The pioneering work of Marguerite Séchehaye into the psychotherapy of psychosis: a critical review

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Summary

This paper reviews the psychotherapeutic techniques developed by Marguerite Séchehaye in the treatment of psychotic patients through the method of symbolic realisation. In view of the pioneering nature of these techniques, and particularly against the background of Freud's pessimism in this respect, the means by which Séchehaye overcame technical difficulties relating to transference-countertransference are also considered (with special attention to the celebrated case history of *Renée*). The extent of Séchehaye's pioneering work is also considered with reference to her subsequent publications.

Key words: Séchehaye; symbolic realisation; schizophrenia; countertransference; psychosis

Initial clarifications

Before describing the techniques which form the subject of this paper, it is appropriate to briefly review the psychiatric and clinical context in which they took shape, and for which Sigmund Freud is an inevitable touchstone. In postulating that it was impossible for psychotic patients ever to achieve transference, Freud effectively took a pessimistic view of the treatment of psychosis, and it fell to other practitioners to challenge and to explore alternatives to the analytical settings and techniques he advocated. At the same time, Freud paid scant attention to countertransference, which Séchehaye would find to be a critical precondition in her clinical work with psychotic patients. Nor did Freud's views prevent her from extending the transference-countertransference bonds with *Renée* (true name Louisa Séchehaye-Duess (1912–2002), subject of her most celebrated case) beyond the clinical context by legally adopting her, thus unquestionably breaking the code of practice against maintaining any kind of contact with patients outside clinical sessions.

We may wonder why Séchehaye adopted Louisa. Attempting to gain some insight at the personal level (as opposed to the professional, in which Séchehaye clearly compromised professional ethics), I made contact with Mario Cifali, analyst and author of the entry on Marguerite Séchehaye in the *Gale Dictionary of Psychoanalysis*, who, although in possession of certain confidences from Louisa, felt unable to pass them on owing to their personal nature [1]. Dr. Alain Gunn-Séchehaye, a cousin of Séchehaye's husband, was likewise unable to provide any further information beyond the fact of their consanguinity [2]. For his part, Dr. Christian Müller (1921–2013), one of the founding fathers of Swiss psychiatry, who knew Séchehaye at both a professional and a personal level, in a letter dated 27th May 2008 [3], expressed his willingness to accept a personal visit in lieu of a written communication (this at his own suggestion, citing his 87 years of age and the number of questions involved, amongst others the attitude of Séchehaye's husband, Albert, whether the couple had any other children, and the response of Louisa's biological family to the adoption), but in the event personal circumstances prevented this meeting from taking place.

Nevertheless, it is worth noting Séchehaye's personal qualities as these should enable us to form a clearer picture of who she was and what she achieved, and so bring the reader – especially non-French speaking readers – into a closer and more accurate contact with her pioneering psychoanalytical treatment of psychosis, which has been given scant attention in the literature on the history of psychiatry.

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Professional training: a human concern for others

M. A. Séchehaye (1887–1964), née Burdet, was raised in a Protestant family descended from Cévennes immigrants [4]. Like her contemporaries, she attended a single-sex school, majoring in literature and education, at a time when coeducation was not universally regarded as socially acceptable.

She matriculated at the University of Geneva, where she came into contact with the work of Ferdinand de Saussure (1857–1913), who had a significant influence on Jacques Lacan's psychoanalytic thought. She went on to study psychology and careers guidance at the Rousseau Institute, where she became assistant to the founder, Édouard Claparède (1873–1940), and would eventually go on to open a practice as a psychologist. Her first contact with classic psychoanalysis also dates from this period, via a chance friendship she and her husband enjoyed with Raymond de Saussure (1884–1971), who, according to Louisa Séchehaye-Duess, suggested she should undergo psychoanalysis. Séchehaye initially refused on the grounds that its emphasis on sexuality went against her religious beliefs, but on being challenged whether Freudian therapy

could be evaluated without the experience, she agreed and began didactic analysis in 1927–1928 [5]. It was also with Raymond De Saussure's encouragement that she set up her practice, and under whose supervision she conducted her first cases. During this time, the households of de Saussure and Séchehaye also hosted debates among analysts of the stature of Charles Odier (1886–1954), Henri Flournoy (1881–1956), Gustave Richard and Georges Dubal (1909–1993) who – with the incorporation of S. Spielrein (1885–1941) and Charles Baudouin (1893–1963) – comprised the first analytical group in Geneva. Louisa Séchehaye-Duess recalled how, on these occasions, her mother was unabashed at admitting her ignorance, but at the same time contributed very modern ideas.

