AN UNDERSTANDING OF MIRRORS AND MIRRORING IN A SCHIZOPHRENIC PATIENT OBSESSED WITH HIS APPEARANCE

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For my wife, Sarah, without whose support
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ABSTRACT

This work addresses the role of mirroring and mirrors encountered while working with a patient obsessed with his appearance. At the same time, however, it also attempts to provide an understanding of the process of mirroring from the developing unborn child to the adult. It examines the womb as a reflective space, the mirroring role of the mother, psychological work as mirror work, the psychopathologies of disruptive mirroring and the nature of reflection as a story, confusion and a ghostly other, and finally, the relationship between mirror reflection and psychological life. What is examined and described in this process applies not only to the specific case in study but is relevant at a universal level to all of mankind regardless of race or religion.

The case-study method was used to examine the process of therapy that took place over three months. The patient's identifying data, reasons for referral, presenting problem, family background, basic personality, interpersonal relationships, mental state, diagnosis, dynamic formulation and rationale for psychotherapy were covered in detail. The process of psychotherapy over 27 sessions was recounted and discussed in detail. Theoretical understandings drawn on to facilitate an understanding of the case were from Davis and Walbridge on Winnicolt, Winnicot, Liedloff, Kay, Romanyshyn, Bettelheim, Schwartz and others.

CHAPTER 1

1. AIMS OF THE PROJECT AND RATIONALE

The aim of this project is an attempt to understand the implications of mirroring in the development of the human being and in particular the life of patient obsessed with his image and mirrors. While drawing on the work of Winnicott in understanding the mirror role of the mother, it also takes a fascinating step backwards in time to the womb and the unborn child. In drawing on the work of Kay in the area of Foetal Psychology, this study attempts to reveal the foetus as an active and responsive 'child' and the womb as a plastic and reactive structure. In situating the beginning of the process within the womb, the study slowly follows the patient into the world and into the pathologies of his living. Through the description of this process the study has aimed to locate within the process the common theme of mirrors, mirroring and reflections. It has attempted to find this theme in the many figures and experiences of the patient's life, that is, his mother, the therapist, the experience of therapy, mirrors etc.

Some of the aspects that will be examined in this study are the womb as a reflective space, the mirror role of the mother, the psychopathologies of disruptive mirroring, psychological work as mirror work, the many implications of mirror reflections and the relationship between mirror reflections and psychological life. In examining these aspects a number of theories will be drawn on to facilitate an understanding of the patient and the process of psychotherapy with the patient.

It is hoped that this study will sensitize the reader to the immense importance of mirroring

in the development of the human being. The experience of mirroring is in many ways the building blocks of our humaneness and our identity. This study examines through the life of the patient what can happen when this process becomes fragmented or virtually fails to occur. The implications are serious indeed.

The case-study method was felt to be the most suitable method, and in keeping with such a method examples as well as some tapescripts will be used to reveal the process of psychotherapy; the importance of the relationship between therapist and the patient and the way in which the fragmented telling of the patient's tale was slowly drawn into a cohesive picture that eventually allowed the patient to internalize and transform his chaotic inner world and transcend the destructive limitations of mirrors in his world.

CHAPTER 2

2. CASE-STUDY METHOD

2.1 Description and Rationale

Bromley (1986) defines a psychological case-study as "an account of a person in a situation ... it usually deals with a relatively short, self-contained episode or segment of a person's life ... a case study can be regarded as a close view of one important life-event" (Bromley, 1986, p.2). He goes on to describe a psychological case-study as a "reconstruction and interpretation of a major episode in a person's life" (p.3). He sees it as a reconstruction in that there needs to be the establishment of facts through the process of historical research. It is also an interpretation in the sense of needing to arrive at a conclusion, recommendation or solution. Furthermore, a case-study is selective in that it involves a focus on some issues while ignoring others. Essentially, therefore, it is a "study of an individual person, usually in a problematic situation for a relatively short period of time" (Bromley, 1986, p.ix). Such a study calls for a number of observations to be made regarding the person concerned as well as comments with respect to the observations made.

Bromley goes on to reveal that the study of individual cases is the "idiographic aspect of personality study" (Bromley, 1986, p.6). Such an approach he conceptualises as being an intensive study of "individual cases in the expectation that detailed description and analysis will gradually lead to deeper understanding and to practical applications in more and more areas of interest" (Bromley, 1986, p.6).

This project, therefore, appropriately fulfils the requirements of a case-study in that it is an account of a person in a situation in which there is a reconstruction and an interpretation of a period in his life. The study has selectively focused on the issue of mirrors and mirroring and has attempted to reach an understanding of the area of focus. Through the process of this study it is hoped that a deeper understanding of the problematic area will be reached. Furthermore, it is hoped that such understandings will be able to be generalised to a more broader framework, that is, of human development and mirroring as it applies to such development.

This project also fulfils the basic rules for the preparation of a psychological case-study. Insofar as it has been possible the investigator has reported truthfully on the person, his life and circumstances. The aims and objectives have been clearly identified as well as a comment on the success of the process. The project has also attempted to show the patient in an 'ecological context', that is, a full account has been given of the objects, persons and events in his physical, social and symbolic environment. Finally, a major emphasis in this study has been to capture the phenomenological sense of the patient as well as an understanding of the process of therapy. "The case-study should be written in good plain English in a direct, objective way without, however, losing its human interest as a story" (Bromley, 1986, p.25).

2.2 The Question of validity in the case-study method

Bromley (1986, p.15) says that "Results derived from effective case-methods of inquiry are, by definition, valid and reliable". He disagrees with the notion that a case-study can only be exploratory and not be able to provide "definitive results". As he states, "All

scientific methods of inquiry can be exploratory and some can be definitive in the sense of giving results which are incorrigible, i.e. beyond refutation or correction" (p.15). The study that follows does not even attempt, nor does it wish, to produce a body of incorrigible results. Such a study should be seen as organic in the sense of it being a point in a process of evolving and as such is limited only by the current body of theory and the creative imagination of the writer in going beyond and expanding upon such a body of theory.

In the collection of data in the case-study method one cannot ignore the issue of the subjectivity of the researcher or his/her personal or professional bias. However, in respect to this the professional integrity of the therapist is an important factor for it would be difficult to imagine a more scientific way of accessing such intimate details. Such details only emerge through the process of a developing theoretical alliance. For there to be not only an effective alliance, but for the psychotherapist to truly experience the landscape of the patient's inner world, he needs to allow himself to become infected by the process, he needs to be able to contain and experience the projective identifications of the patient. One cannot be scientifically objective in such a process, but as a result it does not destroy the validity of such a process. As Bromley points out "the term 'validity' is often used to refer to the correspondence between what is asserted about the case and how that corresponds to the real world. But, ideally, what is asserted about the real world gets incorporated into the case-materials - provided it is true and relevant - as confirmatory evidence" (Bromley, 1986, p.107).

As Bromley (1986, p.321) states "No scientific methods can guarantee the truth of its

findings. All methods have their limitations." In the study that follows there is no guarantee of truth of the findings and there are limitations. However, it is hoped that it will allow the reader to become more informed as to the nature of the patient's problem with mirrors as well as produce a number of theoretically informed interpretations of the process.

CHAPTER 3

3. INTRODUCING THE PATIENT

3.1 Identifying Data

The patient is an 18 year old single Coloured male who will be named Brian Davis for the purpose of this project.

3.2 Reason for Referral and Referral Source

Brian was admitted to Fort England Hospital on the 25th December 1991, under Section 9 from East London. He is a known psychiatric patient. His referral to Fort England Hospital was as a result of the re-emergence of a psychotic state prior to referral from Frere Hospital. During this state hallucinations and delusions were present. As a result of a history of suicide attempts, depression, and an extremely impoverished social, familial and material world the patient was referred to a psychologist for assessment for psychotherapy.

3.3 Presenting Problem

Brian reported that before coming to Fort England Hospital his moods were going "up and down". It appeared that a pivotal factor for him was an obsessive preoccupation with his appearance and the need to constantly check his appearance in mirrors and shop windows and his felt sense of what others thought of him. As a result of the reflected image of himself where his nose appeared to be distorted he would become irritable and angry and feel the need to destroy himself. A critical comment about his appearance would also have the same effect. He therefore dwelled extensively on the importance of the surface of

himself and the desperate need to have this surface positively affirmed by mirrors and the reflection of windows and in the eyes of others. His concern with his appearance had begun at around the age of fifteen. Up until then he believed that he was very beautiful and special. He described himself as a "second Michael Jackson". He reported that during the period of psychosis prior to admission that he not only became very excited but felt that God spoke to him, that he was Jesus Christ and that cars were directing him to go to a house which he entered, removed his clothes and took a shower. He reported remembering running up and down and singing "God's songs". He felt that he ruled the world and that he was of supreme importance.

Brian had been admitted to mental hospitals on several occasions beginning in 1990 for three months where the diagnosis was substance induced organic delusional disorder and organic hallucinations. While in hospital he attempted to commit suicide on two occasions. In March 1991 he also attended outpatients department at another mental hospital and in August 1991 he was admitted to this hospital for four weeks after having being brought in by the police. He had been found roaming about aimlessly and climbing onto the roof of a car and dancing. In December 1991 he was seen at a clinic where he was unable to give a coherent account of himself and appeared to be hallucinated. In summary therefore, the history behind the presenting problem is one of extremely inadequate and impoverished parenting with severe child neglect. Present are extreme psychosocial stresses i.e. having been in foster care from the age of three, the death of his sister by drowning while at a children's home and constant sexual abuse (sodomy) from the older children in the home. During 1991 he was admitted to psychiatric hospitals three times where the diagnoses was one of substance abuse, query schizophrenia and affective disorder.

3.4 Family Background and Highlights of History

Brian is the youngest of three children and the only male child. It appears that soon after birth there was a history of frequent hospitalizations with resultant drips in head and hands. In 1975 at the age of one, the children were referred to Child Welfare because of child neglect and alcohol abuse on the part of the mother. In 1976 a court inquiry was held and the children were placed in foster care. Brian was three years old at the time. The placement was unsuccessful and in 1981 the children were sent to a children's home where his sister drowned. It was during his stay here, at the age of seven, that he was repeatedly sodomised by the older children. In 1983 he was discharged from the home and placed in foster care where he stayed until 1991. In 1989 his foster mother reported the emergence of anti-social behaviour. It appeared that Brian was stealing her money, drinking, not attending school regularly and had attempted suicide by cutting his wrists and taking an overdose of tables. Soon after this, he left his foster home and stayed with another woman. He would steal food from his foster mother for this woman. His foster mother reports that she could no longer cope with this anti-social behaviour and suicide attempts and he was sent to what was to be a series of admissions to mental hospitals with continual reports of depression and suicide attempts. Brian presented as being very vulnerable to emotional stress and needing a lot of support and constant reassurance about how beautiful he was and what his nose was like.

Relationship with mother - Brian described a conflictual relationship with his mother - "she's a mental patient." He reported that she has a serious drinking problem, got angry very quickly and hit him a lot when drunk. "My mother couldn't cope and so they took me away from her." He felt that because of her drinking she could not take care of him.

