Commentary on: Portrait of a Man Imprisoned in an
Altered State of Consciousness: The Case of "Sean"

The Keys to the Prison: Michael Garrett's
Integrative Approach to the Treatment of Psychosis

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ABSTRACT

This discussion of Michael Garrett's (2020) case study, "Portrait of a Man Imprisoned in an Altered State of Consciousness: The Case of 'Sean,'" examines the integrative conceptualization and practice that is evident in the presentation. Among the themes explored are the particular way that Garrett approaches issues often conceived in the psychoanalytic literature as "Oedipal" and "preoedipal;" the role of corrective emotional experiences; the boundaries of self and other in subjective experience; the cyclical nature of the dynamics that maintain Sean's guilt and his problematic life patterns; and the creative tactics through which Garrett integrates psychodynamic and cognitive-behavioral perspectives in his efforts to help Sean escape from the repetitive pattern in which he is caught.

Key words: psychotherapy integration; psychodynamic therapy; cognitive behavior therapy; CBT; cyclical psychodynamics; Oedipal and preoedipal; psychosis; case study; clinical case study

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To begin with, I would like to thank Michael Garrett for introducing us to Sean. Sean's humanity shines through on every page. Garrett tells us that Sean is as "deeply entrenched" in his delusion as any patient Garrett has encountered in the course of his work with psychotic patients. But what we encounter in this paper is not a "case," but a person. Sean is not treated in this paper simply as a member of a diagnostic category. He is a suffering fellow human being.

And there is not a moment when Garrett does not *treat him* as a person, not just a case. His respect for the power of Sean's delusions and his respect for Sean are evident in equal measure.

Relatedly, although there is much in Garrett's paper that can appropriately be discussed under the rubric of *techniques*, and indeed, much to be learned from the paper in this regard, we are not being presented with a *protocol*. There are *principles* that underlie Garrett's work with

Sean. But there is not a manual being applied to him. Procrustes would not find a bed in Garrett's office.

Garrett invites others to "take up the challenge of tailoring a psychotherapeutic approach to this devilishly convoluted form of suffering" (p. 41). This I cannot do. What I *can* do is a mix of kibitzing, backseat driving, and Monday morning quarterbacking—along with expressing my admiration for Garrett's humanity, persistence, and creativity. I will attempt to underline some of what he has done in his work with Sean that particularly struck me as interesting or noteworthy, as well as to raise some questions I hope will be of interest to the reader.

THE INTEGRATIVE NATURE OF GARRETT'S CLINICAL WORK

I begin with considering the integrative nature of the work he describes. Clearly it has strong roots in both psychodynamic and cognitive-behavioral thought and practice. On balance, it seems to me that Garrett's *understanding* of Sean gives particular emphasis to the psychodynamic roots of his delusions, and that his *interventions* give more weight to the cognitive-behavioral. I will address both as I proceed. But I want to note before doing so that, as broadly and valuably integrative as the paper is, there is a perhaps surprising omission. Much has been written about psychosis from a family systems perspective, and little of this finds its way onto these pages. There are intriguing hints about the family system, from the mother's apparent warmth toward Sean, to her pattern of calling her brother Ronan over from across the street to discipline Sean, to Sean's "drinking buddies" relationship with his father, to his tone of command with his mother. These are by no means ignored, and some of them play a role in Garrett's formulations about Sean. But they are not discussed from a systems vantage point. This is not a criticism; none of us can do everything. It is rather an indication of an open door through which some readers might wish to enter and make a further contribution.