During the 1930s, with the aim of consolidating the growing Swiss psychoanalytical movement, Séchehaye made the acquaintance of figures such as Melanie Klein (1882–1960), Donald W. Winnicott (1896–1971), Anna Freud (1895–1982) and Rene Spitz (1887–1974). She gradually developed her own psychotherapeutic method based on 'symbolic realisation', which she would later employ in the treatment of schizophrenia, a theme she developed in the work *Symbolic Realisation* (1947). But it was her 1950 *Autobiography of a Schizophrenic Girl* which cemented her reputation. This study took the unique approach of chronicling the journal entries and reflections of her psychotic patient *(Renée),* alongside her own clinical comments. *Renée*, the pseudonym of Louisa Duess, would herself go on to become an analyst. The emotional bond established between the two women undoubtedly played a significant role both in the events leading to *Renée*'s adoption and in her decision to become an analyst, and was equally reflected in the difficulty each experienced in bringing their therapeutic relation to a close, which itself can be understood in terms of the transferential-countertransferential phenomenon which had developed between them.

This work had a significant impact on research into mental illness, in particular schizophrenia, through questioning contemporary perceptions of mental illness [6]. It presented antipsychiatry as an alternative model, according to which the patients themselves were empowered to relate their own case histories, diminishing the nosology and the prevalent psychiatric establishment. A year later (1951–52), and aided by her foster-daughter, Séchehaye gave a series of lectures at the Burghölzli Hospital, which were published in 1954 under the title *Psychotherapie du schizophrène* [7]. The collection provided detailed exposition of Séchehaye's method alongside consideration of various case histories. Interestingly, for the 1956 English edition, the title was translated as *A New Psychotherapy in Schizophrenia* [8], in order to suggest, it would seem, a more novel and ambitious psychotherapeutic intervention.

In Zurich the following year, a Symposium on the Psychotherapy of Schizophrenia was held under the auspices of the Second International Congress of Psychiatry, from the first to the seventh of November 1957, to which Séchehaye presented her 'Théorie psychanalytique de la schizophrénie' [9]. As a result of the painstaking note-taking of Dr Kaspar Weber [10], an almost complete transcription of the paper exists (although the final pages having been lost to posterity). In it Séchehaye laments the absence of detailed data on the biological aetiology of schizophrenia, and concludes that a great deal of research is yet to be done.

Her formative influence was testified by her disciple Marguerite Wolf, a psychiatric nurse who in around 1952 applied Séchehaye's methods to the case of Walter Federn in collaboration with a psychiatrist, Walter's brother Ernst and his housekeeper. Walter was the son of the psychoanalyst Paul Federn (1871–1950) and had been diagnosed with schizophrenia as far back as 1926 by Paul Federn himself, but had recently suffered a serious deterioration in his mental health. With respect to the effect of the treatment, Ernst was able to affirm much later, in a personal communication dated 3rd February, 2000 [11], that his brother had made a full recovery. The first public recognition of Séchehaye's work, nevertheless, would not come until 1962, when she was awarded a gold medal in Milan. A second honour came in 1964 on New Year's Day at the Swiss Society of Psychoanalysis, in which Dr Christian Müller noted the imprint that she had left on young Swiss psychiatrists and psychoanalysts [5]. Six months later, on the 1st June 1964, Séchehaye died.

Symbolic realisation: an alternative to the classic treatment of schizophrenia

In 1947, the 12th Monographic Edition of the *Swiss Journal of Psychology and Applied Psychology* published a paper entitled 'Symbolic realisation (A new method of psychotherapy applied to a case of schizophrenia)'. Charles Odier [12] summarised the method as one aimed at the symbolic satisfaction of affective needs, which being unfulfilled, had remained latent, leading the sufferer to seek deceptive and indirect gratification through psychosis and sensory illusions. To get an idea of the essence of the technique, we can turn to the words of one 'R. de S.' (undoubtedly Raymond de Saussure), who, in Séchehaye's obituary in the Geneva periodical of the 9th July 1964, alongside a warm appreciation of the psychologist and her work, stated of symbolic realisation: "This method consists in making the patient participate in the therapeutic process, through means that are presymbolic and magic, proposing symbols that compensate the frustrated infant needs. Far from demanding an effort on the part of the patient to adapt to the conflictive situation, it proposes another reality, sweeter and more bearable, as the first stage to overcome. And so it is that, like a mother with her child, she makes the effort to adapt herself to the needs of the sufferer, guessing what these might be, as he himself [sic] cannot find a way to express them, and to finally fulfil them symbolically." [13] In her new approach, Séchehaye strove to understand why the patient experienced certain real, concrete gratifications, though of an infantile nature, and to then substitute their blind psychotic satisfaction for a fuller and more conscious kind. Working thus on maternal transference and providing support for the *ego*, she was able, according to Charles Odier [12], to cure an intelligent schizophrenic in the case of *Renée*. A full account of this case soon appeared in *Autobiography of a Schizophrenic Girl* (1950), which, in addition to the first-hand emotional experiences

of the patient, contained Séchehaye's observations on the genesis and subsequent development of the personality, and in particular the disintegration and reconstruction of the *ego*, drawing on the theories of Sigmund Freud and Jean Piaget [14].