He remembers her taking money to buy food for the family and spending it on alcohol. She would also never bother to prepare meals for her children. He described her as a woman who did "things very fast ... always wanting to do everything at once."

Relationship with father - Brian expressed a feeling of love for his father and remembers being cared for by him. He remembered his father buying food for him to eat and bringing him "brown wrapping paper" to cover his school books. When recalling these memories Brian became sad and slightly tearful. The concern and care on the part of his father seemed to be something that touched him very deeply.

Relationship with siblings - his eldest sister died at the age of fifteen when they were all at a home for children. Brian described a very close relationship with his sister. It seems that she took over the role of mothering. Her death at the time when he was also being sodomised is a loss that he struggles to come to terms with. There are times when he becomes psychotic that he believes that she is still alive and waiting for him at a hospital in a nearby town. He described his relationship to her as "I love her and I know that she cares for and loves me." He felt that when he left the hospital he would go and live with her.

Education - schooling - Brian attended school until the age of sixteen. He appears to have passed reasonably well until Standard Two and then began failing and had to repeat Standard Three and Four. He eventually passed Standard Six. At the age of fifteen he started drinking and began drinking heavily while at school by the age of sixteen. The headmaster at his secondary school reports that his school attendance was poor, his

homework incomplete as well as behaviour problems. His school years seem to have been uneventful for Brian who had been struggling with a history of foster parents and homes.

Psychosexual development - Brian described being in a relationship at the age of fifteen but it not being a sexual one. At sixteen he was involved in a relationship for seven to eight months but again reported that it was not a sexual one - "we drank a lot together". Brian does not appear to have had a sexual relationship with another woman but there was a sense that at the age of sixteen, when living with an older woman, after having left his foster mother, that there might have been a sexual relationship. The experiences of sodomy and sexual abuse at the age of seven seem to have created a sexual ambivalence. Brian does report being in a sexual relationship with another patient on the ward. He described their relationship as "he cares for me and we can talk about many things. At nights we sit together, talk, have sex and do many things. I can trust him."

3.5 Basic Personality

Brian described himself as "a handsome man who was special with lots of friends and girls." He said that people always told him that he was to become someone very special, for example, "a singer like Michael Jackson". He said that it was important to him that people pay attention to him and say nice things to him. He described becoming very depressed and suicidal if he was criticised and felt that only special people could understand him. He also reported being very jealous of others good looks.

3.6 Interpersonal Relationships

Historically Brian described having lots of friends but being in a bad group where people

drank and smoked dagga. He reported that he was always very attentive to how others saw him and what they felt about him. As a result he found himself continually looking for compliments about his looks and seeking positive affirmation. He felt that he was very sensitive to the possibility that people might be "thinking bad things" about him. Despite wanting to be the centre of attention in a social gathering he felt "quite nervous" in new interpersonal situations. He felt that he expended a great deal of energy in making people laugh, often at him, because then attention would be focused on him.

3.7 Psychiatric Examination (Mental State)

3.7.1 General Description - appearance, behaviour, psychomotor activity, speech and attitude towards examiner:-

Appearance: Brian is a slightly built teenager who presented as clean and neatly dressed. From the style of his dress and his comments it was obvious that he had modelled himself on Michael Jackson, the singer and dancer. He appeared to be physically healthy and relaxed. His appearance suggested a more feminine artistic sense.

Behaviour and psychomotor activity - Brian sat quietly throughout the interview and expressed an interest in what was going on. He appeared to be relaxed and seemed motivated to answer the questions as clearly as possible.

Speech: Initially when trying to remember the details of his history he would

become confused about the chronological order. His speech would then become rapid and at times hesitant. When asked about painful aspects of his past his speech became blocked and he experienced difficulty in recalling details. During moments of such confusion his speech became tangential and circumstantial.

Attitude towards examiner - Brian was co-operative and attentive. He presented as motivated and open in answering questions about his life history. Eye contact was fair and rapport developed slowing during the course of the interview.

3.7.2 Mood and Affect

When questioned about his mood, Brian reported that he was feeling 'heartsore' as well as feeling bored and irritable. He appeared to fluctuate between the two moods of homesickness and boredom. In the second assessment interview he reported an increase in intensity of mood and described beginning to feel irritable. Affect was initially restricted, however the expressive range increased as the interview progressed. He appeared to experience difficulty in accessing any real depth of emotion.

3.7.3 Perceptual Disturbances

Brian admitted to auditory hallucinations. He was not sure whether these voices came from God or the devil. He believed that they were telling him how "wonderful", "beautiful" and "special" he was. Somatic hallucinations

were also present. Brian described a need to have his stomach cleaned because it felt rotten. He also felt that his feet were on fire and attributed this to the cleansing capacity of the pain to purify him. There was a very strong biblical sense about this. The hallucinations could be described as mood congruent in that they appeared to be consistent with his manic mood, that is, hallucinations related to his inflated worth, beauty and almost God-like presence. Prior to his suicide attempts Brian would describe feelings of depersonalization and derealization.

3.7.4 Thought Process

3.7.4.1 Stream of thought - Brian felt that his thinking was very slow, however at times there appeared to be a flight of ideas especially when related to themes of grandiosity and his beauty. Questions were generally answered relevantly although at times he seemed to struggle to place the events of his life in a coherent chronological order. In the moments of experiencing difficulty in recalling his past, his thinking would become tangential.

3.7.4.2 Content of thought - Brian appeared to be intensely preoccupied with the changing nature of his nose. He was obsessed with his face and needed to check his reflections many times a day. At the same time he was phobic about the distorted reflections of his face in the mirror. A great deal of

his thinking and a constant need for affirmation revolved around this obsession. Finally, Brian appeared to be preoccupied with religion. Such a preoccupation revolved around himself as the central Christ-like figure, resplendent in all his glory and beauty. He envisioned himself as a saviour, suffering for all and drew extensively, if not inaccurately, on the Bible. Delusions of persecution were present in that he felt harassed and persecuted by others. Delusions of control were also present, these being thought withdrawal, insertion and broadcasting. Perhaps the most powerful delusion for him was that of delusions of grandeur which expressed itself in an extremely exaggerated conception of his own importance, power and identity. Delusions of reference were present in that Brian constantly felt that others were talking about him and interpreted this in a negative way. He felt that others were either jealous of his beauty and power or were commenting disparagingly on his features, specifically his nose. Abstract thinking was assessed to be fair.

3.7.5 Sensorium and Cognition

Consciousness was assessed to be alert. He was also orientated for time, place and person. He appeared to have a fluctuating attention span and his volition was judged to be minimal. Concentration appeared to improve over the course of the interview and when affected it seemed to be the result of

anxiety and the effects of the psychotic state. Recent past memory appeared to be adequate, with recent immediate and working memory being fair. Long term memory recall however was impaired with Brian using denial and circumstantiality in order to cover lost details. He was however able to indicate that he felt confused when attempting to recall the chronological details of his past but that he felt he would, if given time, be able to recall a great deal more effectively. He was in fact able to do so. An estimate of his intellectual functioning would be below average. He has a history of failure at primary school and left school after having been put through into Standard Six.

3.7.6 Judgement

Brian shows poor social judgement. For example, when asked what he would do if he came upon a child that was lost, he described a factual incident in which he found himself in such a situation and kept the child with him for the day. Brian is able to have a sense of an impending psychotic state and did in fact accurately predict that his behaviour was about to change, this causing him to feel frightened.

3.7.7 Insight

Brian does possess insight into his illness. He is aware of the implications that the material and emotional impoverishment in his life have had upon him and at times showed a great depth of sadness in remembering painful past incidents. There therefore does appear to be a limited intellectual and

emotional insight.

3.7.8 Reliability

As a result of the effects upon him of the above delusions and other difficulties that he is experiencing, Brian cannot be assessed to be reliable with respect to an accurate situation report. Collateral was therefore essential.

3.8 Diagnosis

For the purposes of this project the diagnosis will be defined in accordance with the medical model as proposed by the DSM III-R. The criteria are outlined under the sub-heading 'Discussion' below.

Axis I: 295.91 Schizophrenia - Undifferentiated type

Axis II: 301.83 - Borderline Personality Disorder Traits

301.81 - Narcissistic Personality Disorder Traits

301.60 - Dependent Personality Disorder Traits

Conduct Disorder Traits

Axis IV: Psychosocial Stressors

(a) Early history of child neglect and alcohol abuse on the part of the mother.

Severity: 5 - Extreme (predominantly enduring circumstances).

(b) Unsuccessful placements by child welfare of Brian in foster care and a children's home.

Severity: 4 - Extreme (predominantly enduring circumstances).

Axis II: Borderline Personality Disorder Traits

A pervasive pattern of instability of mood, interpersonal relationships and self-image, beginning by early adulthood and present in a variety of contexts as indicated by the following:

1. A pattern of unstable and intense interpersonal relationships.
2. Impulsiveness in areas that are potentially damaging, for example, substance abuse.
3. Affective instability: marked shifts from baseline mood to depression, irritability or anxiety, usually lasting a few hours and only rarely more than a few days.
4. Recurrent suicidal gestures.
5. Marked and persistent identity disturbance manifested by uncertainty about self-image.

Narcissistic Personality Disorder Traits

1. Reacts to criticism with feelings of rage, shame or humiliation (even if not expressed).
2. Is interpersonally exploitative: takes advantage of others to achieve his own ends.
3. Had grandiose sense of self-importance e.g. expects to be noticed as "special" without appropriate achievement.
4. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.
5. Requires constant attention and admiration.

Dependent Personality Disorder Traits

1. Volunteers to do things that are demeaning in order to get other people to like him.

(c) Prolonged sexual abuse (sodomy) at age 7 while at children's home.

Severity: 5 - Extreme (predominantly enduring circumstances).

(d) Death of sister by drowning while at children's home.

Severity: 5 - Extreme (predominantly acute event).

Discussion

Axis I: Schizophrenia

A: (a) Delusions (persecution, reference, control, grandeur)

(b) Hallucinations (auditory and somatic)

(c) Incoherence and marked loosening of associations

(d) Flat affect.

B: Deterioration in occupational and social functioning.

C: Schizoaffective Disorder and Mood disorder with psychotic features have been ruled out.

D: Continuous signs of the disturbance for at least six months.

E: If cannot be established that an organic factor initiated and maintained the disturbance.

The type is classified as undifferentiated on the grounds that it does not fit the criteria for Paranoid, Catatonic or Disorganised type.

The classification is subchronic because the time from the beginning of the disturbance when the person first began to show signs of the disturbance (including prodromal, active and residual phase) more or less continuously, is less than two years, but at least six months.

2. Feels uncomfortable or helpless when alone.

3. Is easily hurt by criticism or disapproval.

Conduct Disorder Traits

1. Was often truant.

2. Ran away from home overnight at least twice while living in parental surrogate home.

3. Has stolen.

3.9 Dynamic Formulation

> The personality of the unborn child a woman bears is a function of the quality of mother-child communication (Verney, 1982, p.13).

Verney states that what a woman thinks about her child makes an important difference, for her love, rejection or ambivalence begin to define and shape his emotional life. The child's sense of security and self-esteem are affected one way or another.

