

Phantasy Therapy:

Use of Story in Group Psychotherapy for Stationary and Ambulatory Psychotic Patients

Gary Bruno Schmid, Ph.D.¹
Clinical Psychotherapist / Research Position
Integrated Psychiatry Winterthur ipw
Postfach 144
CH-8408 Winterthur / Switzerland

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Abstract: A group psychotherapy for acute and remitting psychotic patients is presented. The method revolves around the concept of story and its effectivity can be understood within the connectivity model of psychosis. First developed in our clinic in 1995 and expanded since then to also encompass the treatment of depressive, manic and borderline patients, this interdisciplinary, depthpsychological and hypnotherapeutical approach also incorporates elements of art therapy, behavioural therapy, movement & dance therapy and music therapy.

Keywords: art therapy, behavioural therapy, borderline, cognitive deficits, connectivity model, depression, fairy tales, group psychotherapy, hypnotherapy, movement & dance therapy, music therapy, narrative, parables, psychosis, schizophrenia, story

¹ Research Position, Integrated Psychiatry Winterthur, Head Physician, Dr. med. Andreas Andrae

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Introduction: Rediscovering Reality in Fantasy

Phantasy Therapy was originally developed in 1995 for the treatment of agitated patients with acute psychotic disturbances (Schmid et al., 1997), in particular, their cognitive deficits (cf. (Goldberg and Gold, 1995), (Heinrichs and Zakzanis, 1998)). It also more generally aims at countering the negative symptomatics of schizophrenic patients, as well as the problems of social withdrawal, anhedonia and lacking initiative of depressives, and it helps consolidate manic, ambivalent and desorganized behaviour, enabling patients to return to the ward with a more relaxed, collected attitude. Borderline patients benefit from the exposure to interpersonal you-and-we-communication which the “story” of Phantasy Therapy – see below - confronts them with. The weekly themes help patients deal in a playful, creative way with problems of anger, distrust and fear, openness, closeness, setting limits and dealing with conflicts. Thus, although primarily aiming at the treatment of psychotic patients, this form of therapy has also proven to be pragmatically successful for the treatment of patients with borderline, depressive and manic disturbances (Schmid, 2004), (Schmid et al., 2002), (Schmid, 2001), (Schmid et al., 2000).

Phantasy Therapy represents an experience-/expression- rather than a solution-oriented approach to psychosis therapy, orchestrating patients’ experience and expression into a kind of story.

Each weekly pair of 90-minute sessions tells this story with the same basic structure:

First day (1 psychotherapist + 1 movement & dance therapist): The chosen theme is (1) concretized with an object, usually a complex, scientific toy representative of the theme, (2) discussed at length, usually by means of metaphors and figures of speech expressing the theme, (3) embodied and sensomotorically transformed into movement via three interrelated phases of individual, partner and group exercises, (4) symbolically and cognitive-emotionally experienced, verbally, by means of a fairy tale or parable read out loud to patients lying on mattresses with their eyes shut following a meditative exercise of deep-relaxation.

Day 2 (1 psychotherapist + 1 art therapist): The same fairy tale or parable is now read out loud in tandem by the patients themselves. The patients are then encouraged under the guidance of an art therapist to transform their inner pictures into color, form and symbolism creating, in this way, a kind of “story” concerned with the theme.

A third day, additionally involving a music therapist to help patients “vitalize” - with rhythm, melody and motion - the story inherent to their drawings, paintings, sculptures etc. has already been developed but not yet put into action.

(Usually, one therapist-in-training also serves in background on both days.)

Depth-psychological problems brought to light during fantasy therapy sessions are dealt with in subsequent individual psychotherapy / analysis sessions.

Phantasy Therapy is an interdisciplinary, depthpsychologically, and hypnotherapeutically oriented treatment. It also incorporates elements of art therapy, behavioural therapy, movement & dance therapy and music therapy.

A handbook describing and explaining the “story” underlying each pair of sessions is in progress. An empirical study testing the effectiveness and usefulness of Phantasy Therapy under “treatment as usual” (TAU) in a large, county, psychiatric clinic with over 50% legally enforced admissions has recently been completed (Schmid et al., 2005).