In the introduction to *Symbolic Realisation* Séchehaye suggests that one of the main points of interest in the *Renée* case was that it seemed less a question of intrapsychic conflict fought out between *ego* and *superego* than a primitive disorder originating in the genesis of the *ego* [15]. Renée was examined by at least fifteen psychiatrists, resulting in various diagnoses (schizophrenia and dementia praecox amongst others), and was considered beyond clinical treatment. Only an adaptation of Freudian therapy gave any apparent results. In order to train the attention of the patient, whose symptoms included perceptual alterations, Séchehaye also incorporated other exercises of her own, devised in an effort to reconnect *Renée* with the external reality from which she had fled. This treatment undoubtedly contravened the rule of professional detachment. In this respect, Séchehaye's technique bears comparison with that of her contemporary and pioneer in the treatment of psychotics, John N. Rosen [6], but whereas Rosen opted for a 'direct method', using a 'protective violence' to force the patient to account for their internal reality, she advocated the use of what she termed *maternal fibre*. This role, as we understand it, is similar to Winnicott's postulation of the analyst as s*ufficiently good mother* in the imagined world of the patient. It could be said that if nothing else, Séchehaye was a Winnicottian.

Renée's anamnesis recorded her status as undesired child, the unhappy marriage of her parents and the precarious economic situation of the family. In addition to this, *Renée* was accused by her own mother of not loving her enough, all of which led her to a condition of severe anguish, guilt, unconscious aggression, uncontrolled onanism and occasional visions relating to death, cemeteries and religion [15]. As a result of her state of health, *Renée* was sent to a mountain sanatorium on the orders of her mother, was discharged but subsequently readmitted after a relapse and received hypno-suggestive treatments, which, although ineffective, located her current psycho(patho)logical suffering in her early infancy. It was in this condition that, in view of her steady decline, *Renée* was taken into the care of Séchehaye, the doctor attending her expressing doubts about whether Séchehaye would be able to help her, given that she appeared to be entering the early stages of schizophrenia.

After a year of psychotherapy, initiated around July 1930, Séchehaye lamented the seemingly inexorable advance of schizophrenia. The therapy seemed to be having no effect, even when, in what appeared to be a positive move forward, *Renée* found work in an office. Such was *Renée*'s psychic condition that in late 1933 Séchehaye took the decision to reformulate the therapeutic model she had followed up to that point and attempt to adapt it so as to better fit the needs of her patient. She conducted the sessions face-to-face rather than with her patient lying prone as in Freudian psychoanalysis, and sought to strengthen the therapeutic bond by working on *Renée*'s symbolic association of apples – one of the few foodstuffs, along with spinach, she allowed herself to eat – with the internalised frustration and fury directed towards the maternal breast (an object partially representative of the maternal figure). The slow ritual of eating pieces of apple became a gratifying symbolic substitute for her real mother's milk and opened the possibility of experiencing a corrective emotional surge. Séchehaye took on the role of biological and affective nourishing mother, which *Renée*'s real mother had rejected. Hence, in addition to feeling immediately relaxed by the sessions and experiencing reality for the first time (albeit of a fragmentary and infantile nature), *Renée*'s libidinal desires could be satisfied in reality as opposed to in her autistic inner world, as had been the case until then [15]. With time, and through the careful exercise of her maternal authority, Séchehaye was gradually able to widen *Renée*'s diet.

It is possible to make a case, on the basis of the approach outlined above, that Séchehaye anticipated ideas that would later find expression in Winnicott's *Transitional Objects and Transitional Phenomena* (1953). Of particular relevance in this regard, is the use of a cuddly monkey to symbolically represent *Renée*, which could receive satisfactions that she was unable to accept for herself. As a transitional object, the monkey was thus located at a temporary point along the way towards the subject being able to perceive an object as absolutely differentiated from themselves, thus taking the first steps towards establishing genuine object relations, which in no way prevented or abolished the function of the transitional object, permanently transformed into a neutral field of experience [16]. At a later stage, Séchehaye incorporated two human-shaped dolls of different sizes, *Moses* and *Ezekiel*, which *Renée* would treat as living extensions of herself, the former referring to her past life and the latter to her current. Renée experienced extreme jealousy and sadistic fantasies (later given expression in a soft-toy tiger) towards other patients, who were unconsciously associated with her feared younger brothers, whom Séchehaye also treated in her own house, like *Renée*. Despite all this, *Renée* was interned in a clinic at the request of her biological family, which, along with physical complications, led to a profound relapse involving self-harm and auditory hallucinations [14].

