DENMARK

Bent Rosenbaum

Vanggaard’s pioneering work

In the beginning of 1950es, the psychoanalyst Thorkil Vanggaard (…. - ….) returned to Denmark from the USA where he had gone through his psychoanalytic training. He wrote a paper (Vanggaard, 1955) on psychoanalytically oriented psychotherapy of schizophrenia in which he discussed - with references to Robert Knight, Robert Bak, Kurt Eissler, Paul Federn, Frieda Fromm-Reichmann, John Rosen, Madame Sechehaye and Milton Wexler - the following topics:

1. The establishment of contact with the affectionate and aggressive responses;
2. Interpretations of dynamics and content;
3. The personal qualifications of the therapist;
4. The prospect of a final cure.

He concluded that although the prospect of cure in a strict sense was questionable, the possibility of social adjustment of schizophrenic patients by psychoanalytic psychotherapy seemed established beyond doubt.

Vanggaard himself was not a person who cared for the group of persons with schizophrenia, but he was certainly interested in the phenomenology of borderline schizophrenia, or as he preferred to label it, *schizophreniform pseudoneurosis*. During the 1970es he clarified its phenomenology, the method of psychotherapy applicable to this category of persons, and the pitfalls the therapists unavoidably would meet (Vanggaard, 1978). Vanggard underlined that the creation of emotional contact with the patient had to be on a narcissistic basis. Making the patient feel that "he (the therapist) understands me, so he must be like me" is an important step. This relationship becomes strongly personal and cannot easily be transferred to other therapists. Hereafter it is through the act of understanding in itself (conveyed by discrete signs) and not by
expressing one's understanding through interpretation that the path of narcissistic identification and contact can be opened up for the patient. Interpretation of psychosexual content should be avoided. It was regarded as telling the patient what he/she already knew, or as inducing guilt and shame in the patient.

Vanggaard was not the only psychiatrist who was trained in the U.S., and who returned to Denmark to function as psychiatrists in a psychoanalytic mode. Also the Psychiatric Hospital in Aarhus (Risskov), led by professor Erik Strømgren, established a centre for outpatient psychotherapy of long-term schizophrenic patients, and the treatment philosophy of that place was also psychoanalytically informed.

**Psychotherapeutic treatments of the 1970's and 80es: Regional development and inspirations from abroad**

During the following decades Copenhagen, Roskilde and Aarhus became the epicentres of the upheavals and development of the psychotherapy of psychosis.

*Individual psychotherapy and group analytic approaches*

During the 1970es and 1980es the optimism concerning individual psychotherapy with psychotics grew. From the midst of the 1970es, and during the following ten years, several English group analysts conducted theoretical courses and supervision in Denmark on a regularly basis. Although the teaching of these analysts was not directed towards psychotics patients, their Kleinian and Winnicottian foundation nevertheless gave support and inspiration to the psychotherapy of psychotics. And since Denmark is such a small country the influence of the English tradition quickly spread to several psychiatric departments and institutions. The emphasis was still on the creation of emotional contact with the patient effected mainly on a narcissistic basis and on non-interpreting attitude. But the former was now discussed in the light of concepts as projective identification while the latter term was substituted by concepts like containment, holding environment and therapist's reverie. Furthermore, the original insights by Murray Cox (Cox & Theilgaard, 1987; Cox & Theilgaard, 1994), inspired
by his experiences from work with psychotic criminals in Broadmore (London), became part of a Danish heritage.

**Associations and educational activities**

During the same period, a contact to the psychoanalyst Donald Meltzer was established via the Norwegian Major-Forening, where he conducted supervision courses twice a year. That link became an important one for Denmark during the following two decades, in which a sister-organisation to the Norwegian association, called "Psychosis and Psychotherapy" was established in Denmark, and generously supported by Meltzer. It had its first meeting in 1983 and with its regular seminars 3-5 times per year, it became the most important discussion- and supervision forum for psychoses psychotherapy during the period 1983-1996. For a long time the organisation, chaired by Bent Rosenbaum, had approximately 100 members. A large number of cases were presented for supervision in large groups, and several newsletters with many interesting small papers were signs of an intensive activity. [From abroad were invited: Svein Haugsgjerd, Sverre Varvin, Sidsel Gilbert, Donald Meltzer, Barbro Sandin, Patrick Guiomard, Francoise Davoine, Irene Matthis, Richard Lucas, David Bell, Murray Jackson, Johan Cullberg, Joe Berke, Karon & VandenBos, Ann-Louise Silver and John Kafka.] Among numerous visitors from abroad, Murray Jackson and Meltzer probably had the most influence. Niels Ernst, a psychoanalytic oriented director of a small homelike institution for autistic children in Denmark, gave his very important contribution to the supervision seminars.

