Psychodynamic Particularities in Expressing Systematized Delirium in Paranoid Schizophrenia

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Abstract

This study raises the problem of the differentiated diagnosis, due to the long period of time in which the patient did not receive psychiatric care, she refused medical treatment and still managed to keep a social functioning level relative to the prior reached, with a minimum social and emotional support from the family and co-workers. We used the following: psychodynamic interview, life map, daily psychiatric evolution monitoring, psychological examination, neuro-imagistics, and hormonal tests. The princeps factors that influence the treatment are related to: the age of debut, the presence of mental automatism syndrome, the absence of Verra hallucinations, and the presence of the lookalike illusions. The debut at 35, the lack of disorganization at a cognitive level, the predominance of at most two delirious themes, good social functioning, the absence of heredo-collateral medical history are factors for a positive prognostic and the lack of insight capacity, the impenetrability to criticism and counter reasons, non compliance to treatment, despite the set therapeutic relationship have negative prognostic The presence of the mental automatism syndrome, of the lookalike illusions, as well as the long period of time of the symptoms existing before hospitalization, support the Paranoid schizophrenia diagnosis, since the first hospitalization in a psychiatric facility.

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1. Patient family and professional performance

1.1. Identification data:

Name: N
Gender: Female
Age: 49 years old
Activity: Housewife
Marital status: Married

1.2. Relevant medical history data

1.2.1. Family of origin
The family structure:
- the youngest of the family
- other 5 sisters, the eldest by 10 years older than the patient
- the father passed away in 1981

The material, socio-cultural level of the family: modest
Family climate: quiet

1.2.2. Schooling level and professional performance
She graduated high school (13 grades), with Baccalaureate degree.
Activity field: electro mechanics
Physical and mental overload: high
She changed jobs 15 times, for various reasons

1.2.3. Actual family
Structure and dynamics: the patient is married
Family climate: tense
Children:
- a 27 years old daughter
- a 26 years old son

2. Psychic exam of actual state

Speech – calm, slow, coherent.
Perception – quality disorders (lookalike illusions).
Attention – no changes.
Memory – no changes.
Thinking – quality disorders (relation, parenting, jealousy, persecution delirious ideas, delirious interpretativity).
Time and space orientation – no changes.
Affectivity – anhedonia.
Will power - fr. Hypoboulie (reduced w.p.).
Instincts – no changes.
Activity – lowering of the functioning level (the patient got unemployed).
Condition criticism – absent ("I think my folks exaggerated, in my opinion… We should have been checked by a psychologist, me and my husband, to see who is the sick one").
3. Psychodynamic Interpretation

N is 49 years old and a psychiatric history of 8 years, without taking psychotropic treatment. She was committed by the Police and Ambulance, attended by her husband and daughter, for lookalike illusions and persecution delirious ideation. She is convinced that her son and daughter were changed, that she saw her dead for 26 years father walking on the street, that charms were performed on her and that she gave birth to three children instead of two, and that the third was stolen. She minimises what happens in the present, saying that it was just a family dispute, in which the husband hit her, and her daughter stated crying.

Although the debut of schizophrenia was recorded in late adolescence, until about 35 years old, the pathology of the patient started in 2005, with interpretativity and relation delirious ideation: “I sensed that there were surveillance cameras in the house. The girls from work signed to one another so that I would understand.” At the moment, she manifests a tendency for disorganised thinking, as well as lookalike illusions, doubled by delirious interpretativity: “To me, even the boy and the girl seem different. The wife of my ex-boyfriend changed my kids on purpose”, “For about a year it seems to me that I’m seen my father. I was at the pretzel counter and a man was looking at me. I’m thinking that my father isn’t dead, or maybe he resurrected.”.

According to DSM, the patient meets the following criteria for schizophrenia: delirious ideas, verra-auditive hallucinations, disorganized speech and behaviour; on a significant time line from the disorder’s debut, the level of functioning in one or two important life domains (the professional domain, the interpersonal relationships) is under the highest level reached before the debut; the disorder is not induced by substance consumption or any other medical condition; N has a dysphoric disposition, taking form of the anxiety connected to the possibility of being surveyed, the rage towards her husband because he does not believe her and the sadness felt regarding the unrequited love by her former lover.