Garrett's primary conceptual tools in understanding Sean center on themes of guilt, conflict over sexual desire, and Oedipal rivalry and submission. His discussion of the Oedipal themes in the work is noteworthy for a number of reasons. To begin with, there is often an unexamined assumption among psychodynamic writers that because psychosis is a more severe form of pathology, it must perforce be "earlier," according to the archaeological layering model that has dominated psychodynamic thought for more than a century (see Wachtel, 2003). Consistent with this theoretical bias of much of the field, psychosis is assumed to be primarily a product of *pre*-oedipal dynamics. Such lockstep, overly linear developmental reductionism has been powerfully critiqued by writers such as Westen (1988, 1989), but its grip on the mainstream of psychodynamic thought has not loosened. Garrett, in contrast, grounds his understanding in his clinical observations rather than in the automatic imperatives of theoretical mandates. His centering of his discussion on Sean's Oedipal rather than preoedipal dynamics is part and parcel of his consistent centering of his attention on *Sean* rather than on the cliches and dictates of theory.

So too is the way that he addresses and elaborates on those Oedipal dynamics. Garrett's approach to Sean's Oedipal dynamics is attentive to the specifics of Sean's psychology and Sean's life experiences rather than conforming to stereotyped or simplified textbook versions. To be sure, Sean's father figures in the picture, sometimes in a fairly conventional way. Sean

says, "My father would have killed me if I ever disobeyed him" (p. 162), and we see echoes of this archetypical dynamic in Sean's fear that even the slightest degree of purely subjective reservations or disrespectful thoughts about the Council of Four (CoF) would bring painful consequences and an end to all Sean's hopes.. But mostly, Sean's father is experienced as a buddy rather than a hierarchical, forbidding figure. It is *Uncle Ronan* who is more the stereotypical Oedipal "father." Ronan is a figure of fear who has been so thoroughly internalized as such that Sean fears him even now that he is in a nursing home.

In addressing the Oedipal dynamics that he sees as at the center of the case, Garrett frames his therapeutic goal more in the fashion of a prolonged corrective emotional experience or relational reworking rather than from the vantage point of interpretation and insight. In the course of his extended work with Sean, it is Garrett's hope that Sean "will internalize me as a caring Oedipal father who is trying to provide him with some guidance, whose standards aren't so punitive as those of the CoF. I expect that if he comes to see me in this way, his need for the CoF has a good chance of declining" (p. 162). In the language of relational psychoanalysis, Garrett's approach to his work with Sean reflects a "two-person" model rather than a "one-person" model (Aron, 1996, McWilliams, 2011, Mitchell, 1988, Wachtel, 2008).

To be sure, Garrett also includes in his understanding of Sean and patients like him the kinds of considerations that are more commonly emphasized in psychodynamic discussions of psychosis. At times, he notes, "a primitive internal object-related fantasy takes center stage" (p. 145), and he adds that "Delusional narratives have a cast of characters (persecutors, victims, voices, messiahs, gods, and devils) that are fashioned from primitive internal object-related fantasies that are present in the minds of ordinary young children" (p. 145). Among the factors that at least partially distinguish people who become psychotic from those who don't is a difficulty developing and maintaining a clear sense of what lies within one's own skin or one's own mind and what lies without. As Garrett puts it, "The delusional stories that psychotic people tell to explain their circumstances generally depict separate characters interacting in a story that can be viewed as an autobiographical play staged in the real world. ... Although the characters in the delusion appear to be separate individuals, they are mental representations of the patient's mind, arrayed in a story that expresses the patient's personhood and regulates his or her psychic life" (p. 145)

I was reminded in this account of Julian Jaynes's (1977) controversial classic, *The Origin of Consciousness in the Breakdown of the Bicameral Mind*, in which Jaynes regards such a way of experiencing and construing one's own mind as pervasive in the prehistory of our species, only gradually giving way to our current way of construing experience somewhere around the time of the ancient Greeks. From this vantage point, patients like Sean are manifesting a way of experiencing themselves and the world that is close to how most people understood their experiences through most of human history. In translating Sean's experience into the more internal dynamics that make more sense to most of us today, we are, in a sense, translating from one mode of human experiencing to another. Few of us have thoroughly lost the tendency to attribute aspects of our thoughts, wishes, and fears to persons and entities external to us. From childhood fears of monsters, to fairy tales, to racist ideologies, to the great literature of all ages, this permeability of boundaries is a characteristic of all of us at least at times, with consequences from the fearful to the evil to the sublime.