In 1979 Gaetano Benedetti was invited to Denmark by Lars Thorgaard and he conducted an important seminar with lectures and supervision of cases (the seminar was published in Danish). The friendship between Benedetti and Thorgaard brought Benedetti during the 1990es again to Aarhus, where psychiatrists and psychologists for some decades had developed their own traditions for treating psychotic patients with psychotherapy. Not the least, the charismatic and persevering psychotherapist Torben Bendix had a big influence. He was attached to an ambulatory clinic in Aarhus from the end of 1970es, and for years he conducted supervision with younger doctors and GPs with the demand that the psychotherapy was audiotaped (regardless the diagnosis). That
tradition became strong in the western part of Denmark[, but never in the eastern part]. Bendix' book "Give me a thought on which I can concentrate" (not available in English) was a signal to the public that psychotherapy with psychotics were possible.

Parallel to and linked with the activities in Aarhus, and with a special close link to the Norwegian psychosis psychotherapists, Jens Bolvig Hansen arranged seminars on psychosis psychotherapy in the northern part of Jutland, the so-called Brønderslev Psychotherapy workshop (starting in 1984). And in Sct Hans Hospital in Roskilde, chief psychologist Birgitte Brun was primus motor in organizing psychotherapy for chronically disturbed patients and for adult patients having been in a psychotic state since their childhood (Brun, Pedersen, & Runberg, 1993).

[An interest in the psychotherapy of bipolar psychoses was also present, although to a minor degree. Groups were conducted in Risskov/Aarhus and in the State University Hospital in Copenhagen.]

The NIPS project in Denmark
In the 1980es two major research projects were established which during the following 20 years influenced the atmosphere of and the learning from the psychotherapy of psychosis. The development in Denmark was supported by the progressions of the mental health development in Norway (Ugelstad, Haugsgjerd), Sweden (Cullberg, Levander, Sandin), and Finland (Alanen, Räkköläinen, Siirala)

The first event occurred in 1981. During the ISPS symposium in Heidelberg, a meeting between leading Nordic psychotherapy researchers was carried out one evening in a cosy "Wein und Bierstube", and that meeting became the beginning of NIPS, the Nordic investigation of the Psychotherapy of Psychosis. The project included patients, age 18-45, who for the first time received the DSM-III diagnosis of schizophrenia, schizophreniform psychosis or schizo-affective psychosis. With the leadership of Bent Rosenbaum, Roskilde psychiatric centre became the Danish participant, and 8
therapists\textsuperscript{1} met for almost 10 years to discuss and evaluate the results (Bechgaard & Winther, 1989; Lauritsen, 1989; Rosenbaum, 1989; Rosenbaum & Burgaard, 1993; Rosenbaum, Bechgaard, Borberg, & \textit{et al}, 1994; Rosenbaum \textit{et al.}, 1994; Alanen \textit{et al.}, 1994). The Danish part of the project had several unique features. Firstly, the attempt to manualise the psychotherapy. A detailed manual for the psychotherapy was not established, but strict paradigms were outlined for how to write up each session, so that the investigation of the sessions could be more easily summarized and the sessions could be compared. Secondly, the individual sessions and the complete course of therapy was investigated not only through the therapist's report but also through the supervision process (Rosenbaum, 1989; Bechgaard \textit{et al.}, 1989). These paradigms were presented at the ISPS Congress in New Haven (1984) and clinical material and results were discussed in the ISPS Congress in Torino (1988).

\textbf{Approaches of the 1990es}

\textit{The Danish National Schizophrenia Project}

The organisation "Psychotherapy and Psychosis" and other initiatives led to the idea that we in Denmark needed an educational platform where we could learn psychosis psychotherapy. Senior consultants at the Department of Psychotherapy in Aarhus\textsuperscript{2} established a 2 years educational course, with supervision and theory as part of the programme. Some years later a similar initiative was taken in Copenhagen\textsuperscript{3}.

In 1996 a series of meetings took place in Hilleröd with a number of professionals who were devoted to psychosis psychotherapy and who were working in different hospitals all over the country. The NIPS project had published its results, and the general atmosphere was that a network of many psychiatric units had to be built in order to carry out a large scale investigation with first episode psychotic break downs and to strengthen the foundation of psychosis psychotherapy. The efforts led to the

\textsuperscript{1} Bent Rosenbaum (project leader), Birgitte Bechgaard, Steen Borberg, Lars Burgaard, Anne Lindhardt, Laurits Lauritsen, Haakon Laerum, Jørgen Nystrup, Gerda Winther
\textsuperscript{2} Initiated by Lars Thorgaard, Bent Rosenbaum, Matilde Lajer, Kristian Valbak, and Emma Rehfeld.
\textsuperscript{3} Initiated by Susanne Harder and Francisco Alberdi.
establishment of the *Danish National Schizophrenia Project (DNS)*, which had the following aims:

1. *To establish a network of psychiatric services* (including hospitals and district psychiatric centres), aiming at systematic early interventions towards the group of first episode schizophrenics.

2. *To develop the quality of the research instruments and the forms of treatment*, which could be offered the group of first episode schizophrenics, and to ensure an effective integrated treatment strategy. This encompassed the improvement of collaboration with the primary sector of the health service, and included the development and integration of many treatment elements, which constitute "treatment-as-usual".

