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The Fear of Psychosis: Traversing the Gap Between Psychotic and Non-Psychotic Experience

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Learning Goal:

Demonstrate three key elements that may predict an effective analytical treatment of psychosis.

Identify two psychotic clinical presentations for which an analytically informed multidisciplinary approach may be an efficacious treatment for psychosis.

Describe “the structure and experience of psychosis” as it is understood in contemporary Lacanian psychoanalysis.

Abstract Text:

My presentation will address the gap that characterizes the relationship between the clinician and the person experiencing psychosis. My point of departure is the position of the analytic clinician working in tandem with other providers and in conjunction with experts by experience. I suggest that current misunderstandings of psychosis stem from an underlying fear of psychosis. Operating from a place of fear leads to clinical approaches that stigmatize and punish those who have extreme experiences.

How do we traverse the gap between the clinician and the person experiencing psychosis so that a new type of relation is possible? I will address this question in terms of treatment approach and in terms of the problematic of the relationship.

Neo-Lacanian (see W. Apollon, 2002), have provided us with a guide on how to listen to psychosis in a way that can create the possibility of a (symbolic) treatment. I will outline how the ‘dream-work’ is one path for the person experiencing psychosis to discover/produce a ‘question’ about their ‘delusion’. The dream-work can lead to a symbolic treatment of delusion thus opening a space for the subject to speak in other than delusional terms. I will provide clinical examples to illustrate the treatment of delusion by the dream-work.

However, there are shortcomings of the neo-Lacanian approach that need to be addressed in order for clinicians to make more authentic connections with people experiencing psychosis. The work of Davoine and Gaudilliere (2004) will be emphasized to discuss ways we can traverse the void that often separates psychotic and non-psychotic experience—a void that, if left unaddressed, can lead to a ‘transference impasse’. I will suggest an approach that, while relying on existing Lacanian approaches, integrates the vital role of experts by experience in order to further de-pathologize experiences that include voice hearing and distressing beliefs.

**ON THE HEALING POWER
OF HUMAN RECONNECTION**