The Role of Human Language in Phantasy Therapy: Story Telling

Phantasy therapy takes explicit advantage of several forms of verbal and nonverbal *linguistic symbolization*. Linguistic symbolization enables the individual to represent and understand themselves, and to express the many aspects of their inner life via:

- ◆ word (⇒ spoken language)
- ◆ object (⇒ manual body language)
- ◆ movement (⇒ mimic, gesture & motion-oriented body language)
- ◆ color & form (⇒ semiotic/symbolic language)
- ◆ rhythm & melody (⇒ musical language)

Most important here is how the method of Phantasy Therapy uses these language elements to give them the context-relatedness inherent to a story.

Each pair of sessions – see above - tells this story using a theme-object-fairy tale triad providing the dramaturgic elements of one unified plot (=the sequence of “what happens next”). A different theme-object-fairy tale triad (=set of dramaturgic elements) is chosen each week from a clinically-proven sequence of themes (=what the plot is about) leading to a cycle which repeats itself every 4 months or so. Whereas remitting, ambulatory patients are more receptive of concrete themes – see below -, patient compliance is enhanced with acute, stationary patients by the use of respective abstract themes:

- | | | | |
|-------------------|----------------------|--------------------|--------|
| • Energy | ⇒ Chaos | ⇒ Labyrinth | ⇒ |
| • Opening/Closing | ⇒ Nearness/Distance | ⇒ Opposites | ⇒ |
| • Polarity | ⇒ Mirroring | ⇒ Twisting/Rolling | ⇒ |
| • Transformation | ⇒ Balancing | ⇒ Walking | ⇒ |
| • Dialogue | ⇒ Harmony | ⇒ Music | ⇒ |
| • Sensing | ⇒ Active Imagination | ⇒ Passive Activity | ⇒ |
| •⇒ Energy | ⇒ Chaos | ⇒ Labyrinth | ⇒ etc. |

The examples can be easily extended.

Following are the special goals and aspects of three (arbitrarily) selected triads:

- Telling a story about Energy:
 - Catharthis of pent-up anger
 - Constructive treatment of aggression
 - Treatment of cognitive deficits
- Telling a story about Mirroring:
 - Reality-testing
 - Constructive "anchoring" of self- and body-image
 - Treatment of cognitive deficits
- Telling a story about Transformation:
 - Heightened awareness of metamorphosis / healing processes
 - Constructive treatment of ambivalence
 - Treatment of cognitive deficits

The fairytale representative of the weekly theme is the "heart" of our approach. Figure 1 shows a typical story-outline to guide therapists leading the first day of a weekly theme.

Phantasy Therapy and Mental Binding / Functional Connectivity of the Brain

Phantasy Therapy exposes patients to the entire palette of simultaneous sensory-motor impressions and encourages them to also express themselves in a multisensorial way under therapeutic orchestration, channelling these impressions and expressions into one context-related whole (story). In this way, the approach goes hand-in-hand with the connectivity model of psychosis (Tononi et al., 1998), (Tononi and Edelman, 2000), which postulates that psychosis arises from a functional disconnectivity between different neural networks and, accordingly, would best need a form of therapy supportive of neuropsychological binding (See, for example, (Harrison and Eastwood, 2001), (Klosterkotter, 1999), (McIntosh, 2000)), (McIntosh et al., 1999) or (Spitzer, 1999). I have already discussed elsewhere (Schmid, 1997) the extent to which cognitive deficits could be consequences of linear information processing (weakened «connectivity» or «binding») in the mind-brain. Thus, Phantasy Therapy understands psychosis in accordance with the connectivity model as a functional mind-brain information processing disturbance leading to a mental state in which the individual "picture puzzle pieces" of reality (elements of awareness and expression) may, prosaically speaking, sparkle and shine, while the overall picture of the world no longer makes sense.

It is interesting to note that trauma research also offers evidence of a mental «binding» problem associated with the problem of story building: In addition to disturbing the sensomotoric, the affective, and the cognitive development of traumatized children, psychological traumata can furthermore disturb a child's logical ability for narrative construction, that is, for differentiating between the beginning, the middle and the end of a story. Compare this now with the everyday, clinical observation that patients suffering from psychosis commonly manifest a similar disturbance to the narrative construction of their own, ongoing, real-life stories.

