively with the benign intentions of the therapist). Perhaps previously the psychiatric system had unwittingly been felt by the patient to have become involved in the his psychotic system in which something malign and humiliating was going to be 'done to' the patient. At some point in the therapy with the Godfather things went well enough for the patient to allow a nurse also to become involved and be active in the therapeutic work. Again this focused on achieving a cooperative relationship with the patient in examining the evidence for his delusional ideas. Following this he became cooperative with medication for the first time in 20 years.

Once his delusional ideas and beliefs faded with the techniques described, he became profoundly depressed – life had no meaning. His psychotic delusional state of being singled out for malign attention from the Mafia had started 20 years ago when he lost his job as an accountant. Now that he felt that he had two therapists on his side, perhaps he could begin to have the feelings (of his life falling apart and being meaningless) that he could not manage all those years ago, which may have played their part in tipping him over into his delusional psychosis.

However, Turkington & Siddle's work with the Godfather showed that things were much more complicated than that. In reconstructing some aspects of the patient's life, the therapist and patient came to realise that in early life he had 'laid down schemas' in which he felt unloved and abandoned. From the dates given, it appears that this was during the first four years of his life. This is discussed in terms of his absent father. Unfortunately, we have no information about his mother's personality or any clues as to her state of mind during those war-time years. We do know that he had tried to burn mother's house down in the past and had stabbed her elderly woman neighbour. Especially in the absence of the father, the mother would be likely to have been the critical person with whom the patient acquired or failed to acquire his early sense of worthiness and of being loved (which involves containment of his hate). We are not given a picture of him as a schoolboy and adolescent nor of the quality of relationships he managed during that time and in his twenties prior to his manifest breakdown.

Given that the therapeutic work uncovered evidence of a disturbed sense of self that long preceded his psychosis, it is not clear what therapeutic work continued with the patient once his depression and delusions lifted. He clearly had been helped very considerably up to this point. Was he helped to build on the trust in his therapists that he had begun to acquire? He clearly needed a great deal more help if he was to be able to form meaningful human relationships and involve himself in activities that had any quality to them. Negative symptomatology can be considered from both a psychological viewpoint as well as its possible biological basis. Patients often become psychotic in the face of relationships and feelings that they are ill-equipped to handle. They may have had great problems in managing rejection, humiliation and shame and of feeling different. Sometimes violence breaks out. Certainly these are all factors relevant to this patient. So-called negative symptoms can sometimes be understood as a psychological defence against running the risk of trying to engage in human relationships again for fear of unbearable feelings and impulses being aroused and the terror of becoming psychotic once more. Taking the patient further from this point will be a major undertaking that will often place a great strain on the therapeutic alliance on both sides, with the inevitable arousal of difficult transference and countertransference feelings whether the patient is treated individually or in a group.

It is a very welcome development that cognitive therapists are now finding effective techniques to work with people with problems relating to psychosis. It is clear that their approach involves a very special attention to the therapeutic relationship. Though there are radical differences, it is also striking that their approaches are leading to a rediscovery of some important features long familiar to those with a psychodynamic perspective who have worked with such patients.

References

Alanen, Y. O. (1997) *Schizophrenia. Its Origins and Need-Adapted Treatment*. London: Karnac Books.

Jackson, M. & Williams, P. (1994) *Unimaginable Storms: A Search for Meaning in Psychosis*. London: Karnac Books.

Loebel, A. D., Lieberman, J. A., Alvir, J. M. J., *et al* (1992) Duration of psychosis and outcome in first-episode schizophrenia. *American Journal of Psychiatry*, **149**, 1183–1188.

Lotterman, A. (1996) *Specific Techniques for the Psychotherapy of Schizophrenic Patients*. Madison, CT: International Universities Press.

Melzer, D., Hale, A. S., Malik, S. J., *et al* (1991) Community care for patients with schizophrenia one year after hospital discharge. *British Medical Journal*, **303**, 1023–1026.

https://doi.org/10.1192/apt.4.4.241 Published online by Cambridge University Press