In his work with Sean, Garrett's efforts to "get the boundaries right" is directed toward a fixed and rigid attribution that is at the heart of Sean's suffering and the cause of his having basically put his life on hold for years. In principle, the kind of representation of parts of the self or of one's own thoughts, desires, and experiences as *outside* the self can occur with regard to a wide variety of experiences and psychic dynamics. But in Garrett's account of his work with Sean, it is particularly Oedipal desires and conflicts that are at the heart of Sean's projections and constructions around the CoF, and more particularly still, issues of guilt and the superego. In some theoretical/development schemes, guilt is a more "advanced" psychological achievement, characteristic of those who have successfully moved beyond the more "primitive" or "archaic" forms of psychological organization that are presumed to characterize those who are arrested at preoedipal stages of development or who are suffering from psychosis. In Garrett's work with Sean, the co-occurrence of guilt and psychosis poses no problem. Here again, he keeps his eye on the ball of clinical observation, rather than being mesmerized by the temptations of theory. What Garrett originally called a "guilt loop" and Sean later called "guilt work" is especially prominent in Garrett's work with Sean, and it is interesting that this is also a feature of the work that is phenomenologically compelling for Sean. Sean leaps readily into "guilt work," shares Garrett's enthusiasm for the term itself, and seems to derive considerable benefit from it.

Of particular interest to me was the concept of the "guilt loop." Sean was dominated by, and always ended up failing, the judgments of the CoF. In one sense, this is already captured by the idea that he projects the accusations of his superego onto them. But the "guilt loop" idea points to something more complex and dynamic. Psychodynamic accounts often have as a limitation the portrayal of the motives, fantasies, and conflicts they identify as basically fixed, as preserved from childhood, deeply buried in their original form until they are dug out by the therapist's interpretive efforts. I have elsewhere (Wachtel 1997) referred to this as the "woolly mammoth" model, analogizing to accounts of woolly mammoths dug up from beneath the arctic ice, maintained in their original form by the intense cold and from being sealed off from the bacteria in the air. Like the memories discussed by Breuer & Freud (1893)—and in later theory the fantasies or wishes that were similarly conceived as deriving from infancy—these mammoths, so perfectly preserved their flesh could be eaten if one had a taste for a genuine paleo diet, have, analogously to Breuer and Freud's account of the preserved memories, "persisted with such freshness[1] ... because they have been denied the normal wearing-away processes." (Breuer & Freud, 1893, p. 11). In the case of the mammoths, the process is no more esoteric (though more dramatic) than what we count on every day when we go to our home freezer. The processes of wearing away to which Breuer & Freud (and Freud alone in later theorizing) alluded included abreaction, thinking through and putting into perspective, and a range of other psychological and physiological processes. Repression and other defenses were thought to obstruct these wearing away processes and hence to keep the buried parts of the psyche in some sense similarly preserved.

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[1] It was the term *freshness*, applicable in different ways to both the freshness of the memories and of meat from a freezer, that first called to my mind this analogy (perhaps at a time when I was writing while increasingly hungry).

This way of thinking, so familiar to psychodynamic therapists and so common (either explicitly or implicitly) in psychodynamic theorizing, fails to take into account that far from simply being preserved by being buried – from being living museums of infantile thought and affect—the unconscious fantasies, conflicts, and affective tendencies revealed in the course of psychodynamic exploration and interpretation are the product of continuous and ongoing interactions between "internal" and "external" events (Wachtel, 2009, 2017). In order to fully and adequately understand psychopathology or the development and dynamics of personality – and in order to prevent psychodynamic formulations from being oddly static rather than genuinely dynamic – we need to attend to not only the ways in which what emerges from psychodynamic exploration may resemble the psychological configurations of much earlier years, but also to *what keeps* those thoughts, desires, and affectively charged fantasies looking as if they were "infantile." Garrett's focus on the "guilt loop" opens the door to such a more fully dynamic understanding.