Brian's mother was an alcoholic who was unable and unwilling to parent Brian. One would, therefore, question the quality of communication between her and her unborn child. It may, therefore, be suggested that Brian entered the world with a fragmented sense of security and developing self-esteem. The womb is the child's first world and how he experiences it does create personality and character predispositions as well as establishing the child's expectations. It is very likely that the womb for Brian had been a hostile environment and that he entered the world feeling uninvited.

A common thread in the living of Brian's life was a desperate need to feel invited but such a desperation could only release itself in a very psychotic or narcissistic form - an obsession with his appearance and mirrors, the need to be at the centre of attention and his delusional beliefs of his Christ-like beauty and omnipotence. It may be suggested that all these can be traced back to his experience of being in the womb.

Brian reports early memories of having to be hospitalized. There may have, in fact, been a delivery complication. Verney points to research which indicates that such complications in conjunction with a hostile womb experience may be associated with schizophrenia, psychosis and anti-social behaviour. This is consistent with Brian's history.

Winnicott (1974, p.20) already had begun to anticipate the realities of foetal psychology when he wrote "Even in the womb your baby is a human being ... and by the time he is born he will have had quite a lot of experience, unpleasant as well as pleasant".

From the moment of birth it would appear that there was a profound maternal failure to grasp, affirm and gratify Brian's infantile omnipotence. This experience was yet another blow to Brian developing a cohesive sense of self. It would appear that he was unable to find himself in the mirror of his mother's face. As such he would not have been able to experience his existence as being confirmed. Such an embryonic self, Ivy (1990, p.15) points out "can never feel real or vitally alive. This results in the spectrum of disorders which we call self pathology".

It is interesting to note that Brian's obsession with mirrors might well have been due to

an early inability to find himself mirrored in his mother. With a disturbance in the formation of inner objects or internal mirrors he was fated to pursue the myth of external mirrors and the hope that they could reveal himself to himself.

The lack of the experience of an omnipotent wholeness and a being invited to dwell in the paradise of primary narcissism would have driven Brian to seek, to recreate this lost paradise in secondary narcissistic pathology as well as delusional and psychotic states where he could, for a while, 'safely' experience himself as omnipotent, beautiful and desirable. It is interesting to note that much of the languaging of his experience drew on Biblical terminology.

It may be suggested that mirrors represented transitional objects for Brian - a place between the uncertainty and anxiety of his external world and the fragmented inner world and self. However, the transitional space for Brian would have been a collapsed space as a result of deficient mothering, and a series of unsuccessful foster placements and an early history of sexual abuse. As a result, Brian would not have been able to live symbolically. His world was, therefore, a world typical of the concrete and literal world of the psychotic.

Brian's deep anxiety regarding the felt experience of a lack of stable self-definition, and his internal fragmentation, was an experience he lived in fear of for it held a threat of complete annihilation for him. He, therefore, turned to alcohol and drugs and ultimately the landscape of psychosis and schizophrenia to avoid such an encounter.

Brian's history spoke of continual loss - the loss of a good enough mother, the loss of a home environment substituted with a series of abusive and unwelcoming foster homes and the death of his sister at an early age. The death of his sister must have been a traumatic experience for it appears that in the environment of the children's home where he was constantly sodomised she represented his only point of love, hope, consistency and continuity.

It is, therefore, not surprising that the effects of his fragmented inner world and outer world left him alone and in despair and uncertain of the experience of the boundaries of his own skin, of feeling his existence and of being seen by others. Mirrors, therefore, became his world. They became the only affirmation of his place within himself and others. However, as will be explored in this project, the quality of their reflected messages to him were double-edged indeed and as a result could not represent a continuity of careful seeing in the already fragmented mirrors of his world.

3.10 Rationale for Psychotherapy with this Patient

The number of potentially excluding factors for dynamic therapy were numerous enough for one to ask why bother to take such a patient into therapy. The history reveals a number of serious suicide attempts, chronic substance abuse, hospitalization, an impossibly severe social situation, as well as a number of pathologies of the self.

However, in the description of the fragmentation of his world and the therapist's understanding of the fragmentation of his self, there was a sense that buried deep beneath

the layers of defenses and psychotic behaviour a deeply wounded child existed that still in a very faint way had an invitational quality to it. There were moments between the psychotic and inappropriate behaviour where Brian was experienced as being able to touch his deep feelings of pain, loss and abandonment and in seeing these moments the therapist experienced a sense of hope for the journey that possibly lay ahead. Hope lay in the belief that in the authentic and compassionate emergence and forming of a therapeutic relationship Brian would be able to slowly internalize the experience and in so doing open up that deeply wounded part of himself to the therapeutic encounter.

CHAPTER 4

4. OUTLINE OF THE PSYCHOTHERAPY

Psychotherapy took place over three months and 28 sessions. In this chapter an outline of the sequence of psychotherapy will be provided. In the following chapter various aspects of the sessions will be developed, and an attempt made to provide a framework of understanding of the process of therapy.

In the first session Brian entered the room smiling and giggling inappropriately. He immediately and somewhat frenetically launched into saying that he had been praying and that he knew that his dead sister was alive. He abruptly shifted to telling the therapist that because he was so beautiful everybody on the ward treated him like a woman. He remembered that when he was younger he had been too shy to even smile but that now he was Jesus and that despite knowing that he had to keep it a secret he was compelled to tell everybody. The felt experience of this, on the part of the therapist was one of feeling quite dislocated by the intensity and the speed of the dialogue as well as the rapid and often disconnected shifts of subject matter. Brian described a feeling of burning, a need to keep burning and getting hurt and that cars would eventually lead him to his home. When asked about his home he replied that the whole world was his. He suddenly changed subject and asked if he could phone his sister (deceased) at Frere Hospital because her Holy Ghost was there. Having said that he described how people always compliment him on his eyes because they had never found a God like him. He described himself as a living God and then told the therapist that he was looking very beautiful. When asked if it was important for him to be beautiful he said yes. Once again he brought the conversation into

the space between and said that the therapist's eyes were nicer than his. His need for wanting to be mirrored was sensed, however to stay on the surface of such a reflection i.e. the beauty of his eyes, would be to lose the greater and deeper possibilities of the reflection. When asked if he was not happy with his eyes he replied that all mirrors cause him to react in many ways. However, as soon as he approached the vicinity of mirrors he immediately launched into a disconnected and fragmented description of being God and sitting on top of a door and giving people a fright. He described how it was going to rain because these were the tears for his going home. He felt that voices were calling to him and when asked who was calling him he replied the staff because he was being molested on the ward. At that point he become very present as he described the attempts of other patients to molest him. He then launched into another description of the burning in his feet and the necessity for him to bear the pain.

Session 2 - Similar themes of burning emerged with strong biblical overtones. He felt that others including even himself could not believe that he was God. At that point he mentioned that mirrors always tell him that he is beautiful. He did however feel that his nose was too sharp and that if it were not for this his sister would have loved him even more. The therapist's experience was that of trying to contain and piece together a myriad of fragmented images some of which spoke of what could be real fears on the ward, others of a deep need to be seen as worthwhile and pieces that felt very disconnected. The felt sense was to not yet attempt to find or reflect a shape to the telling of his story but to simply allow it to reveal its many different reflections yet attentively listen for the deeper moments between the pieces of the telling and in time attempt to begin to amplify these moments as they arose.

Session 3 - This session followed a ward round in which Brian had fallen into a depth of sadness and despair in remembering his past and in the presence of all had cried for several minutes. The pattern which would slowly reveal itself over time was that having touched a place of deep pain, loss and abandonment Brian would often escape into a psychotic state which could be seen as a place of "safety" or a place of forgetting. He began the session by telling how he carried the word of God and that all men would bow at his feet. He described how beautiful he was and how the world would be a place for only beautiful people. He then talked about how he had a serious problem with mirrors because they reflect him so badly, especially his nose. He had cut his hair because he no longer wished to look like Michael Jackson. When asked how he was feeling he described missing his sister and his time at the children's home where he had been sodomised at the age of seven for a year. A deep sense of pain filled the therapeutic space. It was during moments such as these that the therapist sensed a real presence, albeit damaged, beneath and between the fragmented and psychotic living of his world. The pain of his loss and how difficult it was for him to remember was reflected to him. At that point he looked at the therapist and asked him what he had thought of him when they first met. The therapist experienced a pressure to comment on his looks, on the surface reflection of his body. However, he replied that he cared about what happened to him. In therefore responding to a point beyond the surface reflection a moment of trust opened up to both the therapist and client and a hope for the journey that lay before them.

Session 4 - Brian began the session by saying that he felt that he was more beautiful than Michael Jackson and Jesus Christ. When asked him what he liked about Michael Jackson he replied 'his looks'. The therapist replied that it seemed as if being beautiful was

important to him and he replied that to be beautiful was to be admired. When asked what it was about Jesus, he became silent. The therapist wondered if it was because everyone worshipped him and he smiled and said that he was Jesus and that people prayed for him because he was special. When asked if ever remembered a time when he was not special he replied that he remembered when he was small and ugly, when his hair was curly and nobody loved him. The therapist sensed an invitation to depth and said that it felt as if he were very alone and uncared for. Brian's eyes became moist. The therapist wondered if it had been and was still hard for him to believe that somebody could care for him for who he was. Brian abruptly shifted out of the emotion and replied that he was Jesus and the whole world loved him. Attempts to amplify these moments of deep abandonment proved time and time again to be very difficult as Brian could not dwell within them for more than a few minutes at a time before he was called back to the surface of his mirror.

Sessions 5-8 - These sessions followed a similar pattern as above. Brian dwelt on his Christ-like appearance, his specialness and his problem with mirrors. He would go into great detail about where the good and bad mirrors were and how difficult it was for him to walk into the bathroom. Moments of deeper emotion were brief and the therapist found himself feeling frustrated and trapped in the surface reflections of the telling of Brian's story.

Session 9 - Brian began the session by stating that he felt better, that he realized he had had a "breakdown" and that he could not be Jesus. He said that he knew that his sister was dead. When asked how he was feeling now he said "heartsore and depressed" but added that it was because he did not like what he saw in mirrors. Again the therapist felt the

depth flatten into the delusion which was beginning to be experienced as quite fixed.