The daughter reports psychotically modified behaviour, in which the patient wrote unusual things in her notebooks.

This fact is still going on now, secondary to the level of thinking disorders, also due to the intense inner tension state: “I’ve sent letters even to Antena 3, and to the Prime Minister, so that everyone knows what’s happening to me!”. As a life history, N lives with her husband and sometimes their 26 years old daughter, in a house on the ground, with a courtyard, in 3 rooms in Bucharest. She has frequent quarrels with her husband and a conflictual family situation. From her daughter’s statements, many years ago (when the children were small), she had an attempted suicide, trying to throw herself in front of the tram, in the context of a psycho traumatising family situation. The personal relations disorders are manifested in patient N through social withdrawal, the appearance of some inadequate expressions of aggression and sexuality, the lack of conscience for the needs of other, excessive solicitations and the inability to have meaningful contacts with other people.

As schooling, she finished 13 grades; the second step was at night school. She worked in the clothing industry, then as a turner and an electro mechanic. She has been working for 28 years, in which she changed jobs 15 times. For about a year she does not work anymore, due to personnel cuts/ restructuring and unemployment. She has a delirious interpretation of the great number of jobs she had: “Someone told me that I was being followed since birth.”. Later, at the moment of the interview, after she accepts the medical investigations suggested, the speech becomes circumstantial, observing parenting fragmented delirious ideas, of herself and of the existence of the third child and makes reference to public figures, insisting on details and the persistent request to have a DNA test made.

She believes that she is slightly dizzy from the anti psychotic treatment, she participates to the interview with a speech centred on the existential problems and fights with her husband: “I want to separate from him for good. I don’t want to forgive him anymore.”. Her disposition is slightly sad, while she reports how she spent a lot of time in the house comparing the image of her children with old photographs of them. The patient’s son moved to another
neighbourhood to live with his girlfriend, fact that N interpreted deliriously. Throughout the duration of the hospitalisation, the patient was quiet and cooperative, centring on her children’s existential welfare. She maintains her delirious ideation: “If my third child does not show up, I don’t know what I am going to do. Maybe they should investigate there where my son lives.”

She psychotically interprets the fact the mother of his girlfriend (the mother of her possible daughter-in-law) ”she is a psychologist so, for sure, she must be involved in this story!”. A couple of days before being committed, she took a petition to the neighbourhood police station, to have them look for her third child.

The delirious speech has a tendency to shut itself down under anti psychotic treatment. The patient’s ideation is centred on the parenting theme, on death denial, and (ex)changing children. She is concerned with the fact that she is part of the nobility family of King Carol the 1st : “There were 18 children who were frozen for 72 years.”. After a close to 45 minutes medical interview, we notice xenopathic influence and the older relation delirious ideation: “Surveillance cameras existed for sure in my house, so that my co-workers knew at any time what I was doing.”. The belief in charms keeps persisting as well as the fact that her third child is hidden from her, being taken and raised by her former youth lover. The speech is relatively systematised, N accepts the medication, but has no criticism over the condition, over the level of thinking productive pathology.

She dissimulates by saying that: “They are overreacting when they’re saying they brought me in by force. I’m the one who wanted both of us to come ( she and the husband), to see who is the sick one!”. She is married for 29 years and lately functions on interpretativity, in relation with the minor events of the outside world or her inner body. Usual knee pains and the redness of the face, are no longer attributed to the own individuality of her somatic Self, but processed and receipted as “from the outside”, as a result of some charms. She assumes her husband had a poor neighbour as a mistress, which N helped they were young and who is now deceased. For sure, N had reasons to hate that woman, only that now she sees the things in the mirror: “I don’t know what happened, she probably must have hated me so much, that she put charms on me.”. The projection works alongside the interpretation of any usual, day to day signs. Her husband told her: “Hi!” in a sweet way, and she and her family got rich over night. How other than, through the love her husband gave to her outside their marriage, and through N’s benevolence, who, on the edge, gave her everything, metaphorically including her own husband, in conformity with popular superstition, which states that you’re giving away your luck. N thus manifests deficits in the ability of inferring other people’s intentions and interprets stimuli or irrelevant events as having an important significance.