Implicit in Garrett's discussion of the dynamics of the guilt loop, as I understand it, is attention to how Sean's guilt is *maintained* over the years by a repetitive pattern in which effects become causes and causes become effects. Sean projects the hostile self-scrutiny under which he lives onto a mythical external entity which he tries effortfully (and always unsuccessfully) to please and appease. But because the CoF, notwithstanding its promises of eventual riches, sex, and fame, is relentlessly critical and unsatisfied, they are – however much Sean tries to avoid such feelings – also a constant (if not generally consciously acknowledged) object of Sean's strong and bitter resentment. Then, having "caught" himself in these unacceptable feelings – since his superego is, for all the projections, still actually ensconced within his own psyche, and hence (unlike the mind-reading machine of his delusions) genuinely capable of *detecting* his forbidden thoughts and feelings (again whether acknowledged or not) – he once again *has reason* to feel guilty, *reason* for the CoF to treat him harshly. Scrutiny yields resentment, which yields guilt at the resentment and a "rejecting" response from the CoF, which yields resentment still again, which yields still further guilt and fear, in a "loop" that repeats itself ad infinitum.

Garrett clearly understands this loop, and an important part of his work with Sean includes not just his CBT-guided efforts to logically chip away at the chinks in the armor of the delusion (a valuable element of Garrett's overall approach that I will discuss shortly), but also a continuing effort to *make room* for Sean's anger, to help Sean *accept* the anger as a normal human response to being constantly scrutinized, criticized, and denied gratification. At one point he describes, for example, the following intervention: "I told him I understood that he was *reluctant to rile* the CoF in any way, as he might by *pointing out the impossibly high standard they set* by requiring him to control his thoughts, but that *I* could say, if he could not object to their impossibly high standards himself, that this was extremely unfair" (p. 160, italics added). Here Garrett subtly and implicitly attributes to Sean an attitude he would deny if stated explicitly (e.g., "you feel their standards are impossibly high"). At the same time, by calling attention to what it is that Sean *would not* say, he exposes Sean *to* that idea (in a kind of analogy of "don't think of white bears" [Wegner et al, 1987]) and even associatively links it to Sean, while still providing Sean the deniability that enables him to keep listening. We have, then, a form of what I have called "attributional" interpretations (Wachtel, 2011) as well as a form of graduated exposure therapy, in which Sean is exposed to *some* of the cues associated with having that (forbidden) thought, but not more than he can handle at that point.

WHY PSYCHOSIS? NOT PRETENDING TO
KNOW MORE THAN WE REALLY KNOW

It is interesting, given the Oedipal dynamics that Garrett views as so central in Sean's case, that he does not really have much to say as to why Sean developed psychotic delusions rather than manifesting the neurotic-level difficulties more commonly thought to be associated with Oedipal conflicts (McWilliams, 2011). He points to biology, genetic vulnerability, and other "usual suspects" in his speculations as to why Sean's life took the course it did. But to his credit, he does not resort to any of these as an explanatory silver bullet, does not offer the kind of facile explanation that uses terms of such generality that they only *appear* to explain but do not substantively illuminate. He is clearly deeply knowledgeable about the various theories that have been offered to account for psychotic disorder, but he avoids the easy and empty path of what amounts to pseudo-explaining. Yes, it almost certainly is some combination of or interaction between genetic or biochemical vulnerability and specific stresses and developmental experiences encountered. And certainly further knowledge of the biology of these disorders can aid researchers working to develop drugs to treat them. But for now, there are serious limits to how satisfactorily drugs can treat problems like Sean's, and Garrett takes on the hard job of working with Sean as he is, of taking him seriously, relating to him, working persistently around the edges of his delusion to find a point of entry or leverage.