Session 10 - Brian began by talking about how he had wanted to kill himself and felt that he needed to talk about it. He described wanting to wet his fingers and put them in a plug socket. When asked how he had been feeling he said angry because he noticed how ugly his nose was in the mirror. He saw that it flared out when he laughed. The therapist reflected that it was not easy for him to look in a mirror and that he never knew whether to expect a good or a bad reflection. He described the perfect mirror in a nearby town where his sister lived. The therapist commented that it was important for him to look good and he said that he wanted people to look at him and tell him he was beautiful. It was suggested to him that it was hard for him to believe that he was OK without people telling him. Brian said that it was important for him to know what people thought about him. He then made eye contact and asked what the therapist thought about him. The therapist reflected that as he sat in the room with him it was hard for him to feel good about himself unless he told him what he thought of him. Brian then asked the question again. Again the pressure was felt to dwell solely on the surface of Brian's body. It became clear with Brian that he lived an urgent need to turn the other into a mirror in which he could place and find the beauty of his reflection. The ability to truly mirror originates from an internal space in the other that is able to compassionately and unconditionally make room for the subject to find himself. Brian's mother lived a life of conflictual woundedness which completely failed to maternally respond to Brian's cry to see himself reflected within her caring glance. Such a depriving traumatic process and experience eventually resulted in not only a fragmented sense of self but a compensatory drive to force from the mirrors of others an affirmation of his delusional belief in his God-like beauty. The

therapist sensed that the process of Brian being able to find himself would slowly occur as he began to internalize the experience of a caring therapeutic relationship as well as begin to experience and use the therapist's attempts to make space for him to truly emerge and experience himself as being seen and seeing. In reply to Brian's question he was asked what he thought the therapist felt to which he replied that he thought the therapist felt that his nose was ugly. When asked if that was really what he thought, with a smile he said 'no'. It was reflected to him that a part of him felt he was OK and another part couldn't believe that he was OK if others didn't tell him but that he could never be sure how people felt about him at every point in time. He agreed and the therapist wondered if it had always been hard for him to believe in himself. There was a deepening of a space between Brian and the therapist and where the therapist felt touched by and having touched that pool of pain, sadness and lostness at the very core of the patient's wounded child. Brian's eyes filled with tears and he quietly replied that life had been hard for him. The therapist said that he sensed a deep aloneness inside him and that this was a painful place for him. Brian sat quietly with tears in his eyes and for several minutes both sat together and allowed the space between them to deepen as they both shared and participated in Brian's experience of pain.

Sessions 11-12 reflected a similar process of moving between the delusions about his appearance and a living of the pain of his past. Yet an increasing impotence in attempting to shift Brian away from the surface reflections of his face and nose to a point that lay deeper in the pain of his woundedness was felt by the therapist who experienced a need to play a more active and in a sense, cognitive role in attempting to shift Brian. He was becoming more in touch with his woundedness but primarily still dwelt on the surface of

his body. A way was therefore needed to help him to become unstuck.

Session 13 - Brian began the session by saying that he was feeling very good about himself because he simply avoids mirrors. When asked what it meant when he said he was feeling fine, he replied that he knew he was beautiful and that he had been told so by several people on the ward. When asked how he felt about himself deep inside he said that it used to be very difficult for him, to the extent that he could not even make eye contact with anybody but that he was beginning to feel stronger inside. The therapist affirmed his sense of this change and how difficult it had been for him. He agreed and then talked about THE mirror at the nearby town and how because the glass was thin it reflected him well. Again the therapist felt very blocked by Brian's mirror. It was reflected to Brian that it seemed that he was saying that he had changed a great deal but that mirrors were still important to him. He agreed. The therapist replied that even though something had changed inside him he was still worried about the surface of his body. The therapist then attempted to deepen Brian's understanding and said that he had wondered if that because he had had a hard life as a child it was now very hard for him to trust in and believe in himself. Brian nodded. The therapist affirmed how that the very fact that they could be sitting together talking about these things indicated how much he had changed but that he still needed a mirror to tell him who he was. He agreed. The therapist said that perhaps what was needed to be done in therapy was to make that part of himself that had changed become even stronger so that mirrors became less and less important to him. He thought for a while and nodded. The therapist then said that he thought that perhaps they should spend more time talking about what happens inside him. He agreed and said that he wanted to go outside and hold a job. The therapist said that he could see that this was

important to him.

Session 14 - This session presented as one in which Brian began to open up and the therapist began to be able to work reflectively and actively with him in opening a space for him externally and internally to discover a deeper, more reflective, point within himself. He began the session by saying that he felt "heartsore" about his dead sister who loved him and cared for him. The therapist reflected to him that he was missing being cared for and loved by someone. He became tearful and silent. After a few minutes of silence he asked when he could be discharged because all he did in the ward was sit and eat and that depressed him. The therapist said that he was not sure when he would be leaving but that the team were all working together to help him to leave feeling good about himself and not concerned about mirrors, suicide and believing he was Jesus Christ. The therapist reflected that he had had a hard life, that he had felt very alone and unloved but that he had worked hard at his difficulties and begun to change. The affirmation of his change at a level that reflected beyond the surface of his body seemed to touch him deeply. In response he said that he wanted to talk about a difficult experience which occurred in Cape Town where, after looking in mirrors, he would try to kill himself and at times put needles in his wrists. The therapist sensed that a process of trust had begun to develop. When asked how it was for him to put needles in his wrists he replied that it was painful and he was scared but that he had to do it. The therapist wondered if it made him feel alive and he replied yes. The therapist wondered if that what had been happening in him was that he had had a hard life and that somewhere inside of him was a place that felt very empty and in that place it was hard for him to believe in himself and his sense of self-worth. There also seemed to be a lot of pain in this place. The space between Brian

and the therapist deepened with a feeling of sadness as tears came to Brian's eyes. The therapist continued to talk and wondered that whenever he was in that place only mirrors could tell him what he was like and what to feel. However, the problem was that mirrors caused him a great deal of suffering and made him feel very angry with his body. It was put to him that it was therefore not enough to just worry about what he looked like. He replied that he had begun to feel more comfortable with what he looked like. The therapist reflected that it seemed that they still needed to work together and talk about that place inside him where he felt lonely and hurt and that it seemed that it was not easy for him. Brian said that he could now look into mirrors without worrying so much and the therapist affirmed that it seemed that that place inside him had become much stronger. The therapist ended the session by saying that everybody has moments when they look into a mirror and do not like what they see. The difference was, however, that they did not want to kill themselves as a result or make mirrors the most important thing in their lives. In this session the therapist felt that he had been able to create a space to reflect a deeper point inside Brian who had been able to receive this reflection and also allow it to touch a deeply troubled and painful place inside him . However, despite feeling the beginning of an internal space within Brian open up the therapist still felt very blocked by the concreteness of Brian's mirror delusion.

Sessions 15 - 16 - Despite beginning to access and develop an internalized sense of self the therapist continued to feel very blocked by the 'glass mirror' that lay between them. Brian tended to retreat to the concreteness of his reflection when in too deep a contact with his own internal pain, loss and abandonment. The danger of pushing into such feeling was that he tended to move into a psychotic space, which could be described as a place of

forgetting. In an attempt to touch a deeper point within him as gently as possible the therapist decided to use the T.A.T. picture of a small boy sitting on the steps of his home.

Session 17 - Brian was asked to talk about the picture and he described a boy who was very alone, who had been left alone because his parents were not there. He felt the boy to be feeling sad and 'heartsore' because there was nobody there to care for him. When asked about his [Brian's] aloneness he replied that it felt deep inside him. He remembered when he was a child and being placed in one different foster home after another. It was reflected to Brian that when he was small his mother and father were not there to care for him and that he was alone in these different homes. Tears came to his eyes. The therapist reflected again his early aloneness and in the deepening silence he appeared to dwell with his deep sadness.

Session 18 - Brian's medication had been changed after becoming psychotic in the time between sessions. When he entered the session he was experiencing body stiffness, and presented with difficulties in speaking and slow responsiveness. He pointed to his hands which were shaking and said how hopeless he felt. He described hearing voices which told him to kill himself but felt that he would not listen to these voices. A suicide contract had been made at the beginning of the process of therapy and Brian was reminded that should he feel that he wanted to kill himself, he would speak to the therapist first. He said that he was feeling very tired and sat in silence for a few minutes. He opened his eyes and they were moist. The therapist wondered if he was feeling sad and he replied that he was missing his sister and wanting her to care for him. He then said he was feeling very tired and asked if he could leave.

Session 19 - In this session the therapist decided to play a more active part in attempting to shift the control that mirrors had over Brian's life and hopefully free a stuck space in the therapeutic process. The session began with Brian saying that he understood who he was when he looked in a mirror. He understood that he was ugly. When asked how that made him feel he replied "heartsore". He then began to describe incidents from his past. This had never happened before. He talked about the problems in his family and how others used to tease him. He said that his mother had told him that his father had said that he was not his father. He then shifted to telling how his mother had a photography of him which she was proud of because he looked good. He linked this to some mirrors he knew of in which he also looked good. The therapist experienced that familiar frustrating sense of having begun a journey to a more deeper place but somehow had arrived back at the place where they had begun. In the part the therapist had played in reflecting and opening a space for Brian to use he had generally allowed Brian's process to emerge and show itself in its own way but had remained attentively attuned to the process in order to amplify moments which could invite him to something deeper and more authentically real for him. Yet despite their sessions having deepened, the concrete glass mirror continued to stand between them. The therapist's feeling at this point was to allow a more focussed reflection, more active and in a sense more cognitive to emerge. The hope here was that it may create a new handhold in the otherwise slippery surface of his mirror. The therapist reflected to Brian that whenever they talked about mirrors they did not seem to go deeper than his skin and they tended to forget how hard and painful his life had been for him. Brian acknowledged that this was true and that he had to change everyday to suit others around him and that with some people he felt beautiful and with others he felt ugly. When asked how it was for him to have to change so much he became tearful. At that point he,

in a familiar way, diverted to telling that people thought he was better looking than his sister. The therapist brought him back to mirrors and said that he wanted Brian to talk about his relationship to them. The therapist repeated what he had said about dwelling on the surface of his body and wondered that because of the pain inside him he often found it easier to talk about his reflection in mirrors. The therapist said that when he looked at Brian he saw a very alone child who wanted to be cared for, loved and held. Brian became tearful and told him about his friend at the children's home and how others used to insert sticks up his anus. The therapist reflected that it was very painful for him to see this happening to his friend. Brian talked about how he had suffered at this children's home. He described how others used to rape him, how he "had sex with them" and how they tried to burn his toes. It could be seen that this telling of his story was a painful one for him. The therapist understood how his very early experience was not one of being lovingly mirrored but cruelly reflected on as a part object to be sexually abused and sadistically used. It was sensed that there may have even been an ambivalent pleasure in these experiences so that Brian's own premature sexual awakening was not grounded in the experience of being loved but of being used, of being a blank mirror onto which others could project their own sexual fantasies. Brian then described how he also "did the same things" to others. He remembered putting paper in a child's nose and hair and lighting it. He remembered the name of this child, Thomas, and said that was why he liked a patient on the ward called Thomas. He began to describe an incident where a house caught fire and a small friend of his had got burnt to death. Brian became deeply moved at this point and could not continue to retell such a painful experience. He moved onto talking about how much his mother drank and how she chased his father away. He described how much he loved his father and he recalled many happy memories. The therapist felt that in their

struggle among the disconnected fragments of his mirror they had opened a space where his pain and a remembering and living of this pain could emerge and perhaps as important was the fact that out of the chaos and suffering he was beginning to reclaim fragments of hope and memories of moments of love and care. The therapist's feeling was that in the reclaiming of fragments of goodness and in the experience of the consistency and continuity of care in the therapeutic relationship Brian would begin to internalize a seed of hope and find a handhold in the slippery mirror of his world, to slowly move beyond its limitations and deeper into his own slowly developing sense of self.