3. *To perform scientific research and investigate:*
   a) Where and how the mental health care system meets the persons suffering from a first episode psychosis of the schizophrenic type
   b) The characteristics of patients with first episode of schizophrenic psychosis,
   c) Whether different treatment methods eventually may lead to different outcomes.

The study was planned to be a prospective, longitudinal, multi-centre investigation (16 centres, covering 45% of the population in Denmark)\(^4\). It included 562 patients, consecutively referred during two years, with a first episode psychosis of ICD-10 F-2 type. Patients were treated with: 1) Supportive psychodynamic psychotherapy as a supplement to “treatment as usual”, 2) Integrated, assertive, psycho-social and psycho-educational treatment programme, and 3) Treatment as usual.

Supportive psychodynamic psychotherapy group comprised of 119 patients who participated in a scheduled manualised supportive individual psychotherapy (1 session

\(^4\) The research steering group consisted of: Bent Rosenbaum (project leader), Lars Burgaard (later substituted by Anne Køster), Susanne Harder, Per Knudsen, Matilde Lajer, Anne Lindhardt, Kristian Valbak, Gerda Winther.
of 45 min. per week, for a period of 1-3 years) and/or group psychotherapy (1 session of 60 min. per week for a period of 1-3 years).

Integrated treatment group comprised of 139 patients who participated in a scheduled, two-year long programme consisting of assertive community treatment, psycho-educational multi-family treatment (a.m. McFarlane, consisting of 4-6 families including the patients, meeting 1½ hour every second week for 1½ year), social skills training (concerning medication, self-management, coping with symptoms, conversational skills, problem and conflict solving skills).

The outcome at one and two years of this study showed that the two specific interventions did better than treatment as usual, and that the integrated treatment in general showed the best treatment results (Rosenbaum et al., 2005; Rosenbaum et al., 2006). But an equally interesting result is the enormous activity which the whole project has led to. Twice a year 30-50 therapists and raters met to improve the validity and reliability of the ratings, and to exchange knowledge and experiences in relation to psychosis psychotherapy. Therapists were also informed by a manual for individual psychotherapy with psychotics (Rosenbaum & Thorgaard, 1998) and group psychotherapy (not yet translated)

A small sample included in the DNS was also part of the TIPS study (linking New Haven, Stavanger and Roskilde), and a large part of the sample came from the Danish OPUS study (encompassing Copenhagen and Aarhus). The significance of this linkage is of importance. The idea of a long-term multifamily approach a.m. McFarlane became known, and it supplemented an already existing short-term (8 sessions) educational programme for relatives which was tested and used in Glostrup/Copenhagen but not throughout the country (Buksti et al., 2006). Moreover, the OPUS study documented the benefits of the assertive approach to first episode schizophrenic patients concerning suicide prevention, less hospital admission, and symptom reduction (Petersen et al., 2005).
Milieu therapy
An interest in milieu-therapy with psychotics took shape from the beginning of 1970es. One project concerned psychodynamic milieu-therapy with emphasis on pedagogical/educational methods for individuals who had been psychotic since childhood and who were now patients in the adult psychiatric units\(^5\). Even though the persons had not been out of hospital for many years, some remarkable results appeared: some patients even got their own apartment and left the hospital.

During the following decades milieu therapy for psychotic patients was promoted mainly by the former state hospitals and by smaller psychiatric units. Special units were established with the specific purpose of developing milieu-therapy and psychotherapy for the long-term psychotic patients\(^6\). Munke Hertel Wulff was taken by the ideas of Maxwell Jones and Irvin Yalom. Staff and the psychotic patients worked together on the daily jobs of cleaning, buying and making food for themselves and the visiting guests. The unit had its own economy and there were strict rules for participation in all duties and meetings, and the patients were discharged if they did not engage in the treatment. Even visitors had to take part in the duties of the unit. One negative factor was the total neglect of the possibility of family support and family engagement.

Most milieu-therapy modalities were less zealous and more containing in the ways of carrying out the treatment. The theoretical underpinning of these milieus was mostly based on object relation theory, psychoanalytic group theory and systemic thinking. The milieu was a holding environment, and the collaboration between patients and therapists was experienced as the humanistic aspect of the treatment.

ISPS networking
The network of DNS also led to a first Danish initiative related to ISPS. In 1999 a Nordic ISPS workshop was conducted with the title "Subjectivity and the treatment of

\(^5\) The project were carried out by Birgitte Brun, Birgitte Mejdahl, Bent Rosenbaum and Steen Borberg.

\(^6\) In Set Hans Hospital this happened under the leadership of chief psychiatrists Finn Jørgensen and Munke Hertel Wulff
and with more than 100 participants. The interest in the subjectivity as part of the psychotic psychopathology and creative expressions, and as part of the therapists' performance was also the topic of the inauguration of the Danish ISPS in March 2006 in Copenhagen (see the ISPS homepage).

Bent Rosenbaum, who has been a longstanding member of ISPS and has had a leading role in many initiatives in the field since 1980es, is now participating in the work of the board of ISPS. Together with co-workers he will undertake the task of conducting the *XVI ISPS Congress* in Copenhagen in 2009.

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