“Maybe He Was in Love With You?”: How to Talk With People in Psychosis

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May-May Meijer is vulnerable for psychoses and mania.

Femke Meijer is the 2.5 years younger sister of the first author.

Introduction

May-May Meijer has been suffering from psychoses and mania for 10 years. She also suffered 8 years from depression until her medication was scaled down. During these intensely difficult periods her sister, Femke Meijer, always stood by her side. During May-May's depressions, Femke called her every day. The strong bond between the sisters grew even stronger over the years. Femke, who has an MA degree in psychology, intuitively applies a caring cognitive behavioral approach to help her elder sister when she suffers from psychosis. This contributed to her recovery, and she is still using it when May-May has a slight setback.

In this article, we stress the need for love and care, applying caring cognitive (behavioral) talking skills when communicating with people who suffer from a psychosis, talking on equal footing with psychotic people and building trust. We hope that we can help people suffering from psychosis and their family members, psychiatrists and nurses by sharing our experiences.

Background Information About May-May

May-May Meijer was working as an assistant professor at the working group on Philanthropy at the Vrije Universiteit in Amsterdam, active in foreign politics, and advisor for an endowment on microcredits, when she got suspicious in 2005. This led to forced hospitalization for 6 months in 2009, a short stay in solitary and the diagnosis “schizophrenia.” Her husband divorced from her, she hardly saw her son, quit her job and felt lonely. She also suffered heavily from the side effects of the medicines which resulted in severe depression, vomiting, weight gain (~40 pounds), sleeping a lot (~13 h a day, sometimes even 15 h) and severe loss of energy. In the second phase of her psychoses, she was in (forced) hospitalization for

4 months and had a short stay in solitary that followed in October 2013 till the beginning of February 2014. Her diagnosis was changed. She has a vulnerability for psychoses and mania. In a previous article, “Mum you will get better” for *Schizophrenia Bulletin*, she elaborated upon what helped her deal with it.

“Maybe He Was in Love With You?”: Example 1

May-May and her husband in 2005 were on holiday in Cuba. Her husband mentioned that there were secret agents in the streets of Cuba. They met a young British man of their age traveling alone. He accompanied them, and asked May-May questions like: “Did you watch that movie on the hotel TV with gay men, what do you think of gays?”, May-May felt tested and assumed that he was working for the secret service to determine if she was suitable to fulfill a position in Dutch national politics. She did not discuss this with her husband.

Directly after her holiday in Cuba, May-May went to an international conference on communication practice in Slovenia, Portorož, to present her doctoral research. During informal moments May-May talked about her holiday in Cuba. The chairman of the conference asked May-May a lot of questions, such if she had been on her own in Cuba. May-May assumed that he asked this in order to try to find out if May-May knew that she had been tested by secret agents in Cuba. There was a guy who pointed to another guy and mentioned that he had worked for the KGB, the intelligence service of the former Soviet Union.

At home, she called Femke who wanted to know everything about her holiday and the conference. May-May slightly touched upon the issue that she had felt being spied upon in Cuba and that a guy in Slovenia wanted to know a lot about her as well. Femke listened carefully

to her story. Then she replied: “What if that guy from Slovenia was in love with you?” May-May answered: “Was in love with me? But he was wearing a ring, he was married!” Femke said: “Sometimes married people fall in love with someone else.” May-May paused for a while. Then she mumbled: “Your explanation seems to be more logical than mine when I think about it. I guess you are right. The chairman also mentioned that he wanted to get on an airplane with me. When I said I did not want it, he said that he hoped that we could be together in future.”

Later on, we discussed this example with a professor of the University of Amsterdam. He mentioned that Femke applied cognitive behavioral therapy “*avant la lettre*.” (“*Avant la lettre*,” is French and means that something is a “predecessor.” Meaning in this case that Femke used cognitive behavioral therapy before it was developed as a concept.)

“How Does It Feel to Talk With Christ?”: Example 2

In 2009, May-May met Christ as she described in her book “An Accident in my Head,” which is written in Dutch. Later on, when she received forced medication, she reasoned that she met Christ by assuming she was being spied upon by the secret service. She reasoned that her assumption that she was being spied upon by the secret service did not hold, therefore, she would have probably not met Christ either. In 2013–2014, May-May was in (forced) hospitalization again. She felt a strong contact with Christ again. Now she decided she wanted to go to the Vitus Church which is near the hospital. She also thought: “If I am a scientist, then I am going to explore if going to the masses in the Vitus Church helps me.” In the church emotions where overwhelming her, she recognized feelings similar to experiences she had had in her psychoses. Such as striving towards peace, take care for the sick and poor people. In the church, May-May also feels that she and the homeless man who attends the church service are equal. Especially, when they shake hands and wishing each other Christ’s peace.

Since approximately 2014 May-May has the feeling that she talks to Christ. In March 2017 she mentioned this to her sister. The conversation went as follows:

Femke: “Does it scare you to talk to Christ?”

May-May: “No, not at all, he is very helpful.”

Femke: “What does he say?”

May-May: “He is often saying that he loves me and he is encouraging me.”

Femke: “How do you exactly hear his voice?”

May-May: “I scratch on my right ear, than I hear his voice. A nurse, at my hospital in 2013 once mentioned that it seemed I was wearing an earpiece with a microphone.”

Femke: “Is it a voice you hear, or thoughts?”

May-May: “It is different from a normal voice, but it is just as if there is an inner voice of someone else, of Christ.

It is a bit like a dream, you see things but when you wake up you know it is different than ‘real’ life.”

