Notes from the Chicago Circle:
An attempt to organize a treatment program for psychotics

Charles Turk, MD

Five years ago several of us, engaged in the daunting task of studying Lacan's concepts, availed ourselves of the opportunity to attend weekly summer seminars in Quebec City conducted by Willy Apollon, Danielle Bergeron and Lucie Cantin. The three analysts, trained by Lacan, founded GIFRIC (an acronym for: The Interdisciplinary Freudian Group for Research into Clinical and Cultural Intervention). Their teaching is conducted through GIFRIC's educational arm, EFQ (Ecole Freudienne du Quebec). As the seminars have evolved the three have urged attendees from various parts of the United States to organize as "Circles" of EFQ. At this time such groups exist here in Chicago and in California (San Francisco), Boston, Atlanta, New York, and most recently Puerto Rico.

Each circle periodically hosts a "clinical day" where Willy, Danielle and Lucie respond to clinical cases and topical papers presented by members of the circle. These informal - but quite instructive - interchanges we find both individually stimulating and supportive of our Circles' group effort. While we strive for consistent attendance in our small groups, we welcome new members who will commit themselves to immersing themselves in study. Our most recent "clinical day" immediately preceded last November's IFPE meeting in Chicago. Three members of our "study group on psychosis," Greg Rosen, David Seiberling and I, presented a clinical panel at the IFPE meeting entitled "Opening up a space for speech for the psychotic."

Our core group, Lucia Villela-Kracke, Waud Kracke (who also presented papers at the IFPE conference) and I, meet weekly both to discuss various texts - those of Freud and Lacan as well as our notes from the summer seminars. We also use these sources to plan for the content and direction of a "work group," with a more theoretical orientation.

Our other study group on psychosis is composed of clinicians dedicated to the psychotherapy of psychosis. We are engaged in developing a therapeutic milieu as a result of contacts we have had with a day treatment program. We approached an existing psychosocial rehabilitation program with a proposal based on a particular treatment concept we developed.

This concept was based on a treatment program for psychotic young adults that GIFRIC developed. The sequence of texts we draw upon: Freud - Lacan - GIFRIC reflect a progression of concepts regarding the treatment of psychosis. Where Freud was pessimistic about treatment because he felt that psychotics could not form transferences, Lacan was also pessimistic because he felt that any transference formed would inevitably gravitate toward erotomania. The Canadians' approach is based upon a long-considered and careful study of their treatment of psychotics. It focuses on creating - perhaps for the first time - a subjective position for the psychotic, solely through the medium of hearing out his speech. Here the psychotic's transference is a response to the *desire* of the analyst, whose task is to grapple with the welter of all his desires - and make paramount his single-minded desire to know.

This treatment program, known as "388," derives its name from the street address of a house in a residential area of Quebec City, in which it is located. It offers an alternative to traditional treatments that generally regard the psychotic as "objects" of observation and care, by involving them in a milieu which guides each of them toward an analysis. When the psychotic experiences a crisis, 388 offers him or her an alternative to hospitalization - a place to stay and be attended to around the clock.

When 388 was founded, skeptics expressed the conventional wisdom supported by our cultural ideology in declaring that psychotics could not tolerate the proposed psychoanalytic form of treatment - and would only be made worse by it. One wall of the residence's parlor is formed by a beautiful stained glass partition. That it has remained intact over the twenty years of 388's existence, testifies to the character of the milieu that dissolves aggression by a detailed insistence upon the psychotic's expressing himself through speech - as well as through non-verbal creative endeavors.

At 388 crises are managed by assuring that the psychotic is never alone; he is attended by someone dedicated to his well being and to assisting him to make sense out of the chaos he experiences. Lending the psychotic "plenty of ear", fosters a space for the psychotic's speech to become the avenue that he can traverse to exit from his illness.

This refers to the Canadians' concept of the "second logical phase" in the treatment of psychotics - to establish a subjective position for the psychotic, by hearing out his delusion while constraining its effects. The first phase consists in the already existing work that the psychotic brings to treatment, namely his engagement in a delusional effort to repair a defect in "his" world. If the psychotic becomes engaged in the treatment, delusional certainty begins to be replaced by the restraint of insight - a new knowledge referred to as *savoir*. The psychotic then enters the "third logical phase" - where he addresses his illness, this often takes the form of confronting a delusional object. The "fourth logical phase," generally negotiated in the context of a firmly established analysis - deals with a reproduction of the illness precipitated by the psychotic's attempts to mend his ruptured "social link" as he engages in some personally productive activity in the community.

