

## Psychosocial therapies for psychoses and bipolar disorders

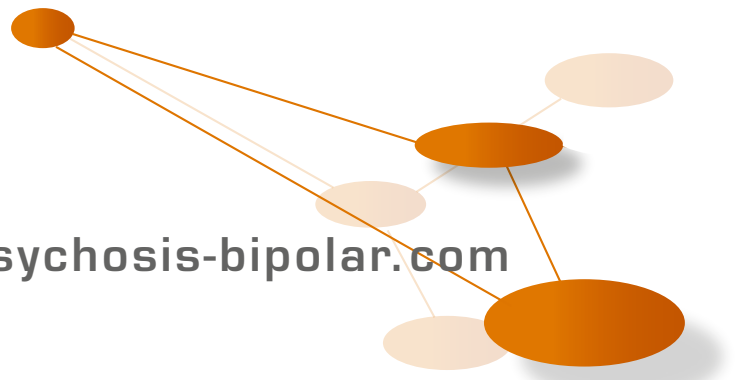
### PSYCHOANALYSIS

The fundamental tenets of psychoanalysis are as follows: Where traumatic events occur in the development of a child, these are eliminated from consciousness («repressed») and can no longer be voluntarily recalled from the «unconscious», that is, they cannot be remembered. This is a normal protection mechanism that is necessary for life. However, where this mechanism is in place over a long period of time in the case of serious emotional injury, these injuries cannot heal and cannot be dealt with. They retain their dynamic force and effectiveness, and can consequently surface in another form at a later stage - as symptoms of an emotional illness. The actual cause of the illness, namely the original injury, is not readily apparent. The only conscious symptom is the load caused by the resultant symptom. It is only by means of a supportive therapeutic relationship between the patient and the therapist that the patient is made aware of his earlier experiences, recognises their significance and deals with them appropriately. The relevance of earlier trauma becomes increasingly insignificant, and the symptoms lose their original sense, becoming weaker or disappearing completely.

In psychoanalysis, the patient projects his feelings, desires, anxieties and thoughts onto the therapist - although these actually apply to other people (for example the mother or father). This is known as «transference». The therapist must guard against educating, regulating, assessing, punishing, feeling offended or transferring his own value systems onto the patient, however. He merely contributes to allowing the patient to discover his own internal emotional world. In this atmosphere, which is not insignificantly shaped by the patient, the many internal processes - the «defence mechanisms» - also become clear; the patient attempts to use these during his adult years to protect himself and not to repeatedly have to feel anxieties experienced as a child. In this manner, excessive zeal in a job can represent a defence of subjectively threatening feelings. A neurotic depression can be an expression of massive, aggressive impulses that are not released however, but are rather directed against the person himself in the form of a crippling, depressive mood.

Psychotic symptoms can be similarly explained: Individual aggression is projected onto a putative persecutor, hallucinations in the form of voices are the expression of hidden thoughts and fears of the patient himself, although the patient does not dare to recognise this himself. A lack of drive (such as an inability to get out of bed) only appears to the outside world to be laziness, but in fact has a completely different basis: This represents an attempt to find a protective environment (the bed), and in so doing to reduce powerful anxieties. Deep psychological therapy or psychoanalysis should be performed by a therapist who is experienced in treating psychoses and bipolar disorders.

In general it is recommended that sessions be conducted with more than one therapist before deciding on a particular therapist. Psychoanalysis should not be started during an acute phase of illness, but rather only when the patient has stabilised.



Addresses of therapists practising deep psychological therapy or psychoanalysis, where treatment is covered by medical insurances are best obtained from the medical insurance responsible. In addition, the district medical association can provide information. Databases are available on the internet, e.g. under [www.dgpt.de](http://www.dgpt.de).

**Text:** Adaptiert von Birger Dulz & Theo Piegler

**Source:** Fritz-Michael Sadre Chirazi-Stark, Fritz Bremer, Ingeborg Esterer: Wege aus dem Wahnsinn. Therapien, Begleitung, Selbsthilfe bei psychotischen Erkrankungen. Aktualisierte und erweiterte Neuauflage, Psychiatrie - Verlag, Bonn 2002.