Femke: “What if he tells you to do something what you do not want?”

May-May: “Since 2014 I do not have a lot of voices who are talking bad to me. Christ is only supporting me. I love him. However, I know that I have to be aware. If other voices are going to intervene and if I have to throw up, I know that I need to scale up my medication.”

Femke: “Good.”

The Way Psychiatrists and Nurses Talked With May-May

In 2009, it was the first time that May-May was in forced hospitalization. First, she was hospitalized for a week in a psychiatric hospital in Schiedam and later on for 6 months in Hilversum, both in the Netherlands. The psychiatrists wanted to know everything about what was going on in her head. She knew that they were very interested in her ideas about the secret service. However, the psychiatrists did not really interact with her or show care. Instead, they used more of an interrogation technique that made May-May feel very suspicious toward them. She did not feel that they cared about her and really wanted to help her. She suffered severely, and she felt alone. May-May tried to behave normally to her parents, but sometimes the voices in her head were too strong so she would walk away to talk to the voices in her head, assuming that nobody could see her. It was like she was living in two separate worlds. She enjoyed the company of fellow patients who did not say much, or ask many questions of her, and who were kind to each other.

Luckily there were also examples of what May-May perceived as fine communication between her and her medical professionals. In 2013, an intern reacted different to May-May when she was in psychosis. The intern was very kind and open and showed that she cared about May-May. May-May mumbled that she was not allowed to talk from the secret service. The intern mentioned kindly: “Why do you think you may not talk from the secret service?” This nearly persuaded May-May to talk, however, she was too far in her psychosis already.

In July 2016, May-May was in voluntary hospitalization for 6 days because she thought that she was responsible for the attacks in France, Nice, in which 84 people died. Also, she had the feeling that she made love with Christ and politicians during that night and that she had the idea that this would contribute to world peace. The day after, when she arrived at the clinic, she mentioned to the psychiatrist that she had not felt sadness when she had read about the tragic news of the terror attack in the middle of the night. She was afraid that she had become a monster. The psychiatrist kindly replied that he knows May-May is a person with a big heart for fellow human

beings, and the reason why she did not experience sadness was due to the mania. May-May was happy with this explanation, because she knew what happened with her and that she is not a bad person. They both decided to scale up her mood stabilizers. That evening, May-May felt very guilty about the terror attacks in Nice again. As usual, she was locked up in herself. The nurse observed this and asked her if she wanted to talk with her. May-May was happy with her invitation. She told the nurse that she felt so responsible for the attacks. The nurse took three quarters of an hour to talk with May-May about why she has this feeling and how it came to be that she feels responsible for something done in France, when she was in the Netherlands. After their conversation, they went out for an hour walk. May-May is convinced that this caring and cognitive approach of the nurse contributed enormously to her recovery. May-May also wrote an e-mail to a professor of psychiatry about her situation. She mentioned that she also had the feeling to be responsible for the crash of the MH17 and that love for 2 men of her political party would lead to world peace. He replied quickly that she needed some rest and that she should look for peace in her inner self. Afterward, May-May e-mailed the professor because she felt a bit ashamed of the e-mail she had written earlier to him. The professor gave a kind reply. May-May was so happy that he was still being so kind to her and treated her as a “normal human being” who only acts differently when she is ill.

Sensitive Issues: Trauma and Side Effects of Medicines

May-May has been visiting the same psychiatric hospital in Hilversum for 12 years now. There are very sensitive issues which may be worthwhile to discuss, but she has never discussed them with her psychiatrists however. At a “Crazywise conference” in Amsterdam in March 2017, a person who had suffered from a sexual trauma spoke with May-May about the relation between trauma and mental illness. Although May-May and Femke have experienced a very lucky childhood, May-May also received smacks occasionally when she was young. She remembers this vividly and discussed it with the participant of the conference. Although this did not necessarily contribute to the development of her psychosis, and May-May doesn't feel she suffers from trauma, we think that it is worthwhile that psychiatrists ask their patients about possible

forms of violence during their childhood. For reasons of loyalty, it is unlikely that people will mention these things by themselves.

Another issue that May-May suffered with for many years was loss of libido. This may seem like a minor issue when compared to the other problems she was struggling with, but it is not. She never dared to discuss it. However, she was encouraged to talk openly about this issue after she watched a television interview that openly addressed this topic. Again, psychiatrists should actively ask about this issue. In other medical disciplines, it is more accepted to talk about sex. After the delivery of her son, the mid-wife took the initiative to ask May-May about her sexual life and gave her the advice that helped.

Conclusion

What puzzles us is that a psychologist taught cognitive behavioral therapy to May-May. However, psychiatrists and nurses hardly apply this technique themselves. In general, they use more of an interrogative, questioning approach. This makes people suffering from psychosis feel suspicious, alone, and not wanting to share their experiences. We are both convinced that a caring and cognitive behavioral approach helps people suffering from psychosis enormously. It makes them feel not alone with the horrors in their head, and it contributes, together with medicines, to get them back into reality. In addition, we assume that, if trust is there and patients are taken seriously when they talk about the side effects of the medication, they will also be more open to learning about their psychological vulnerability and will be more likely to take medications.

Another element put forward in this article is the importance of discussing openly with the patient their symptoms of illness and how this illness can affect their behavior. Such as the psychiatrist who explained that the lack of sadness when reading about terror attacks was caused by mania. Most important, however, is to show that you care about the person who suffers from a psychosis and to treat her/him on an equal footing.

Acknowledgment

This article is dedicated to all people suffering from psychosis and their caregivers.