Session 20 - Brian began the session by talking about his ugly nose. He was reminded that when he tended to get stuck on the surface of his body he forgot what was happening inside him and how it was not easy for him. He acknowledged that it was not easy and talked about how his mother never loved him and always drank and how she would not even cook food for him. It was reflected to him that it sounded as if his mother had hurt him a lot. He nodded. The therapist reflected how it was not easy for him to remember how cruel his mother was to him and he said that it hurt him to remember how little she loved him. He said that he wondered if when Brian was a little boy he wanted his mother to care for him, love him and feed him. Brian nodded. The therapist asked him how it was for him not to have had that and he said that it felt terrible. The therapist reflected that it was a lot of suffering for a little boy to have and Brian nodded and the therapist said that he was wondering if when Brian was small nobody had told him that they loved him and that he was special to them. He said yes and the therapist reflected that it seemed that because he never felt loved for who he was he began to believe that if he looked good and had a perfect face then people would love him. Again Brian nodded and when asked if it

was because of this and the pain that mirrors became important, he nodded and said that his worst pain was remembering when his mother tried to kill him when he was sleeping by covering him with too many blankets. When asked how that was for him he said that the next day he tried to kill himself by throwing himself under a car. Brian and the therapist sat in silence for a few minutes as both of them felt the pain of his wounded child. Brian then looked up and talked about how much his father and sister loved him. In this session the therapist felt that he had managed to dialogue with that wounded child and in Brian's looking into the mirror of the therapeutic space he had found and felt his own woundedness and been able to dwell with these lived reflections without escape to the surface of the mirror. They had, the therapist felt, maintained an experience and continuity of depth and feeling.

Sessions 21 and 22 - Brian continued to dwell on the importance of mirrors and once again the therapist began to feel very helpless and in the grip of its slippery surface. The moments of dwelling beneath the surface of the reflection seemed very elusive. The sense was that the therapist somehow needed to use the concrete experience of the mirror in a way that could help Brian to shift to an internal dwelling. The therapist put it to Brian that he was wondering if they could find a mirror inside of him so that when he got confused about who he was he could look into that mirror and it would help him to not have to find many mirrors outside of him. Brian seemed to become quite enthusiastic about this idea and some image work was done in which Brian closed his eyes and found an internal mirror and focused on, not just a description of himself, but also a description of who he felt himself to be as a person.

Session 23 - Brian began the session by saying that he was feeling depressed because a mirror had told him that his nose was ugly. When asked if he believed that his nose really changed from one mirror to another, he smiled and said no. The therapist said that it seemed, however, that these "pieces of glass" were making him feel depressed. Brian nodded and the therapist reflected that his depression might be to do more with something deep inside him than those pieces of glass. He said "it's hard for me to know who I am" and at that moment both Brian and the therapist dwelt very intensely in the pain and aloneness of his not being in touch with his sense of self. When asked why he felt that it was so hard for him to know who he was he replied that he had a terrible life. Brian talked about how this had made it difficult for him to believe others could care for him and made him really struggle with who he was. The therapist reflected that because of the difficulties in his life as a small child he always had to turn to people and mirrors because when he looked inside he could never be sure about who he was. Brian said "Yes, that's how it is." He then reminded the therapist of what they had talked about previously, about making his internal mirror stronger inside and how important this was becoming for him. For the first time the therapist began to feel the beginnings of a self begin to emerge and a focus with Brian that was slowly transcending the surface of his living. Even the therapeutic relationship had begun to deepen and become more interactive and the therapist sensed a stronger and more defined shape to Brian as he sat opposite him.

Session 24 - This session in many ways marked a turning point. After having struggled for many weeks to find a way through the "pieces of glass" in Brian's life it appeared that an internal reference point had begun to form. The sense was that the work now lay not in the reclaiming of past pain, abandonment and abuse but in a strengthening of the

presence of the internal mirror and also opening up a reflective space for Brian to actively work with specific difficulties in preparation for him reclaiming his place in the world. The session has therefore been transcribed as it is felt that this would be the best way to capture the change and illustrate the process. [B will stand for the patient and T for the therapist.]

B: (laughing) I've been watching some really funny videos. I haven't been able to laugh for a long time.

T: It wasn't easy for you to feel happy before?

B: No. I used to get so worried about my looks and what mirrors told me, that I wanted to kill myself.

T: (nods)

B: Now I know that they are just pieces of glass and that what's more important is not what I see in them but how I feel about who I am inside and what I look like inside.

T: It's never been easy with mirrors.

B: No, but now when I feel depressed I know that I will never kill myself. I don't even get those thoughts when I feel bad about myself. I know it's not easy for me but I'm working hard to understand why all this happened.

T: What are you understanding?

B: I had a terrible life. My mother is a mental case, she drinks a lot and she wasn't a good mother to me. When she went shopping I had to go with her to make sure that she'd buy food for us and not just stuff to drink. And then she'd forget to cook for us and the food would go rotten.

T: How was it for you as a small child to have this happen to you?

B: It was terrible. My mother never cared. I knew she loves us but she wouldn't do anything. And my father who is a good man - she would shout at him and chase him down the street - it was terrible.

T: You haven't had an easy life.

B: No, it's been very difficult.

T: It sounds as if because it was so hard and you never felt loved by your mother that you could never learn to love yourself and feel good about who you were.

B: It was so hard.

T: So only mirrors and people and glass windows could tell you who you were and that changed all the time.

B: It was difficult because if a mirror or someone told me something bad I would want to kill myself. But now I understand and I must feel stronger inside and understand more about how hard my life was because if I get stronger inside then mirrors won't worry me so much.

T: Yes, I think that's exactly how it is and you have had a hard life and it will take time for you to feel stronger inside about who you are.

B: Barry, how do other people feel about mirrors.

T: You know Brian, everybody has days when they look in a mirror or someone says something bad to them and they feel depressed or upset or terrible. That is normal. But it becomes a problem when your whole life just becomes concerned with these things and when something bad happens it makes you want to kill yourself.

B: So it's normal to look in mirrors.

T: Yes, we all look in mirrors and everyone will sometimes have a quick look at

themselves when they pass a shop window but not everybody worries all the time about what they may see in a mirror or what people may say.

B: I don't worry so much now because I understand that there will be people who like me and others who don't and different mirrors. I am who I am - how do you say - we are made in God's image.

T: How would it be for you if someone said something bad to you?

B: I'd be upset but I'd remember that we don't all like everybody and that I must look inside myself and believe in who I am.

T: It's normal to get a bit upset if someone says something upsetting to us.

B: I know I musn't leave here until I feel stronger inside or else I'll be back in a mental hospital. When I go outside I really want to work.

T: To have a job?

B: Yes, to live a normal life.

T: That's important to work towards. It's not easy in that life and it will take time for you to adjust but if you can talk about what happens to you and if you understand more and more about who you are then it will be easier for you to leave here and start a life for yourself out there.

B: It helps me a lot to talk and to understand what I do.

T: Yes, I think you have worked very hard and you have changed a lot and as you said, you can really thank yourself for that. You have had a difficult life and it has not been easy for you to change and to understand yourself better.

B: I am working hard because I must get stronger inside.

T: It'll take time but I can see that you are changing and working hard.

Sessions 25, 26 and 27 - The focus of these sessions moved onto more of a cognitive, copying style of reflection with continual reality testing. Brian identified four problem areas that he wished to work with. Initially the process was in the conflict and difficulties that lived for Brian between his internal state and his delusions about mirrors or the surface of his body. The process of mirroring now extended itself to that between Brian and his external world. The following four areas were identified.

1. To continue to diffuse the role of mirrors and how to cope with a bad reflection when it or should it happen. At the same time it was important to reality test i.e. understand that sometimes we can all feel bad when we look in a mirror but that this does not lead to suicide.

2. To develop an awareness of his inappropriate behaviour. In order to please others and experience himself as being "seen" by them Brian often engaged in inappropriate behaviour such as dancing up and down the corridors, singing, toyitoying for others etc. He talked about his deep need to be noticed, to make others happy. He began to realize that what happens in actuality is that he is seen as silly. By distancing himself from himself Brian began to be able to reflect on the inappropriateness of his behaviour. In a sense he began to develop an internal supervisor. Brian and the therapist discussed how he needed to concentrate more on what was positive for himself than simply becoming a mirror in which others could impose their own reflections. The need for attention and positive affirmation was a therapeutic issue on which they worked and reflected on in-depth and more cognitive aspects.

3. There were moments when Brian began to find and experience himself moving into a psychotic state. During the initial phases of this process he would become aware of a sense that walls and patterns on the floor were communicating with him. He was, however, still able to understand that this was not really happening. Several sessions were spent working on Brian's ability to become attuned to the emergence of a psychotic state. He was encouraged to reality test in an effort to slow the process and keep him grounded in his internal sense of self until he could reach an appropriate support structure such as a doctor, social worker or psychologist.

4. Finally, Brian identified wanting to improve this interpersonal training skills. He was aware that he always needed to be the centre of attention and that he slowly learn to allow others to enjoy that space.

During these sessions Brian moved from strength to strength. He became very active in his own process and was very present. He talked a great deal about leaving and going to stay with his sister. The therapist had been working with the social worker on the ward who had done a great deal of work in setting up and looking at the appropriateness of outside support systems for Brian. Both the social worker and the therapist had also been in contact with the social worker in the area. They had provided her with full reports as to what difficulties Brian might experience and how to work with these. Brian had enthusiastically given his permission for this to happen. The therapist was, however, still concerned about the strength of Brian's ego resources or his internal mirror as they called it. The therapist had wanted to develop a graduated program giving Brian progressive experiences of being on more open wards, interacting with less chronic patients and

exposing him to a variety of experiences in the town. The aim here was to not only allow Brian a space to work with the real world but to carefully assess whether he was in fact ready to be discharged. It was, however, becoming clear to the team that Brian was now ready within himself to leave and to delay the moment would have possibly meant to lose the impetus and perhaps place Brian in a downhill slide. The therapist had the sense that he would never know for sure whether Brian was ready and that months of work might well result in chaos. But there was no way in which the therapist could ever receive the perfect reflection from Brian. There would always be that unknown possibility lying beneath the surface of his mirror - of reflections not yet known, awaiting to arise. And so it was decided to discharge Brian. They met for their final session and the space between them was one of real warmth and care. They had in the short space of time together travelled a long way through the fragmented mirrors of Brian's world, to the depth of his pain, aloneness and depression, through his psychosis and eventually from the slowly healing form of his internal mirror into the world beyond the ward. Facing Brian the therapist felt a deep and very moving sense of having been privileged to be able to travel with another who, throughout the fragmentation of his inner world, indomitably kept his face turned towards the process of healing. They had struggled together and, at times, lost sight of each other in the frustrating moments of their sessions when mirrors loomed large and immovable between them. But somehow they had found a way through the looking glass. They talked about how hard Brian had worked and the therapist expressed his respect at his efforts and courage. Brian said that he would miss his times with him and the therapist reflected that he too would miss the moments they had spent together. However, there was a sense that Brian had already moved on and that it was time to say goodbye. It was now time for Brian to face the many mirrors of his world.

In the time that Brian has been away it seems from feedback that he has adapted well and is also working and coping with his job. There have been no psychotic episodes and the delusions do not appear to have reemerged. This is always a possibility but with a supportive framework to call on including the services of this hospital Brian should be able to reconnect with his developing sense of self.

The success of this process is due in large part to the combined efforts of the team, that is, the doctors and appropriate medication, the social worker, ward staff and psychologist. The team were all a cohesive part of a larger mirror in which the process between Brian and the therapist was situated. In the following chapter it will be examined on a more theoretical level what it was that happened between Brian and the therapist and how one can begin to understand the use of mirrors as a concrete image and as a metaphor.