Psychosis vs. Neurosis Therapy

For psychotherapeutic work with neurotic patients, analysis, interpretation and explanation are of central importance. However, with psychotic patients, such efforts are of only secondary significance.

Elements of Psychosis Therapy

Psychosis therapy

- is basically identificatory and antiregressive.² This is opposite to therapy with neurotic patients which is basically anti-identificatory and regressive in nature.
- empathically finds the person in the magical, mythopoetical depths of the collective unconscious and leads them back into the here-and-now world of collective reality. Neurosis therapy guides the patient from the here-and-now world of collective reality into the magical mythopoetical world of their own subjective unconscious.
- focuses upon the patient's self-experience and self-expression (ontological approach) whereas neurosis therapy focuses upon the self-understanding (epistemological approach) of the patient.

² It is important to mention that a certain amount of regression is often necessary in the psychotherapy of psychotic patients in order to meet up with them on common grounds at the very basis/origin of their disturbance in the „moonscape“ of their unconscious. Antiregressive is the work ultimately „leading them back“ to collective reality.

Phantasy Therapy encourages patients' power of imagination and the resources inherent to their artistic, cognitive and movement potential, their playful expectant attention and curiosity, and their innate sense of humour. The method utilizes these resources therapeutically within the framework of an empathic-identificatory, "you-process", in order to meet ("pacing") the patient positively, emotionally and intuitively, there where they are within their subjective I-reality - "Where I feel myself to be alone!" – and then to gradually channel them back ("leading"), playfully, within the context of our collective we-reality – "Where we all are together!" Laughter plays an essential role in this approach.

Phantasy Therapy in Practice

I have already discussed above how Phantasy Therapy is employed with stationary patients.

Phantasy Therapy in the Day Clinic

We have also successfully implemented Phantasy Therapy in our day clinic. Insofar as ambulatory patients have greater cognitive-emotional abilities than stationary patients, we have been able to somewhat intensify the basis program:

- ◆ less abstract, more concrete, weekly themes
(e.g. "aggression" instead of "energy", "learning by example" instead of "mirroring", "new start" instead of "transformation" etc.)
- ◆ more complex treatment of objects (e.g. juggling)
- ◆ longer, more intense discussions of theme (30-45 instead of 15 min.)
- ◆ more difficult movement exercises
- ◆ longer, more complicated texts (parables, literary anecdotes, essays etc.)
- ◆ longer, more intense discussions of the symbolic content of the texts with more emphasis upon personal emotional commitment

Clinical experience has shown that the practicality, economy, effectiveness and robustness of Phantasy Therapy are similar in both ambulatory and stationary settings.

Clinical Indications and Contraindications

To date we have found no clinical contraindications. It has turned out, however, that patients suffering from substance abuse tend to find this playful form of therapy too „childish“, that is, they generally have a strong unconscious resistance to partake of the group identity.

Therapeutically Effective Factors

This paper argues that the most important neuropsychological therapeutic effect of any psychosis therapy lies in the repeated simultaneously and coherently channeled (empathic, interested, attentive) activation of different and separate areas of the (motivated, interested, attentive) mind-brain. This activation induces the context-related orchestration («binding», «connectivity») of the many different subjective and gestalt-forming sensory impressions («qualia») neurologically correlated («functional complexes») to these areas. Such orchestration during Phantasy Therapy provides the patient with a generalized narrative experience.

We argue furthermore that an integratively channeled imagination within the context of guided, positivising, subjective gestalt-forming is essential to the depthpsychological therapeutic effect of any psychosis therapy. This imagination is stimulated, supported and focused by respective therapeutic exercises. Such exercises during Phantasy Therapy encourage and enable the patient to express themselves narratively.

In nonpsychotic individuals, the processes of imagination and action are in continuous, cyclic interaction with one another.