In this latter regard, I was reminded in reading of Garrett's work with Sean of the lyrics to Leonard Cohen's song *Anthem*— "There is a crack in everything // That's how the light gets in." Garrett looks for the cracks in Sean's delusion, the places where there is at least a hint of a point of entry or leverage, and he seeks to let in some light. Here he particularly skillfully combines psychodynamic understanding and cognitive-behavioral intervention.

In Garrett's efforts to find the crack and create leverage, he relies substantially on methods that derive from CBT, methods he applies with admiral flexibility, creativity and simple patience and persistence, a willingness to go over the same material week after week in hope of slowly getting to a tipping point (Gladwell, 2000) where change that has silently been building can suddenly be manifested in a noteworthy transformation. As Garrett puts it after describing one example, where a concession by Sean was immediately followed by a "but" that negated the concession, "Like mountaineers facing a long climb, I thought we had placed a piton that might serve as a future support." (p. 35) In this instance, as in many others, Garrett had "drilled down" to probe for any tiny "crack" in Sean's logical edifice. He does this repeatedly, laying pitons (or, as a dynamic therapist might say, working through gradually, painstakingly, and repeatedly). But the effectiveness of his applications of CBT methods depends as well on his attention to and skill in building and maintaining the alliance. He gets Sean *interested* and *curious*, and he also gets Sean to *trust* him. He and Sean share coffee and share humor, and he approaches Sean not from the vantage point of following a protocol or manual but in a way that, moment by moment, *invents* the next step by attending *both* to the logic of the method *and* to Sean's affect and individuality. Garrett notes that "Like psychodynamic therapists, CBTp therapists regard the therapeutic alliance as central to treatment" (p. 160). But Garrett brings as well an understanding of *resistance*, which he discusses explicitly in his account and addresses with considerable sophistication that unites the strengths of both psychodynamic and cognitive-behavioral thinking.

An especially powerful impediment to change in Sean's case is that the CoF represent not just a threat of punishment but also a temptation, a seduction. From Sean's subjective vantage point, giving up the delusion means also giving up the hope for Hollywood, Megan Fox, and all that comes with that. The delusion is supported by *both* pushes and pulls. As Sean puts it, "There are millions of dollars on the table" (p. 143).

Garrett's challenge was to transform this element of hope – which as delusional as it was, pointed to *some* perception on Sean's part that things could change and be better – into a hopefulness that had at least some grounding in reality. And Garrett's skill – and point of possible leverage – in this pursuit lies in a sophisticated understanding of the forces arrayed against his efforts and of the small handholds and footholds that might make some progress possible. He notes that "It is difficult to engage patients in an ambitious psychotherapy that explores their psychology when they believe that their problem does not originate within themselves but rather is located in the outside world. Patients who are so inclined want the therapist to help them battle their persecutors, not analyze their minds" (p. 136).

Much of the work Garrett describes is predicated not only on his understanding (likely to be uncontroversial to the reader) that what Sean attributes to an external cabal and set of contingencies they control is a product of Sean's own mind, but on his appreciation as well of the subtlety and persistence necessary to help *Sean* see it this way. In this effort, he makes use of CBT methods rooted, as he notes, in *logic* (and, we should add – and reflected in aspects of Garrett's own work with Sean – in empiricism). But, Garrett employs this logico-empirical method in a way that, in my view, is far more subtle and supple than is common in CBT practice. He does not bludgeon Sean with logic or evidence, does not try to persuade him like a lawyer or a philosopher. He employs logic and evidence in the service of engaging *Sean* to examine his assumptions and conclusions, and he relies powerfully on his *relationship* with Sean, and on the caring, sensitivity, humor, and creative attentiveness that constitute and maintain that relationship.