In 1936, after nearly six years of therapy, the uninterrupted symbolic treatment began to show progress, and the tranquilisers and restraining straps used as measures against *Renée*'s suicide attempts, ceased to be necessary. At the same time, she gradually became capable of assimilating and coping with the maternal love towards her body without great anguish, dedicating attention to her personal care which had previously been completely ignored. *Renée*'s progressive accomplishments and personal achievements were crucial in her overcoming the weaning complex and consolidating the *ego*-formation. Séchehaye judged it opportune to withdraw the symbols she had used until then, such as the toy monkey and Moses and Ezekiel, thus moving first on to the anal phase and then to the genital, in which *Renée*'s phallic desire materialised in moments spent happily spraying her mother-analyst with an atomiser.

At the same time, *Renée* faced up to the magic thinking and animist ideas governing her psychic functioning, helped at first by Séchehaye and later undertaken for herself, a

stage labelled as the therapy of magical associations. With respect to the re-educational strategies used by Séchehaye for rebuilding *Renée*'s personality, her clinical practice was marked by an attitude of understanding and genuine listening. Other measures which featured in this analytical task of *Renée*'s rebirth or (re)construction as a human subject, slowly making her way towards her own individuation from the secure attachment to the mother-analyst, included establishing a strict routine regarding activities, meals and scheduled tasks, with the aim of helping the patient to make the transition from her narcissistic needs to those involved in making contact with external reality.

If we consider *Renée*'s own testimony, included in *Symbolic Realization* (1947), by 1940 she was fully cured, a diagnosis confirmed by the clinicians of the likes of Bersot, Boven, Danjou, Forel, Ladame, Morel and Nunberg amongst others. However, this did not mean that at moments of extreme anxiety, *Renée* did not reactivate certain psychological mechanisms of a schizoid nature, which Séchehaye explained thus: "The symbolic method has cured the conflicts brought about by the complexes, but has no influence over the fundamental tendencies of the schizoid constitution." Séchehaye drew a parallel in this respect with the case of neurosis, whereby conflicts can be eliminated without the constitution which gave rise to them having undergone any change. To this must be added the coexistence in *Renée* of other interpersonal difficulties, which undoubtedly call into question her complete recovery [14]. In relation to this, Séchehaye expressed in a letter to Dr Christian Müller dated the 3rd of March 1960 her concerns that highly personal details from *Renée*'s case notes might be made public, thus revealing confidential information, and so exhorted him to maintain professional confidentiality [17]. Séchehaye also emphasised that, in order for symbolic realisation to be effective, any progress should be taking place in the clinical sessions and not outside them, as otherwise, by being adulterated with reality and so not being strictly symbolic, they would have effect only at the intellectual level and not the affective. In addition, the symbol must be directly applied by somebody, given that, just as all emotional difficulties were generated in the human contact with another, so their cure required forming other human bonds.

Diary of a Schizophrenic Girl: the therapeutic experience through the eyes of a patient

The aim of this work, according to Séchehaye, was to explore the interior aspect of therapy, as she considered herself, as therapist, located outside, and judged both sides crucial in accounting for the internal dynamic created during the therapeutic process. In material terms, Séchehaye documented the feelings of unreality which *Renée* reported to her after the therapy had been completed, and which she retrospectively located between the ages of 5 and 12, during which time they increased in intensity and frequency. *Renée*'s progressive disengagement with reality and inner struggles with hallucinations and other perceptual alterations made the transition from primary to secondary school very difficult. It is also true that there were times when she reconnected with reality, imbuing trees and the wind with life. In her flights to her imaginary world she displayed an animism which was to remain with her, and which, alongside her magic thinking and disorders such as estrangement, depersonalisation and so on, would characterise her mental illness. Nevertheless, *Renée* asserted firmly that she never felt that she was ill, but rather viewed her madness as a gift which transported her psyche to an unknown country.

Given *Renée*'s delicate psychic condition, and so as not to intern her against her will, Séchehaye contacted the director of the board of custody of mentally ill patients and *Rénée*'s family doctor, before enrolling her in a private clinic for nervous disorders, located outside Geneva. There *Renée* was assailed by disturbing objects and a suffocating feeling of fusion towards items which made up a self-created, autoreferential *punishment system*, which gave sense to the unreality in which she felt immersed [18]. This punishment system, which she resisted but obeyed, caused her great exhaustion and demanded constant vigilance on the part of her carers for fear that she might immolate herself and set fire to the building in obedience to it. In her interior struggle, the love that her *mother-analyst* professed for her gained her therapeutic discharge, and Séchehaye took her into her own house for three weeks, after which she was admitted to a private clinic in Geneva before returning to her family home, where she fell into a state of utter lassitude. Perhaps because of this, Séchehaye again spent three weeks with *Renée*, this time at a coastal resort, where they continued the clinical sessions. This arrangement, however, caused *Renée* considerable consternation, as she no longer perceived Séchehaye as the *mother-analyst*, but merely as Madame Séchehaye.