An accomplished author, for example, commonly begins his or her writing process by imagining something. The further development of this idea/concept into a story depends, amongst other things, upon the results gradually taking form on the mental page in his or her mind during the actual physical process of writing on the page in front of them. These results are continuously being fed back into the results of the previous steps («feedback looping»): Via the nonlinear recursivity of this process (cf. (Schmid, 1997)) of planning and doing, the nonpsychotic writer is both doer and observer at the same time. His or her product is well composed. From an aesthetic point of view, nothing "pops-out" from the page to the eye of a naïve reader.

In psychotic individuals, the continuous, cyclic interaction between the processes of imagination and action typical of the nonpsychotic person is cut through (Kircher et al., 2005).

In marked contrast to the above-mentioned accomplished author, plan and action seem to be more or less isolated during the linear writing process of the psychotic writer: Imagining and doing hardly seem to recursively interact, that is, to feed back, one upon the other. This could explain the strong reduction and painstaking reproduction of ideas, concepts and symbols which the notes and letters of schizophrenic writers are usually crammed full of and which commonly mark the writing style of such patients. A story is difficult, if not impossible, to recognize from a third-person standpoint. Many elements of the written page seem to "pop out" in a fashion disagreeable to the mind's eye of the naïve reader.

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THERAPEUTIC TRIAD (DRAMATURGICAL ELEMENTS):

Theme: **Energy**
Object: **ORBITER Toy, Post cards with violent, natural scenes**
Fairytale: ***The Jaguar and the Lightning Bolt* (South American Indian)**

SESSION PLAN (PLOT):

Day 1: Introduction & Discussion of Theme (Psychotherapist)

- **Standing in a circle while passing the object around**
 - **Instruct patients in turn to greet the group with a rhythm on drum in center of circle**
 - **Discuss the pictures on the cards / Collect metaphors and figures of speech about energy (storm, earthquake, volcano eruption, forest fire, waterfall, tornado, tides, sun, war, love etc.)**
 - **Demonstrate the ORBITER and pass it around / Discuss metaphors & figures of speech**

Day 1: Movement (Movement & Dance Therapist)

- **Individual Experience in a Circle** ("I-Feeling")
 - - Swing arms around to l. & r. (centrifugal force): Notice changes in blood circulation & puls
 - - Make fists and squeeze a soft tennis ball as if it were a lemon, let it slowly loose
 - - Press palms strongly together, relax

 - - Pat body from foot to head, "wake up your energy"
 - - Beat chest (like Tarzan) while shouting "Aaeiiiouuu!" in crescendo and descendo

 - - Breathe in, and shout "Ha!" loudly while stamping your foot in the direction of circle center: All together, one after the other (A-Z): repeat with "He!", "Hi!", "Ho!" and "Hu!"
 - Swing / whip body & legs in tact with KODO-drum rhythm: Accent beats by stamping feet or clapping hands; Accent beat with figures in air (arms, elbows, shoulders, knees etc.); Find partner who shares beat
- **Partner Experience in Pairs (A+B)** ("You-Feeling")
 - **Experience resistance to your muscle power by pressing against wall, door, cabinet etc.**
 - **A+B: Press various body parts together (hands, shoulders, backs etc.), experience resistance of the other (Try using maximum effort! To avoid touching if necessary, place a soft ball between persons)**
 - **Wrestling: With r. foot to r. foot on floor and grasping r. hands, each person tries to tip the other over by pulling or pushing the held hand (Left foot is allowed to be moved and lifted off the floor)**
 - **Option: Directly throw or bounce a soft handball across the room to your partner, forcefully; Press a large gymnastic ball between yourself and your partner and try to throw each other out of balance**
- **Group Experience in the Room** ("We-Feeling")
 - **Form 2 groups: One group lying down (eyes closed?) experiences - to music - the energy of the wind created by the other group rhythmically swinging a large sheet or parachute over them: crescendo, descendo, in a circle. «Change group rolls»**

Day 1: Fairytale (Meditative „trance“ induction / Fairytale read by Psychotherapist)

MATERIAL / MUSIC: Soft tennis balls, Large sheet, Parachute / KODO Drums (Music by A. Vollenweider)

Day 2: Color & Form (Art Therapist)

Group Leaders: *G.B. Schmid, K. Ito, R. Eisenhut / S. Dämpfle*

Figure 1: Dramaturgical Outline of Story centered on theme ENERGY (Day 1)

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