CHAPTER 5

5. GENERAL CONCEPTUAL APPROACH

In this chapter an attempt will be made to use a body of theoretical understanding as well as a number of conceptual approaches to understand the nature of the process of psychotherapy with Brian as well as to understand why it is that he lived his world in the way that he did. In order to facilitate a more structured approach five areas of importance have been identified. Within each area an attempt will be made to link theory to the process of understanding Brian and working in the therapeutic space with him. These areas are:

1. Foetal Psychology - the womb as a reflective space
2. The mirror role of the mother
3. Psychopathologies of disruptive mirroring
4. "Beyond the looking glass"
    a. The reflection as a ghostly other
    b. Mirror reflection and psychological life
    c. Reflection as confusion
    d. Reflection as a story
5. Psychological work as mirror work

5.1 Foetal psychology - The womb as a reflective space

The foetus does not live in a padded unchanging cocoon ... but in a plastic reactive structure which buffers and filters, perhaps distorts, but does not eliminate the outside world. Nor is the foetus himself inert or stuporous but active and responsive (Kay, 1984,

p.323).

Kay focuses on the womb not simply as a containing environment but as an environment which is in dialogue with the outside world. In such an environment the foetus exists actively and responsively. He goes on to show that if maternal sounds and movement affect the foetus so too may maternal emotions.

Perhaps at this point it may be appropriate to revise an understanding of the womb, not simply as a holding, developing environment but as a reflective space. It may be suggested that mirroring does not begin with the infant finding himself in the eyes of his mother but in a more primitive way begins within the womb. Kay describes the unborn child as "an aware, reacting human being who ... leads an active emotional life". He suggests that what the child feels and perceives already begins to shape his "attitude and expectations about himself". On the strength of this then one must carefully consider the relationship between the mother and her unborn child as well as the more general environment situation of the mother. It would appear that the foetus is already on the way to finding or perhaps even losing itself within the reflective space of the womb. To borrow from Winnicott, perhaps the womb could be seen as a potential space and the umbilical cord as a transitional object, an object that in the space of being-on-the-way-to-becoming-an-infant links the child to a primitive sense of an-other, as that which is a-apart of yet separate from itself.

Kay points out that chronic "anxiety" or "ambivalence about motherhood" can "leave a deep scar on an unborn child's personality". He believes that already by the sixth or

seventh month the unborn child's ego is in the process of forming. He continues to suggest on the basis of his own research that "catastrophic mothers", that is, mothers who had a rejecting attitude towards motherhood coupled with serious medical problems during pregnancy, had the highest rate of premature, low weight, emotionally disturbed infants. Kay furthermore describes how, as a result of the mother withdrawing her care and love from her unborn child, a form of in utero depression may occur.

One cannot therefore ignore the implications of the mother's ability to be "in contact" with her unborn child. Such contact appears to have profound implications for the quality of reflection within the womb. The child in perceiving and reacting to the maternal emotional state begins, in a premature way albeit, to find himself and develop his "ego".

Brian describes his alcoholic mother as 'a mental patient' who could not cope. It would appear that her own maternal impulse was virtually non-existent. One can only but hypothesize how such a "catastrophic mother" related to her unborn child or whether in fact she was able to relate to her child in utero in any significant way at all, let alone image a child within her. Kay points out that "the instinctive need to touch and hold creates an archetypal situation of 'being in contact'. To feel in contact with would imply a connectedness from a point within oneself. Such a connectedness would imply the existence of an internal mirror. Such a level of reflectedness in being situated internally would not be dependent for its assistance on the environment and others. Brian clearly showed how his very existence was determined by the positive mirroring of others. His own ego resources were virtually non-existent.

In conclusion, Kay points out that "experimental work ... suggests that ... our sensory systems are functional prior to birth". The foetus is therefore able to react to the mother's emotional states and furthermore in a rudimentary form of dialogue with the mother, a dialogue that can be described as occurring within a reflective space, find itself and develop resources and 'expectations' that it will carry into the world.

5.2 The mirror role of the mother

Unless this mirroring takes place a child will not readily have the inner ground for development. All change will be fraught with anxiety and fear and its sense of identity will be chronically diffuse (Schwartz, 1982, p.45).

> The reflecting back of the mother at the very beginning becomes ... part of the internalized environment or inner reserve (Davis & Wallridge, 1981, p.123).

As mentioned in the section on foetal psychology within the reflected space of the womb, if all goes well, the unborn child experiences a series of expectations and their fulfilments. Liedloff (1975) points out that how as a result of the fulfilment of such expectations the newborn infant is certain that his next requirement will also be met. He is, therefore, ready for his place in his mother's arms, "the expected place known to his inmost sense as his place". It is interesting to note how one of the very early signs of autism within an infant is that of becoming very rigid when held. Such an infant is in no way intentionally directed towards its mother. Kay explains how a complete inability to establish some form of "foetal maternal emotional link" despite being a very rare possibility, may be a significant factor in the development of certain autistic states.

Not only was the quality of mirroring in the womb a fragmented experience for Brian but it would appear that in the lack of fulfilment of foetal expectations he entered the world with depleted inner reserves. Winnicott points out how the "good enough mother" has her baby "in mind as a whole person" and in looking into his mother's face he sees himself reflected there. It is doubtful that Brian would have had such an experience. He would have looked but not seen himself. As Winnicott says "the baby gets settled into the idea that when he looks what is seen is the mother's face. The mother's face is not then a mirror. Liedloff (1975) points out that where the evolved expectations developed within the womb are betrayed "the child is left in doubt, suspicion, fear of being wounded by further experiences or most irreversible of all resignation". Such an infant, put out of his continuum of correct experience, has nothing to use, grow on or fulfil his requirements for experience. His experience must be the expected ones and as Liedloff (1975) puts it "nothing in his evolving ancestors experience has prepared him to be left" so utterly alone. To a large extent Brian carried within him a space of desolate aloneness. Such internal space was devoid of any mirroring and so to find himself, to begin to experience his own existence Brian began in desperation to turn to the reflected surfaces of his external world. Winnicott (1981) states that a baby that does not find himself reflected in his mother's eyes "will grow up puzzled about mirrors and what the mirror has to offer. If the mother's face is unresponsive then a mirror is a thing to be looked at but not looked into". Within the first year of Brian's life, therefore, the stage was already set for his future relationship with mirrors and his desperate search for the perfect reflection within mirrors, shop windows, the eyes of others and even within the psychotic space where he felt himself to be and seen to be a Christ-like figure, radiantly beautiful and powerful. Brian's mother was not a "good enough mother" and so was unable to implement his early omnipotence.

She repeatedly failed to meet his early gestures. What happened as a result was that Brian had to learn to comply and as Winnicott indicates, such compliance on the part of the infant is the earliest stage of the False Self. Brian was many things to many people and very little to himself. The process of psychotherapy with Brian was very much one of finding himself in the eyes of the therapist and the gradual development of his sense of self as well as finding the image we used of the internal mirror. However, this will be dealt with this in more detail in section 5.4.

Bettelheim (1976) writes that

> The relation to the mother is the most important in every person's life; more than any other it conditions our early personality development, affecting to a large degree, what our outlook on life and ourselves will be (Bettelheim, 1976, p.219).

Through appropriate maternal mirroring the infant is able to transcend his sense of omnipotence. Brian was clearly stuck at this stage which for him became a dangerous form of self-involvement. Bettelheim quotes many fairy tales to illustrate the dangers of such self-involvement. Brian, however, clearly situates the extent of his self-involvement in the "myth" of Michael Jackson, eternally beautiful and powerful on the surface, yet underneath the surface 'perfection' of the surgeon's knife lay a slowly disintegrating structure. As shall be seen with Brian the difficulty in psychotherapy lay in shifting him away from the delusional nature of the surface of things and his thinking. Liedloff (1975) writes that what "he feels before he can think is a powerful determinant of what kinds of things he thinks when thought becomes possible". It is no wonder that Brian displayed

such disintegrated thought processes.

> Mirroring is an externalization of an internal psychic reality. It is based upon the fact that consciousness and the unconsciousness exist in a relationship of mirror symmetry (Schwartz, 1982, p.45).

5.3 Psychopathologies of disruptive mirroring

In sections 5.1 and 5.2 an attempt was made to explain how it was that Brian emerged into the world and dialogued with the world in the way he did. It is hoped that the reader has been sensitized to the crucial importance that mirroring has not only within the first year of life but within the womb. With such a perspective our depth of understanding of our patients and of our own children or inner child becomes a great deal more compassionate as well as informed. In this section the results of disruptive mirroring will be examined.

> The infant whose pattern is one of fragmentation of the line of continuity of being has a developmental task that is almost from the beginning loaded in the direction of psychopathology (Davis & Wallridge, 1981, p.47).

Ivey (1990) defines psychopathology as the

> restricted capacity for mature interpersonal relatedness in the present caused by non-metabolized destructive interjects originating in past experiences with primary care-givers who failed to meet the child's specific developmental dependency needs (Ivey, 1990, p.41).

Such a failing to meet needs can, as has been demonstrated, be seen as a lack of or inappropriate mirroring at very early stages.

Ivey (1990) discusses the work of Kohut who described the development of the "self-object". This he saw as an object perceived to be an extension of the rudimentary self, performing important psychic functions in the absence of self structures which have yet to evolve.

Ivey shows how as a result of an inadequate 'maternal provision' the internalization of the function of the self-object does not occur and it is, therefore, not incorporated into the 'self structure'. The implication of such a process is that the individual lacks the 'capacity for self-regulation. He therefore, as is clearly seen with Brian, has to rely on others, who become self-objects. These others then "perform the psychic functions that cannot be performed by the defective self structure" (Ivey, 1990, p.21). Brian describes constantly needing others to applaud and affirm him because his own capacity for self-esteem regulation was deficient. It was in fact so deficient that in the absence of others he would turn towards mirrors and the reflected surfaces of windows. When his perception of the quality of such reflections became negative and destructive to him he would turn to the 'safety' of the psychotic state in which he felt himself to be truly living the reflections of the omnipotent Christ-like figure.

The experience of working with Brian was one which, at times, was felt to be as fragmented as the mirrors in his life. Such counter-transference experiences perhaps accurately describe the fragmented state of Brian's ego. Such a fragmentation is that of

primary self disturbances which finds itself revealed symptomatically as emptiness, mood swings, lack of stable identity, derealization, grandiosity and unstable interpersonal relationships. Brian fulfilled most of the above criteria.

As mentioned, Brian was unable to exist as an individual and could only really live his world within the affirming echoes and reflections of others. An image that often came to mind in the process of therapy was that of a submarine in the black depths of the ocean, directionless if it were not for the sonar which defined its position only in relation to other objects. Brian, too, seemed to be lost in the blackened depths of his own inner world. His only sense of being in the world was in relation to a frantic need for mirroring by others. Ivey (1990) points out that "with a lack of mirroring the individual never fully comes to exist as individuals but only as maternal echoes" (p.14).