In such a primitive functioning, the house is equal to the Self and her own interior, in which N tries to find out what’s going on, especially since the psychosis determines her subjective feeling of no longer understanding exactly what’s going on.

From the moment of the emerging psychotic reasoning, the events of her youth are reinterpreted through a delirious prism. After the birth of her first child, at a difference of a few minutes she eliminates the placenta. From this common thing which the midwife informed her of, doubled by the fact that when she was released from the maternity ward, the nurse accidentally brought her a boy, instead of the girl she had given birth to, N is convinced of the existence of the third child: “ Now I’m thinking like this, then I didn’t… And this is because the boy seems different… He either seems taller, or shorter…”, “I don’t know what to say, I suspect my husband would not accept the third child as well and this is why he is acting this way with me and does not believe me…”. The sequence of events and the way in which N narrates them, demonstrates that initially appear disorders at the level of perception, which, afterwards are “completed” with the interpretativity at the level of thinking, in the desire/ hope of the one on question to find a pseudo coherent explanatory system for what she is living/ feeling.

In order to test reality, N looks at pictures and needs to compare in order to understand and/ or explain the lookalike illusion. “If someone were to tell you that, look, this is your brother, what would you say? Someone tell me how things really stand, so I can fix them!” “Maybe I’ve been blind. But blind for 20 years!? Maybe my former lover took him away from me at birth… “. The symbolic meaning of this unrest is given by the unhappy marriage N had. Before marrying her actual husband, she had another boyfriend, whom she loved very much, but who did not want to marry her. Later on she met him at the kinder garden where they would both take their children, his wife being interested in a friendship relation between the families and to let their kids play together. While her relation with her husband deteriorated, N started building in return this delirious world, in which she delusionally falls in love again with her former youth lover. In the attempts to bring the interview in this direction, the patient becomes
sensitive and states boldly: “I never had intimate relations with him, never!” . It is only about, in consequence, the birth of an imagined child, which is taken and raised by the man she loves.

N does not accept the intensity of the love she bears, attributing it to charms. Nothing that brings pleasure and makes her rejoice inside is no longer hers: “Now, in 2005, when I saw and met him and fell in love with him again so hard, I think I was charmed by someone so this would happen to me!” . She remembers that she married “out of ambition” and continues to project in relation with the actual wife of his former lover: “Probably she knows about me, what I was owed… And that’s why she tried to make friends…” . The paranoid vein of necessity and justice is found in the psychotically modified behaviour, while she went to the Police: “ You should ask them too (the others)! The police should hear us all!” N is looking for truth and justice, while denying her desire and pulsations: “When I’m saying that I did not have intimate relations with this man, I really want you to listen to me! You can even put me to the lying detector! I don’t want you to believe that… It’s true that I still thought of him about a year after I got married, but … this doesn’t mean anything…” .

Utilising refusal is obvious, in the further step N is integrating all that she is thinking in the relative systematised delirious ideation by relation and tracking through surveillance cameras, which she argues that were set in by the wife of the man she loved. She symbolises someone from the outside, who knows everything and who understands her inner core being, that core were she tried to hide what was unacceptable and socially intolerable: “The girls from work made hints at what was happening to me…” . At the moment, under antipsychotic treatment, the intensity of the ideation remains prevalent, N permanently referring to the fact that “In 2005, when they did charms on her, it was definitely like that, now is just a suspicion.”.

While continuing the medical interview, the patient psychotically disorganises herself at the level of thinking, expressing delirious ideas of certain nobility filiation, through which she denies her poor childhood: “Queen Elisabeth, King Charles the 1st ‘s wife, had 17 pregnancies, among which was Maria, a little girl that died at the age of 4. Maybe I am her, or anyways, from their blood line. I even sent this to Antena 3!” . The interest for excessive femininity, materialised in the maternal attitude of the high ranked women, as well as psychotically denying her own life, ensures N to climb in a world in which she is attracted to beautiful things: “I suspect, I have no idea…” .