Back in Geneva, *Renée* passed through several private clinics, where she suffered great agitation and guilt, and once again fell into complete indifference. She reported that the world seemed like the projection of a film in which she did not participate and where she felt deep, groundless hostility. For their part, the apples on Séchehaye's breast became for her the displaced symbol of the maternal milk, a regression which produced a close contact with she who became *mama-nutrition*. Little by little, she acquired increasing autonomy with respect to he *mama-analyst*, detaching herself first in terms of her eating habits, and later in terms of personal care, to the point where she could think of Séchehaye without alteration to her vision of reality. As a result, *Renée* recognised the fragility of her grip on reality, a connection/disconnection in which Séchehaye was pivotal, as it was her interaction that directed *Renée*'s vision. Two years later, *Renée*'s individuation could also be seen in the degree to which she was able to face up to reality [18]. In this regard, Séchehaye maintained that schizophrenia constituted a disease of the *ego*, more specifically a disintegration of the *ego*, in the origin of which the primary impulses, particularly those of an oral, aggressive nature, played a fundamental role, underlining the important effect of initial frustrations in this disintegration. In the light of this, she directed her clinical efforts towards bringing about in *Renée* a psychic/emotional regression to the foetal stage, and so restore by means of hallucinatory satisfaction her profound need to be biologically and affectively nourished by her

mama-analyst, fostering the advent of a des-constructive process of *ego*, where the former fusional-autistic relation to the maternal figure was converted into a nontraumatic individuation.

Further works shedding light on Séchehaye's clinical technique

In 1942, under the title of *Rééducation psychique, doctrines et méthodes* (Psychic re-education, doctrines and methods), three articles by Séchehaye, dated 17th April, 1st May and 26th June, were published in the journal *l'Essor*, [19]. Written in a plain, discursive style, the first considers the need for a "psychic re-education" in the case of many subjects, that is to say, a kind of cognitive reorganisation to bring about psychic and behavioural changes, to which end the use of philosophical persuasion, suggestion and the like is recommended. In the second, she adds the great discovery of psychoanalysis by Freud, criticising those who reduced such knowledge to a pansexualist theory, thus effectively limiting it to current neuroses. In the third, she argues for the application of psychic re-education, no longer psychotherapeutic, but rather psychopedagogic, to the area of children with special needs, recommending for this purpose individualised learning programmes. Regarding 'difficult' children, she argues for the creation of special panels within the justice system oriented towards re-education, and opposes punitive measures. At the same time, she considers child analysis appropriate for neurotic children, citing the work of Anna Freud (1895–1982) rather than that of Melanie Klein (1882–1960). Her closing words note that illness should be eradicated at source, that is, in the family and above all the parents, those responsible for subsequent psychic conditions [19].

The following year, as the result of a conference, Séchehaye published *La Psychanalyse au service des découragés* (1943) (Psychoanalysis in the service of the desolate). This paper starts by suggesting why some subjects, with no underlying physical affection, lose their inner impulse to love, to work, and to feel alive [20]. Such subjects suffer a psychoneurosis which makes them bearers of a sense of inferiority and a neurotic inhibition of thought and action. As such, she states, telling somebody not to think of their symptoms, when they are besieged by them, is unlikely to free them and make them feel happy in themselves and with others. Instead she proposes that the neurotic patient undergo Freudian therapy, not because she feels this is a panacea, but because she regards the rigorous training, intuition and prudence of the analyst, put to the service of the individual intelligence and patience of the subject, as fundamental to its success. Following on from this, she explains how the mind works: thus, behaviour rests upon conscious and unconscious psychic forces, which over the course of the therapy become accessible to the subject in unequal degrees. She also alludes to the life-and-death drives which govern our thoughts and actions, primitive tendencies created by God which could become elements of civilisation and spirituality (reflecting her Protestant upbringing). With respect to preventive measures in the realm of infant neurosis and its origins and development, she recommends caution in brusquely repressing the child's emotions, taking the example of the birth of a new sibling, where it is advisable for the parents to gently prepare the child for the incipient changes to their personal and family life.

After this section, Séchehaye considers technical difficulties inherent in the analytical process, first dealing with patients' internal inhibitions to engage in free association or to establish a good therapeutic alliance, emphasising the transferential and countertransferential phenomena brought into play. She then moves on to the importance of dreams, which she always deems realisations of a desire or expressions of fear, alluding to Freudian slips as other manifestations of the unconscious. For her, once the patients' mental health has been restored, the work of the analyst is finished: "It now falls to the spiritual guide to lead their soul towards a moral life and … serene development, such as loving their Heavenly Father with all their soul and others as themselves." [20]