As implied in the situation of the fourth phase, each phase is characterized by a crisis particular to it. In the first phase the psychotic presents himself for treatment, not - as we might

think - to "get better," but rather to get assistance in shoring up the place where his delusional work is failing. The second phase leads to a "crisis of engagement" where the psychotic - perhaps for the first time - is immersed in his illness in the company of others who are dedicated to his well-being. When further movement evolves into the third "crisis of confronting the illness," the psychotic must bear the awareness of being ill - and for some it is too much to bear and they choose to avoid it. But if successfully negotiated, the psychotic has now attained a new position that enables him to return to a potentially satisfying role in the community. But this confronts him with the "fourth logical crisis," to re-enter a world that had been lost to him, and which now may be inhospitable.

The theoretical scaffolding upon which we based our own proposal is delineated in the Canadian's recounting of their experience at 388, entitled "Traiter la psychose." As this text had not been translated into English, we have taken up the task of translation that is now nearly 2/3 accomplished. "Traiter la psychose" has provided us with concepts for study and to use in developing our proposal.

In brief, our proposal to the director of the psychosocial rehabilitation program would introduce a "listening component" into the presently existing program. This would address a problem the director delineated, namely that several of their clients retrogressed after a promising improvement or seem "stuck" in delusions that rob them of the good function they enjoyed before breaking down. The new "listening component" would be articulated with programmatic elements already in place. They would function to constrain or limit the delusional discourse, while other time would be opened up to hear out and work with the delusion. The goal would be to transform "autistic" delusional elements into activities with a social value in order to assist the psychotic in re-entering "the world" on the basis of productive and satisfying activity. This is predicated upon his first having repaired his ruptured "social link" - the sum of the internal representations that form a foundation for relatedness with others.

We know that developing our proposal is an arduous one, as its heart will be the goodwill and motivation of their staff, to work with us to consider a different way of approaching the psychotic - through careful listening - a task that we know is time consuming and difficult. But we are heartened by the director's comment on reading our material. "This is amazing," he exclaimed to me. We hope that his response can be transmitted to his staff so that we can work together to support this novel way of working with the psychotic individual. Time will tell if this comes to fruition, and meanwhile - just as in our approach to the psychotic individual - we simply have to bide our time and sustain our efforts.

To conclude, at the recent IFPE meeting we had the opportunity to meet David Garfield who is interested in developing a Chicago Chapter of ISPS-US. An initial meeting of interested clinicians is planned for late January, where we hope to form an organization among those of us who spend time with our patients in those quiet places our work with them requires. Given the uncaring times we find ourselves immersed in, our work has taken on the characteristic of a "not-so-splendid" isolation - an isolation that our forming our own community might mitigate.

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News from the Chicago Chapter of ISPS-US

Julie Wolter, MA

The first meeting of the Chicago chapter of ISPS-US was held January 27, 2001 at The Institute for Psychoanalysis, 122 S. Michigan Avenue, 13th floor. The meeting began with an informal presentation by Charles Turk, MD, about the 338 Griffique model of acute residential treatment for psychosis from a Lacanian perspective and the remainder of the meeting was dedicated to ideas regarding the development of the chapter as well as future meetings. We envision the chapter as a local network of mental health professionals who work with psychosis and will meet on a regular basis for support and for discussion of cases and theoretical application.

The second meeting of the Chicago chapter of ISPS-US is scheduled for Saturday, March 10, 2001. The first meeting was much larger than anyone had anticipated with some 25-30 people attending. Analysts, therapists and trainees from private practice, Reed State Mental Hospital (The Old Chicago State Hospital), VA hospitals, community mental health centers, and a variety of institutes, medical schools and graduate schools all showed up. The variety of experience level was impressive from people just starting out to those who had been working with psychotic patients for over 45 years. Needless to say, it was a stimulating meeting, and the enthusiasm for outreach into the community was inspiring. The next meeting will continue discussing how ISPS-Chicago can meet the needs of the chapter members as well as become an integral part of the mental health agencies that serve people needing treatment for schizophrenia or psychosis. The Chicago chapter is committed to service, education/supervision and scholarship. If you would like more information, contact David Garfield, MD at 847-578-8705 or DASG@aol.com or Julie Wolter, MA at (847) 733-9228 or jwolter@safeplace.net. If you plan on attending the next meeting, please call Julie Wolter at the above phone number/e-mail address.

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EDITOR'S NOTE: Since this report, there have been several more Chicago chapter meetings. Minutes can be found on the ISPS-US ListServe, along with minutes of chapter meetings in New York, Washington, and San Francisco.