The initial state of omnipotence or primary narcissistic wholeness can be transcended through having had the initial experience of maternal mirroring. However, should this not result then the inevitable loss of this omnipotent wholeness becomes unbearable and the infant, and later the disturbed adult seeks to recrate the "lost paradise" of primary narcissism in secondary narcissistic pathology. Bettelheim (1976, p.74) refers to the Bible as that which expresses the deepest feelings and insights of man. It embodies the time when the world was without form and shows how chaos was overcome when God divided the light from the darkness. The Bible reveals how order emerged from chaos and it offers a way to paradise. It is, therefore, not surprising that in seeking to recreate the lost paradise of secondary narcissistic pathology that Brian adopted biblical imagery and saw himself as a Christ-like figure. Such a figure can only but represent the depths of his

suffering and early fragmentation as well as the heroic. For Brian, Christ, as he saw himself to be, was the mirror to the world, a mirror into which mankind stared with awe. Such delusional moments tended to occur when Brian become psychotic. The origin of such psychosis must surely be found in the poor delimitation of both self and object representation. As a result of this Brian desperately needed to protect himself from the fear of disintegration. Omnipotence therefore became a dominant way of his countering the pull towards the fragmenting of the many mirrors in his world. Ivey (1990, p.22) explains the process when he points out that if deficient mothering and mirroring occurs at the beginning of infancy then "self-other differentiation is so tenuous that the psychotic refusion of self and object is experienced symptomatically as the absence of ego boundaries in hallucinations and delusions as in the psychotic episode or a constant reality as in the chronic schizophrenic."

Davis and Wallridge (1981) point out that for Winnicott the psychosis were seen as "environmentally deficient diseases" organized as defences against the trauma of an unthinkable anxiety and hence as a way of relating to reality that does not betray the self. The pattern with Brian was that moments when he fell into the depth of his pain, depression and fragmentation were often predictably followed by a journey into psychotic behaviour. In time it was possible to understand such a process as being a retreat from the felt sense of his inner fragmentation to the 'security' and 'safety' of the psychotic state, the omnipotent mirror to mankind.

Ledermann (1982) shows how in the narcissistic disorder, because of a "catastrophically bad fit between the baby and the mother" the patient suffers from a "terror of non-

existing" which, like Brian, he tends to cover over with feelings of superiority and grandiose ideas about himself.

Stierlin (1970) discusses "inner objects" in relation to undifferentiated schizophrenic patients. He discusses the three functions of inner objects, these being firstly inner referents, secondly as guide posts for interpersonal relationships both present and future. Their function here is to determine our relational course like a gyroscope or steering device which minimizes the distracting impact of weather conditions. Thirdly, they contribute to the relative autonomy of the individual in that they constitute inner resources and facilitate an inner dialogue (p.323). Again, the existence of inner objects is very much determined by the experience of early maternal mirroring. Stierlin then shows how many seemingly undifferentiated schizophrenic patients are "extreme examples of the disturbance of the referent functions of inner objects. [In an attempt to help Brian to locate and begin to resource his inner object and access his inner resources as well as begin to facilitate an inner dialogue, the image of the internal mirror was used and initially this internal mirror was worked with quite concretely. The internal mirror could be seen as identical to the idea of inner object, but as a concept it was far more accessible to Brian than the term 'inner object'. However, this will be covered in more detail in section 5.4.] Stierlin shows how these patients appear to be unable to "connect enduringly and distinctly" with their inner frame of reference and with what they perceive externally. As a result they are bound to experience their therapists as blurred, discontinuous and disjointed. The therapist's own experience of being with Brian was initially very much like this. He then states that the therapist in turn are themselves prone to feel useless and fragmented. Such an experience certainly accurately describes the therapist's own experience and frustration

that he experienced for many weeks with Brian. In time it was possible to understand this as a form of projective identification in which Brian placed in the therapist that which he could not deal with. Understanding the experience allowed an insight into the fragmented state of Brian's own internal mirror.

5.4 Beyond the looking glass

Having covered aspects of psychopathology relevant to disruptive mirroring and specific to Brian's inner world, it will now be examined why Brian reacted as he did to his reflection in mirrors. Sections 5.1 to 5.3 focused on mirroring factors other than that of the actual object itself. It is now time to look at the dialogue between the subject and the reflected image.

5.4.1 The reflection as a ghostly other

> The reflection is not on the glass any more than it is in the mirror. On the contrary, it is like a ghostly other who inhabits that place over there. It is like an apparition who haunts the landscape of objects over there in the distance. (Romanyshyn, 1982, p.6).

One can understand why Brian became obsessed with mirrors and how he saw himself reflected or mirrored in other eyes. The previous sections have explored this. The question now is what is it about what he saw in mirrors that caused him to fragment to the extent that the did? What is it about the 'reflection' that affected him so deeply? Romanyshyn (1982) offers us a clue

when he describes the reflection as a "ghostly other". It is not simply an image visually reproduced to the eye and corresponding in appearance to the subject. It is certainly this on a very concrete, physical level, yet it also has a life of an-other, as a familiar stranger who reaches across to the subject. Its sense of unfamiliar familiarity furthermore seems to embody the sense of the 'ghostly' - that which appears to have form yet also be experienced as formless. Its very presence hauntingly calls to the subject in a voice that remembers the story of one's life. As such it is not merely the "double of myself" but a figure in a story, a figure who dwells hauntingly in a strangely, disturbingly familiar landscape. As such, the experience of the reflection is an experience of being captured by this ghostly other, and it is therefore not as easy as it appears to turn away from this figure. It will not let go of us very easily. It finds "a depth and thickness which pushes with a kind of life". As Romanyshyn (1982) puts it "it is an amplification of my life on this side of the mirror, a deepening of it" (p.6).

On the basis of this therefore we need to treat the implications inherent in the reflection very seriously. In the experience of being reflected therefore one is called to an experience of the depths of one's living, and to the figures that haunt these depths. It is an experience which collapses the separation between the real and the unreal. Such a collapse as well as the subsequent calling to the depths of one's living is "significant for the recovery of psychological life in its own terms". In daily life we generally take our reflections for granted. Brian, however, lived his world on the very

fringes of its boundaries where fantasy, reality, and delusions merged unpredictably. The fragmented nature of his inner world spilled perilously over into his "real world". As a result he could never take anything for granted. If cars could speak to him, if he lived as Christ and dialogued with God, how could he ever relax with the concretely familiar? In many ways therefore his psychological inner world chaotically contaminated his lived, external world. He could therefore never take his reflection for granted. He became transformed and re-figured by the reflection in a way that drove him to attempt suicide. Brian was obsessively driven to experience himself as being heroically seen in the eyes of others as well as in the many surfaces of his world. He could then forget his own inner fragmentation, pain, suffering, loss and inadequacy. Yet the skin of such an illusionary container was thin indeed and in being so permeable it would allow the depths of his emptiness and the horror of his beginnings to spill over into the world of his present. In such moments, in looking into a mirror he would see that which he was driven to forget. In the horrific distortion of his nose, in the depressing and frustrating experience of his ugliness he would live the spilling over of his painful inner world. In such a forbidden landscape confronted by the embodiment of a life time of suffering he would become so profoundly overcome by a sense of his own inner catastrophe as well as by a loss of will to live that suicide would present itself as the only solution. "The reflection matters. The image counts. It has weight" (Romanyshyn, 1982, p.10).

5.4.2 Mirror reflection and psychological life

> Psychological life as a reflection which matters is a deepening of the reflected and this deepening is a refiguring of the empirical, factual events of one's life as a story of the person as a character in a tale (Romanyshyn, 1982, p.17).

Three features of psychological life in this respect must be considered. The first is that the immaterial reflection matters. With the experience of his reflection in the mirror, Brian became present to his reflection entering his world as a reality, albeit as the reality of reflection. As a reality of reflection psychological life matters. It is important and it is real. Secondly, the depth of reflection preserves it from an identification with or reduction to the mirror. Romanyshyn points out that psychological life, like reflection is not "in the things of the world, but given through them." One cannot however separate psychological life from the material world of events and things. So too one cannot separate the reflection from the mirror that contains it. With respect to Brian's life therefore, the way in which he lived his world was the way in which he lived his psychological life - chaotically, fragmented and unbounded in its delusional realities. However, what is interesting is that in living chaotically and fragmentedly and in the moments of psychosis Brian never really had to encounter the depths of his inner world. It was only in a dialogue of reflection between himself and others and especially with mirrors that for a period of time he would come frighteningly close to the

living of his psychological world. Mirrors and reflections therefore became the most accessible medium through which to dialogue with Brian's psychological life and to attempt to find a healing. Thirdly, the reflected is a refiguring of the reflected. "The reflection is not the person but a figure in a tale, yet the person who is re-figured in that way is the one who lives the story" (Romanyshyn, 1982, p.15).

One therefore has the empirical figure on the one side, and the reflection as a figure on the other side. The relationship between the two is furthermore one of difference. It is in this place of difference that psychological life dwells. With Brian, our work lay between the delusions of perfection in the living of his life and the horrors of reflection in the living of his ugliness. Romanyshyn (1982) explains that "Psychological life as a reality of reflection is not identified to the official life of the person." As such it was not enough to simply dwell with the details of Brian's life, the official details of his case history, but to move beyond, to the place between him and his reflection, between him as patient and the therapist. Psychological life is a different reality. It is a third between person and things, man and world, subject and object, fact and fiction. As such, in the process of psychotherapy, Brian and the therapist needed to be stuck in that fragmented place where mirrors stood tall between them and where at times the therapist felt hopeless and inadequate. It was in such moments that both of them became present to the depths of Brian's psychological world and in sharing such an experience they were better able to mutually struggle through the

seemingly impenetrable surface of the looking glass.

Romanyshyn, however, interestingly points out that the mirror reflection whose significance is recovered must eventually be abandoned in order that one may pursue the tasks of the day. In the process of therapy both therapist and Brian dwelt within the confusion and delusions of Brian's psychotic state; Brian remembered the deep pains of his past, he struggled with the mirrors in his world and slowly found a place in his inner world where his own internal mirror could begin to take shape. Yet, towards the end of his time, around sessions 25-27, he gradually moved into dwelling in his external world, pursuing the tasks of the day. Brian identified these tasks as wanting to diffuse the role of mirrors, to develop an awareness of his inappropriate behaviour, to cope with his psychotic state and to improve his interpersonal skills. As such the tone of the sessions became generally quite cognitive, instructive and reality based. Brian had in a sense dwelled for as long as he healthily could before the mirrors of his world but in the end he needed to take his place in that world. Romanyshyn warns that "one cannot stay forever, or even for very long, before the mirror noticing the reflection. Indeed to do so may even be dangerous," as is clearly seen in the fate of Narcissus.

5.4.3 Reflection as confusion

The reflection is no more only a something which is seen than

I am on this side of the mirror only the one who sees ... the

> one who sees and the seen cross, they encroach upon each other in such a way that the reflection also sees, just as I experience myself being seen by it ... it is impossible to say with absolute certainty who is the "see-er" and who is the seen ... there is at the heart of the experience of the mirror reflection a confusion which is as inescapable as it is fundamental ... this confusion is a positive phenomenon (Romanyshyn, 1982, p.7).