In the introduction to her *Diagnostics Psychologiques* (Psychological Diagnoses), six years later, Séchehaye gives voice to the difficulties of diagnosis, illustrating this with a long clinical case, which examines the therapeutic actions she takes after a rigorous debate with an invented interlocutor in the form of a novice psychologist who questions her every statement, without suggesting that this represents the only practical solution to each of the clinical cases treated [21]. In the first of these, 'Hysterical paralysis in a four-year-old child?', she relates how she was called into a case of suspected conversion neurosis in a young girl. Although at first it was difficult to account for the paralysis of the girl's legs and arms in terms of neurological anomalies rather than psychogenic factors such as an Oedipal fixation towards the father figure or others, her analysis indicated that the symptomology was not functional. As a result, she altered the diagnosis to infantile paralysis complicated by a slight encephalitis, without completely ruling out environmental influence. Séchehaye claimed that the girl was thus saved from suffering a more serious physical paralysis, limiting the consequences to scoliosis, a slight muscular atony and a certain intellectual underdevelopment.

The predicament outlined in the second case concerns the difficulty facing a young person in choosing their future profession, which is when the careers officer is able to help, drawing on their knowledge, experience, questionnaires, interviews and observations. The search for greater independence and dignity for an intellectually challenged elderly lady occupies the third case, which focuses on the daily conflicts which the subject and his or her care givers need to face. The fourth case considers a child believed to suffer an evolutive alexia and specific language disorders; here, given the child's introversion, Séchehaye recommends fostering social and emotional interaction.

The next topic Séchehaye tackles concerns a nurse undergoing analysis, who she believes to have chosen her profession in accordance with an unconscious desire for power over others and not for the alleviation of suffering. Séchehaye recommends that the young woman complete her course of therapy, but that if necessary she should subsequently reconsider her career choice.

The case study which Séchehaye presents in the sixth section concerns an adolescent undergoing psychoanalytic treatment for nervous disorders, brought to her for further examination and to establish a study programme adapted to his special needs. Before taking any decision, she considers his case history, which includes epileptiform breakdowns and cranial injuries. These latter had caused paralysis in the left brain hemisphere and chest, rendering his voice barely audible and his speech halting, in addition to which he had been victim of abuse. Responding to the boy's overriding need to express his deepest emotions, Séchehaye encourages him to write in an exercise of cathartic expression, keeping in mind throughout the psychological and physical limitations which would remain with him throughout his life, as a result of the neurological complications suffered in his infancy.

Returning to the subject of mental illness, the following case concerns infantile schizophrenia, and focuses on the psychotherapeutic treatment of a girl of eight, originally diagnosed with neurosis on the basis of an exhaustive personality study. However, taking into account the girl's worsening behaviour (intractable attitude, lack of connection with reality, features of autism) and the outcome of various measures, such as psychological counselling of the parents and specially devised schooling in a private school, Séchehaye is led to believe that the symptoms are more psychotic in nature than neurotic [23]. With this in mind, and faced with the failure of previous interventions, she decides to analyse the child, incorporating the use of games, drawing and various infant diagnostic tests. By this means, she manages to formulate *dynamic explanations* of her young patient's illness. Throughout, the tenderness and affection with which she treats the child are especially evident, although it should be added that the girl's progress was short-lived, as her parents, considering their daughter cured, ceased the treatment. Just six years later Séchehaye found herself once again consulted on the issue of schooling for the same girl, and advised the parents, to no effect, that the schizophrenic symptoms had become accentuated. On reaching 18 and suffering an inexorable decline into schizophrenia, the girl was interned and submitted to electric shock therapy, which proved a resounding failure. She returned home and was later taken to Italy, from where no improvements in her mental state were reported.

Another case history underlines the need to take nothing for granted. 'The psychoanalyst's responsibility in establishing diagnosis' recounts how one man requested analysis after continued disagreements with his wife and son, and dramatic and seemingly unaccountable weight loss accompanied by stomach and intestinal complications. Unconvinced of a solely psychological basis for the man's condition, Séchehaye recommends a medical check-up, which corroborates Séchehaye's fears in diagnosing an inoperable stomach cancer.

Educational counselling is the focus of the following two cases. In the first, the diagnosis of supposedly neurotic causes in a case of slow intellectual development is revised in the light of psychological examination to one of neurosis of abandonment, deeply seated in a schizoid personality. In the second, the question under discussion is the factors which should be taken into account when counselling a young student in the choice of school subjects and career decisions, drawing on both psychological test results and the student's interests.

The penultimate case, 'Psychotherapy with a gravely ill patient', tells how Séchehaye helped the patient to understand and accept the particular mind-body interaction she was subject to, and for which she was diagnosed with anxiety neurosis, with neuropathic condition traits. The book closes with a woman suffering the serious consequences of an infantile congenital encephalopathy. Even with an asymmetrical psychic development, her intellectual functions were relatively well preserved, especially those relating to rapid comprehension. In the face of this, Séchehaye notes that her clinical work was focused on psychic difficulties inherent to this neurological disorder, encouraging her patient to train in graphology, which she does, gaining some enjoyment as a result.