An enormous and valuable body of evidence demonstrates that much of the time the therapeutic relationship accounts for more of the variance in therapeutic outcome than the therapist's theoretical orientation or particular interventions (e.g., Norcross & Lambert, 2019; Norcross & Wampold, 2019). But often the relationship is discussed in a fashion that reduces it to a percentage of variance rather than examining it as the dynamic, fluctuating, bidirectional, experiential, and emotional phenomenon that is evident in Garrett's account. He has a chance of getting through to Sean not just because of the power of the logic and examples he employs (though they are an important *part* of that relationship and of its therapeutic potential), but because he is keenly attentive to and responsive to the *parts of Sean* that, however tentatively and ambivalently, want to stand back and take a second look at the idea that has such a stranglehold on his consciousness and on the way he lives (or largely, the way he *doesn't* live) his life. Garrett enlists the small doubts and uncertainties that Sean evidences to gain Sean's own participation in the examination. Respecting Sean's curiosity, and engaging Sean's sense of humor, he makes Sean a partner in the enterprise.

In discussing the general strategy of his work, he states that, "The therapist may start with a belief that most easily lends itself to challenge, in the hope of extending doubts generated about this particular belief to other beliefs, by saying 'If you were mistaken about this one belief, might

there be others where you have come to a questionable conclusion?" (p. 148). In Sean's case he starts with Sean's beliefs about a machine that can read his mind. He notes that "there were limits to his belief about the machine that suggested islands of reality testing that might be mobilized in the treatment" (p. 151). His work beginning with these slightly more vulnerable delusional beliefs is reminiscent of the "foot in the door" techniques used by salesmen and discussed by social psychologists (e.g., Beaman, et al, 1983, Burger, 1999, Freedman & Fraser, 1966).

In the same vein, Garrett notes that Sean's very willingness to attend sessions (which he did quite faithfully and regularly) suggested that "he might have some need for a conversation or be hoping to get something from the therapist" (p. 143). That need for (or interest in) a conversation could have readily evaporated in the hands of a therapist more committed to a manualized way of working. It was Garrett's deeply human and responsive way of working with Sean that almost certainly maintained that interest. That he could do this while still persistently pursuing genuine therapeutic ends, rather than just being "nice" with Sean, again attests to the skill with which he approaches this work.

WORK INTERRUPTED

Garrett notes that notwithstanding calls (such as those of the British best-practice National Institute for Health and Care Excellence Quality [NICE] Guidelines) to offer psychotherapy to schizophrenic patients, the reality on the ground is quite different. He quotes one clinician, clearly intended as representative, as saying "I try to bear compassionate witness to their suffering, but I really can't do anything to change their condition" (p. 134). Garrett too bears compassionate witness, but his aim is clearly much more ambitious. It is evident both in his work with Sean, and in the framing of his discussion, that he believes that with hard, persistent work, sufficient time and resources, and the theoretical flexibility and sophistication to draw upon multiple clinical models, genuine and extensive change can be achieved.

The work with Sean, like so much else in the world, has been disrupted by the current pandemic. There were signs of progress in the work Garrett reports, and certainly many indicators of miles to go before real change would be evident. Garrett does not offer us a "success story" in this case. But he does offer us examples and guidelines that should encourage others to follow his example. The CoF offers Sean hope—for fame, wealth, and fabulous sex with a glamorous woman – that is hard for Sean to give up. Next to that delusional hope, the hope that Garrett offers may seem mundane—simply a life lived in the real world, with its inevitable mix of rewards and frustrations. In commenting on the influence of the irrational forces whose role in all of our lives he helped so powerfully to illuminate, Freud famously said, "The voice of the intellect is a soft one, but it does not rest until it has gained a hearing." Garrett too does not rest, until he has had *a great many* hearings. Sean seems to be listening, even if their relationship consists in large measure in Sean's warding off that voice, reinterpreting it, marginalizing it with "yes, buts" and empty dreams. But Garrett shows in this paper how one persists in the face of this, with empathy, caring, persistence and—critically important—consummate skill. In reading this paper, we are witness to an epic battle. It is a battle not of Garrett versus Sean but of Garrett *and* Sean versus the CoF and the illusory punishments and

temptations it represents. If this confrontation were on Netflix, I would be binge-watching with my heart in my mouth and my hopes and fears riding on every episode.

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