Brian continually lived that confusion between how he wished himself to be and how he experienced himself to be. The confusion represented hope, because it indicated that psychologically he was still in the middle of things. To have found a place on the side of his 'ugliness' would have resulted in his suicide, and to have simply taken a place on the side of his delusions of grandeur would have resulted in the impenetrable surface of a schizophrenia from which he would be forever trapped. In dwelling with confusion Brian had to struggle with profoundly difficult emotions and feelings, both Brian and his therapist had to struggle with these and it was in his and their struggle and the quality of survival that hope lay and that in the end Brian was able to take his place in the world.

One can linger on the fact that it is the quality of reflection whether it be confusing, disturbing or satisfying, that makes us human. It is only the vampire, that which appears on the surface to be human yet is not, that can

dwell in front of a mirror and not experience its reflection. For the vampire, a creature of the dead, there can be no reflection and therefore no psychological life. It therefore can only continue to exist by sucking the life force out of humans and dwelling in the shadows of the darkness. To be authentically human is to dwell with confusion, to dwell in the middle of things where psychological life exists and reflections speak of stories yet to be told or remembered.

5.4.4 Reflection as story

> Stories marginally understood belong to the character of human psychological life as much as facts empirically understood belong to the character of scientific life. One's own life and the life of an other make sense psychologically as a story. They do not make sense because we know all the facts (Romanyshyn, 1982, p.89)

Brian's reflection gathered together the facts of his story and wove a tale around them creating an ever changing and evolving tapestry, a tapestry which embodied the power of transformation. In a sense, the therapeutic space embodied a mutuality of tapestry making where both Brian and the therapist wove the emerging story and at times experiencing the confusion between the weaver and the woven. Brian's story beyond the facts of his history were about a heroic quest for a sense of identity, the internal mirror, his Holy Grail. In the pursuit of his quest he became lost in forgetfulness, captured by delusions, battled with monsters, and dwelt among the Gods. It

was a story which needed to be compassionately understood and experienced by an-other who in the caring and therapeutic stance of his reflective capacity allowed Brian an opportunity to dwell in front of the mirror of the therapeutic space and slowly experience and see himself take shape.

5.5 Psychological work as mirror work

In looking at foetal issues, the role of the mother, psychopathologies and the reflection many aspects of the process of psychotherapy with Brian have been covered as well as understanding why it was that he lived his world in the way that he did. In a sense an attempt has been made to flesh out the framework of the therapeutic process described in Chapter 4. What finally remains to be covered is that which concerns the nature of the journey together as therapist and patient - that process which could be described as mirror work.

> The work of psychotherapy is, at least in part, a sculpturing of the flesh, the making of the body into a psychological reality. What the patient carries as a symptom is a figure needing to be incarnated as a posture, a story needing to be enacted. In short, bodily symptoms are figures needing to be formed and they are formed in the enactment of psychotherapy, in creating the figure's posture which gives flesh to a story (Romanyshyn, 1987, p.302).

Brian, in many ways, was disembodied. The mirrors of his inner world were internally fragmented to the extent that he could find no stable frame of reference within and

without. He therefore carried a number of dislocated symptoms - depression, hallucinations, thought disturbances and attention-seeking behaviour. These symptoms chaotically presented in therapy initially in a very haphazard way. The sense was that beneath the chaos lay a story that desperately needed to be heard and that in allowing a space to emerge that could facilitate and hold the telling of that story, Brian and his story would begin to be incarnated in a way that could eventually live in the world and in himself. The most difficult experience in being with Brian was that of feeling quite dislocated, helpless, fragmented and frustrated by the dislocated and discriminated telling of his story. In retrospect what emerged was that in containing these feelings as well as in understanding how they allowed an experiential insight into the nature of Brian's internal world, Brian could begin to enact his story and feel permission to do so in the only way that he knew how.

Douglas (1991) describes the therapeutic space as "a giving back to the patient that which he brings, not merely reflections but in a form that he can use." In the beginning the therapeutic space can be seen very much as a potential space. The image that often came to mind in working with Brian was that of the therapeutic space as a mirror space, the surface of which is unclouded by the attention of the therapist. In a way, the mirror held a potential for reflection rather than embodying a presence of reflection before therapy even began. Insofar as Brian could experience the invitational quality of the potential of the surface for his own reflection, in a compassionate and unconditional way, he would feel free to use the space and explore its potential. The feeling was therefore that initially Brian be allowed to experience himself in the presence of another and tell his story in what ever way he could. In time and as the quality of a therapeutic connectedness began and

as the therapist felt a deeper calling for a greater cohesiveness he would be able to help Brian to transform the telling of his story. However, such a transformation would be co-instituted by both in the to and fro dialect of the interchange between them. Brian needed to feel mirrored by the therapist, but mirrored in a way that did not feed into his need to be seen as beautiful. A large and perhaps major part of the therapy was the experienced quality of a good enough relationship with the therapist, which Brian could begin to internalize. So, for example, in session 3 when he asked what the therapist thought of him, in describing his felt care and not responding to a pressure to comment on Brian's looks the therapist was beginning to allow a deeper and more real level of reflection to show itself in the therapeutic mirror. In time, therefore, Brian would begin to embody the experience of care for who he fully represented and not simply his 'beauty'.

The experience of being mirrored is essentially the experience of being held, of being contained and of experiencing the facilitating nature of the therapeutic space. It is these aspects that are ultimately internalized in successful psychotherapy. The patient is, as a result, able to manage and hold himself as an object in the same way as he was held by the therapist. As Ivey (1990, p.5) points out, "it is not only the patient's self that changes but also the patient's relationship with himself through the internalization of the therapist's mode of object relating." It was, therefore, important that Brian began to anticipate and look forward to his sessions and that he see them as a continuity of experience rather than simply yet another mirror fragment in the chaotic kaleidoscope of his living.

Benedetti (1975) sees mirroring as a two-way movement in that both the therapist and the patient become a mirror for the other. In time, the therapist began to experience himself

as an embodied presence for Brian and less as a disintegrated inconsequential presence. Benedetti describes how the therapist mirrors the patient's future, integrated self organized within his (the therapist's) unconscious. Romanyshyn (1987) equates psychological work with mirror work and describes it as the "bringing depth to what is otherwise lived on the surface, that is forgetfully or in a taken for granted manner". The process of therapy with Brian therefore was a calling to his depths and the quality of the therapeutic mirror space was that of an invitational surface which could hold and transform as a result of the mutual endeavour of both patient and therapist. In the process of therapy the mirror had called forth the fragmented telling of his story, his wounded child, the rejected sodomised child, his omnipotent all beautiful Christ-like figure, the concrete mirrors of his world, his ever changing face, beautiful and also frighteningly ugly and distorted, his fears and his despair and ultimately, the practical difficulties of his living in the world with others.

As can be seen in Session 24 the process eventually was one of weaving a coherence among the fragmentation of his telling, of slowly beginning to allow a more definitive and real shape to emerge on the surface of the mirror. The process was one of linking Brian's deep unhappiness to his stuckness on the surface of his body and the concreteness of his mirrors. It was one of demystifying these mirrors for the pieces of glass that they really were. In so doing Brian, in a sense, began to internalize a cognitive understanding of their reality and began to shift himself away from their power over him. Throughout this process he could remember his deeply wounded child for such a memory would also allow him to validate the experienced trauma of his living and in such a validation experience less of a need to escape to the 'safety' of a psychotic space.

Finally, towards the end of that session he would emerge into the landscape of the present and the promise of the future and talk about how he had changed and his hopes of building a life for himself in the future. The process of psychotherapy was therefore a multidimensional one of playing with and inviting many reflections and emotions. It was a calling forth from the depths of the mirror the many figures of his history and allowing each figure to tell its own tale and in the remembering of these tales begin to find the linking threads that could slowly pull together and heal the fragmentation of his living and the telling of it.

CHAPTER 6

6. CONCLUSIONS

That the process of therapy with Brian was successful in terms of him leaving the hospital, finding work and beginning to integrate back into his world, must be due in a large part because of the combined efforts of the team on the ward. In a sense they provided a larger mirror that ensured a professional cohesiveness of reflection that Brian experienced in being on the ward, working with the doctor, social worker, psychologist and the nursing staff. That he was able to successfully integrate back into his world was also facilitated by ongoing lines of communication and support systems between the team on the ward and his sister and the social worker in the area - again this ensured a more cohesive experience for him in what he initially experienced as the fragmented mirrors of his world. In many ways the process of therapy with Brian and the management of his reflection was one of mirrors upon mirrors upon mirrors - internally and externally between him and the team and his external world. As with therapy, in becoming present to the cohesiveness, integrity and continuity of reflection from those around him, he was able to internalize these various modes of object relating and eventually find his own internal mirror and begin to experience a more cohesive sense of self.

The experience of working with Brian was that of working with what appeared to be a place of inaccessibility. It became clear that in order to allow the potential space between the patient and therapist to be a facilitative space, the expectations of the therapist not cloud or fill the surface of the potential space. The patient must be allowed to experience the freedom of telling his story in the only way that he can at that point in time. By so

doing the quality of his inner world will make itself visible in the telling and by the therapist becoming infected by such a telling, gain an experiential insight into the landscape of the patient's inner world. At the same time it was essential, as in the case of Brian, to be attentively attuned to moments of invitation, or a way between these fragments, brief as these moments may be. In amplifying such moments it became possible to begin to find a place of resonance in the discordant telling of his living. Apart from an initial watchful openness to his telling and an amplification of moments which held a promise to a greater cohesiveness, there were also invitations for interpretation, of a creative shaping of that Brian struggled to shape himself. Correctly shaped and offered such interpretations could, and at times did, facilitate a move beyond the chaos. The experience with Brian also reenforced a belief that it is not just the use of interpretations or a good theoretical groundedness - the technically correct therapist, that counted. What was perhaps even more important to the healing process was the quality and the experience of a good enough relationship with another human being. It is not enough to feel the therapist as a professional but the therapist as a caring other mutually engaged and walking with the patient in the landscapes of his inner and external world. Essential to this process is that of survival and in retrospect what emerged between Brian and this therapist, even though unsaid, was that they survived each other and together.

This project was about mirrors and mirroring not only as they applied to the world of the patient and therapy with him but how they applied to all humans. It is an experience which transcends the differences between people culturally and racially. This project did not explore however the experience of mirroring in a Black population group situated in a political context together with the environmental, material and emotional stresses. Such

a factor may well need to be explored.

Finally, it is hoped that this project will sensitize the reader to the fact that life and pathology does not begin at birth but in a very real and active way forms its very roots in the unborn child. The implications here are vast. In taking histories of patients we will need to explore in greater detail the time of pregnancy, the realities for the parents etc. The implications here for personality development in utero and the potential for future pathologies are vast.

I, in turn, am very grateful to Brian for allowing me to share in the telling of his story and for the courage he showed in wanting to emerge from the confusion of the fragmented mirrors of his world. It is uncertain as to what the future will hold for Brian. There was a great deal more work that I had hoped to do with him in preparing him for discharge. However, in waiting for the right moment we may still have been waiting. Brian had looked into his internal mirror and found himself and in the finding had felt himself called beyond the walls of the institutions, back to his world. To have held him back would have meant to have pushed him back down from where he had struggled to emerge.

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