In *A New Psychotherapy in Schizophrenia. Relief of Frustrations by Symbolic Realization* (1956) [8], Séchehaye opens with an exposition of the difficulties in establishing the primary causes of schizophrenia, as evidenced by the failure of biological treatments (such as insulin or electroshock therapy) to live up to their promise. She favours giving a greater role to psychogenesis, as reflected in the importation of ideas derived from existentialist philosophy, unlike what happened with paranoia and melancholy. This, she argues, has allowed a more detailed map of schizophrenia to be achieved, and hence a fuller description of the appropriate psychotherapeutic and psychiatric treatments available. She also recognises the ineffectiveness of Freudian therapy in treating schizophrenia, whilst acknowledging the value of psychoanalytic knowledge, and opts instead for symbolic realisation, the positive results of which could be found in *Renée*, whose case occupies the first chapter. Following this she details the demands upon the therapist in making contact with the schizophrenic, which she deems crucial to the therapeutic process, drawing on existentialism and her own wealth of introspection for the purpose, in the belief that the schizophrenic feels, and is receptive to, the presence of the other.

In her intent to get 'closer' to the schizophrenic, she considers it important to first illuminate the pathological defence mechanisms the schizophrenic constructs against the menace of the internal-external reality. However, even when the sufferer seems to establish affective bonds with others, there is no guarantee that these will last, as their behaviour swings between seeking a certain proximity and distance, given the ambivalence that guides them. To this end she warns against misinterpreting certain behaviour on the part of the schizophrenic subject, such as the incipient creation of a genuine emotional bond, as these are no more than contrivances for solving the dilemma of facing up to the longed for and feared desire to communicate. Underlying this dilemma are the deepest fears of the schizophrenic that, in coming into contact with others, their emotionality will reawaken and upset their psychotic equilibrium, which, according to Séchehaye, drawing on Piaget, compares to that of the child's moral realism stage.

To this end, the third chapter expounds on the topic of primary needs that the therapist should be aware of, includ-

ing the symbolic expression of fundamental needs and of the different 'universes created' in each schizophrenic subject, and reactions. These latter are classified into positive or compensatory, and negative, with respect to the internal-external frustrations afflicting the sufferer, and which have their origin and subsequent psychic development in the configuration of the earliest affective bonds between mother and baby. The criteria and protocols for conducting interviews with family members according to the method of symbolic realisation is the subject of the next chapter, emphasising the inextricable link between the affectivity displayed by the schizophrenic and that displayed by his or her intimates, which ranges from those who deny the condition of schizophrenia to those who look into their case history in the search for some credible explanation for such a family misfortune, often blaming their spouse or forebear in an attempt to evade all responsibility and find a physical cause [8].

The fifth chapter considers the types of observation that can be undertaken through symbolic realisation. Whilst these are useful, they are nevertheless deemed insufficient in themselves to sustain a therapy capable of curing or satisfactorily compensating the mental state. In their stead, she proposes a method of functional and dynamic observation, capable of providing *functional and profound* explanations of the subject's behaviour. In this regard, knowing the schizophrenic's stage (oral, anal, etc.) is vital for untangling the needs and desires which brought about their psychic regression, and endows the explanations with greater authority. The sixth chapter analyses the nature and origins of schizophrenic thinking, among which are included *adualism*, that is, confusion between the *ego* and the *non-ego*, and intellectual, affective, moral and automatic realism, each an expression of the primacy of the internal model over external reality, whilst amongst the mechanisms feature *assimilation, projection, displacement, condensation* and *participation*. Finally, the seventh chapter focuses on the symbolic realisation of the schizophrenic's internal desires as they vacillate between their deeply desired realisation and the imagined prohibition or punishment attendant on such a fulfilment, and the role of symbolic realisation in eliminating or attenuating their guilt.

In her 1960 paper, 'Techniques de gratifications en psychothérapie analytique: indications et contre-indications' [22], Séchehaye argues that whatever the analytical therapy employed, actual treatment must choose between frustration and gratification. The question is to determine when the analyst should tend towards gratification, and work with the patient at a dialectic level, or the regressive equivalent at the infraverbal level, and when they should introduce technical modifications, with a consequent relaxation of therapeutic neutrality. In the case of psychotics, Séchehaye favours an approach oriented around gratification and based on the interpretation and analysis of the patient's defences/motivations. She avoids proposing a fixed set of guidelines for achieving this, given the indeterminacy of fulfilling the patient's frustrated needs, which might require a direct and specific approach, or the use of symbolic magic. She acknowledges the difficulty of establishing limits to the demands of the patient and notes the heightened sensitivity of some subjects to the slightest variation in technique, as in the case of patients governed by a pregenital structure, who interpret the analyst's approach purely in terms of gratification-frustration. It is the progressive introduction of such a gratification-frustration that corresponds to the proximity-remoteness of the analyst, and to the patient's subjective tolerance of an 'optimal psychic distance' towards their analyst. In this latter regard, it is of interest to rethink our initial clarifications, wherein we said that Séchehaye had extended the transference-countertransference bonds with *Renée*. And difficult though it is to conceptualise what it was that was "new" that the analyst brought into the relationship, we stress here the importance of Séchehaye's inevitable emotive response to *Renée*'s transference. It is in this response, we think, that Séchehaye solved the transference-countertransference dilemma, expressing subtle or overt evidence of her own personality and emotional needs in the relationship with *Renée*, which were crucial to her recovery. These latter lay in Séchehaye's own acceptance of the deep-seated dependency, which she naturally came to feel towards *Renée*; her acceptance of mutual caring and her being able to acknowledge *Renée*'s contribution to the successful therapy.

