På ISPS-int maillisten er der ind imellem spændende faglige diskussioner og kommentarer:
D. 27/7 kl 22.23 skriver Brian Koehler:

On the recent tragedy in Colorado

I fully realize that any comments I make are very speculative since we can only know James Holmes from the brief news reports. My initial impression was that he was psychotic. I thought he should get a battery of medical tests to r/o any medical contributions, e.g., as in the Texas mass murderer who had a tumor in his amygdala (I realize most people with neoplastic disease in the amygdala do not engage in mass murder). Perhaps, he assumed an omnipotent, malevolent identity ("the joker") in order to ward off dissolution and annihilation of self. I remember one forensic patient saying "I took a life because I needed one." I imagine that as he became more ill, he was further socially isolated and dissociated and therefore did not have the consensual validation and containment offered in close interpersonal relationships. I do believe that psychotic symptoms can increase in very isolated, socially marginalized states.

Years ago there was a concept "pseudopsychopathic schizophrenia." This partly referred to persons who engage in violent acts in order to ward off further disorganization and fragmentation of self. That if you stopped the person from engaging in seemingly antisocial behaviors, the person would present with a greater degree of personality disorganization. It is similar to Otto Kernberg's view that underlying antisocial transferences are paranoid, persecutory transferences. Herbert Rosenfeld worked as a psychiatrist and analyst with persons who were psychotic and antisocial and proposed a theory in which the person identifies with and idealizes the arrogant, murderous parts of the self as a defense against the vulnerability intrinsic to attachment, libidinal connection, dependency, etc.

I think the situation is very, very sad on many levels. Of course, primarily on the loss of so many innocent lives-as well as the damage done to loved ones, witnesses, the wounded, etc. Also, the increase in stigmatization of persons diagnosed with mental disorders which will result. It is also very sad that this person engaged in such violence and now has to deal with this (or not deal with it) for the rest of his life. The persons I worked with at a state hospital who murdered someone in a psychotic state were mightily struggling with severe depressive guilt, anxiety and annihilatory shame. Some were cloaked in psychotic denial as a defense against this terrible awareness. The persons who I work with in my private practice who threaten me harm, usually do so because I am taken into their persecutory delusions and they truly believe that I am killing or humiliating them. Of course, persecutory envious feelings can also play a role (one that is often neglected in today's psychotherapeutic literature). I am happy to see many social psychologists currently exploring the effects of envy on relationships and on self-esteem and sense of self. The persons who feel most threatened in a psychotic way are usually those who are terribly socially isolated or socially defeated and feel that they are too dependent on me as their therapist. Attempts to help the very paranoid and psychotic person to bridge to other persons and the surrounding world can be very fraught with disappointment and frustration. My own repressed (dissociated) murderous countertransference reactions also play a role in the feeling of mistrust. False contact to avoid being hurt can further erode the psychotic patient's trust in others.This point was further reinforced in my mind as one of my long term patients (about 14 years) directly stated to me "you are a phony." I immediately grasped what he was saying-I was acting in a false way with him to avoid being the object of his paranoia and threatening behavior. I am getting better at being in more real, stronger contact with threatening patients without communicating that they are "bad" for making me feel afraid of them. I speak to them of the fear underlying rage and paranoia. I own my own paranoia

and fear. This could result in a deepening closeness without significant threat to the person's self-esteem. They are not so terribly different ("we are all more simply human than otherwise"). One very aggressive and psychotic person (who struck me several times during sessions with him on the hospital grounds) calmed down when I revealed my own fears and paranoia to him. We went on to work towards a successful discharge back to the community and he never had to return to the state hospital despite a history of 23 hospitalizations (nor did he ever hit me again). He told me that he thought I was being "false" with him, and that he was trying to "shatter the wall" he felt existed between us. Often such aggressive persons, project their own vulnerabilities on others and then "kill" it off in them (literally or metaphorically).

I remain very interested in developing ways to authentically be with such threatening, psychotic persons that would help built greater trust at the same time as protecting oneself and the patient from harm.

Brian Koehler