In another respect, she also suggests that for subjects with a weak *ego*, the techniques of gratification tend to represent just another stage of the analysis in progress, constituting a means of gratifying the subject's need to reveal themselves to the analyst as a real personality, to borrow an expression from Sacha Nacht (1901–1977), on whose work Séchehaye draws. In the case of individuals with structured defence mechanisms, she recommends that gratification techniques not be used, at least at the outset, as they experience the fulfilment of these instinctive needs as something prohibited, and instead recommends remaining reserved and doing therapeutic work on reinforcing the *ego*. In the same way, the analyst needs to know in which stage the subject is located, whether onset (in which the subject is captive of an overwhelming anguish, where the boundary between *ego* and *non-ego* is nonexistent) or establishment of the psychosis, as on this depends the nature and specific form of the gratification. In the onset stage, the schizophrenic would be given a reference point, real and fixed, on which to grasp [22]. In the chronic stage, with psychotic defences erected, the way in which the subject can be gratified, given the fear they feel of being asphyxiated by the other, resides in the skill of the therapist not to exceed the critical distance demanded by the patient.

The needs of the *ego* should therefore predominate over its pulsional needs, which will later be satisfied when the fear of being asphyxiated is replaced by the desire to be absorbed and treated by another as a subject in the foetal state. Unlike the onset stage, every attempt on the part of the therapist to distance him or herself from the patient will be interpreted as an act of abandonment, as the negative will of the therapist-mother to break the union created between the two. It is thus necessary to be prudent so as not to provoke the anger of the schizophrenic, who, once their primary oral need has been satisfied, will experience such a dyadic relation aggressively, thus allowing them to freely express their cannibalistic phantasms or activity at the

maternal breast, a prelude to the subsequent processes of integration-incorporation. Séchehaye also alludes to the difference between the technique of 'mothering', by which the schizophrenic obtains small gratifications, and the technique of symbolic realisation, which involves resistance from the psychotic *ego*, and respects the adult part of the schizophrenic, by which it gratifies the regressive part, and so turns out a more appropriate technique than the former. The distance between the schizophrenic and the therapist, she adds, should not lead to the error of assuming autonomy in the subject, and hence a possible cure and termination of the treatment, on being able to represent the desire to terminate the therapy, either for aggressive projections of a transferential order, or for fear of being devoured [22]. If, by contrast, such independence is genuine, it will be possible to collectivise the therapy; a term by which Séchehaye designates the intervention of others in the patient's recently begun process of independence, a desired and feared accomplishment by which they will achieve the essential aim of the cure: resynthesis or rearticulation of their interior universe.

In *The Psychotherapy of the Psychoses* (1961), the introduction of which was written by Séchehaye, she underlines the role of early affective failures and frustrations in the origins of psychosis [23], just as, inversely, recovery requires that someone adopt the role of good object, so as to stimulate a psychic change in the disintegrated psychotic personality. She also contributed a chapter entitled 'The curative function of symbols in a case of traumatic neurosis with psychotic reactions' [24], which examines the case of a patient who had lost custody of her daughter, and for whom the public library which she regularly visited stirred up painful associations. Séchehaye's diagnosis, summarised in the title, is brought into contrast with those of manic-depression and hysteria offered by previous clinicians, which are discarded in the light of the clinical evidence uncovered.

Conclusions

Though we have focussed here on Séchehaye's development of a psychotherapeutic approach to schizophrenia through symbolic realisation, a technique she hoped would ultimately develop into an effective treatment [8], her clinical practice extended beyond this to include, amongst others, psychological diagnosis and disability.

A feature common throughout her professional career was her disposition and openness to collaborate with other professionals, her channelling of Freudian therapy through *natural curative methods* (including work, change of atmosphere, lifestyle, etc.) [21], and her recourse to various technical and personal resources, chief amongst which were her intuition, common sense and creativity. Her Protestant upbringing, without in any sense involving religious indoctrination, also infused her approach to work, urging her to succour those who suffered.

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