Another major dimension around which the delirious ideas are built is death denial: “A year ago I thought I was seeing my father. I went after him, until I entered someone’s courtyard and I insisted as much as I could to tell me where did the man I saw went to.” . Common religious beliefs (going to the holy coffin of St Dimitri, after she was seeing my father. I went after him, until I entered someone’s courtyard and I insisted as much as I could to tell me where did the man I saw went to.” . Common religious beliefs (going to the holy coffin of St Dimitri, after she was unemployed) are emphasised in the assiduous search for something, which seems to be “the truth that must come out where did the man I saw went to.” .

N is the youngest of 6 children, all girls. After her mother’s death (more recent than that of her father’s), the sisters distanced, the patient trying to understand and to accept this fact, through the curse with which their mother threatened them when they were little, in the moments when she herself was sad. We are talking about an “existential mood” which is played in the marriage, family, relation with her own kids field, and through extension, in her entire life, and for which, sub culturally they use threats and curses, which embodies the “throwing at the blood line, passing further, thinking that you would be the one spared from the story. In psychodynamic terms, to project misery means passing it along trans generational in the family unconscious or through the translation of role models. This is how N explains all her adult life trauma and which are all on the same line of rejection: “That’s the explanation why I was kicked out of those work places 15 times… I was simply kicked out… It’s possible that my husband knows all of these and for that reason he treated me so bad all my life…” .

On this principle, N considers that misery attracts another misery even greater, with no fixing it: All those people were stressed by someone to fire me!” . In her vision, there is “someone big and powerful”, who coordinates and traces things. Somewhere there is an all encompassing logic, even if it’s one that dictates evil. When refusing and rejecting become feelings too hard to deal with, N considers that “she was adopted, does not belong to the same natural parents” and, maybe, this is the reason her sisters treat her so bad. Along the sensitivity to rejection, N has also an immense sensitivity to intrusion. We mean the intimate sphere intrusion, of sexual relations with the husband, which, although are unpleasant and unwanted , are seen and commented by all work colleagues, who daily made hints about this: “That big of a coincidence? Too many coincidences… I hope it was not HER (the actual wife of her former lover) that knows my intimate things…” . After which, keeps insisting over the fact that the love for that man ended immediately, once she married.
Denial cannot face the immense pulsation quantity which N is capable of investing: “In 2004 I had moments when I thought I love him again. I might have been charmed to experience that …” With a candle, the charms out of and about love, have the highest chances of coming true! N states that she did not want to ruin that man’s marriage, but is convinced (as a symbolic price), that he raised her imaginary son.

The Self’s psychotic mechanisms aim at blurring the conflict as internal reality. In psychosis, the conflict is between Self and outside world, and the Self’s strategy involves more defence mechanisms: denial, cleavage, projective identification and externalisation.

One of the main symptoms of paranoid schizophrenia is delirious ideas. In N’s case, the following are prevailing: persecution delirious ideas, filiation and relation, as well as delirious interpretativity. The psychodynamic factors involved are important for understanding the symbolic meaning of symptoms. The grandeur deliriums follow, usually, after a self esteem insult (Garfield et al., 1987, apud Gabbard, 2007). This way, the grandiose thinking or perception content is the patients effort to compensate the narcissistic wound. The involvement of the genetic and environmental factors over N’s vulnerability lead to this disorder. The frailty and personality immaturity’s suggested in the vision over life: a happy ever after, ideal life. A first major trauma, reported by the patient, was the death of her father, in 1981, when the patient was in her youth. The sad event contributed to the developing of a Utopian, mystic ideation over the world, and especially over death, the patient considering up until now, that her father, is actually alive. The illusions about her father suggest his death’s denial and the desire of him being still alive. The fact itself shows the regressed emotional level at which the patient is, being incapable to hold a mature vision over life and remaining stuck at the emotional development reached at the time of her father’s death trauma. N manifests a continual impression that details concerning her life are hidden from her, she “wants the truth to come out into the light” and to ind it, but: ”No one says a word. If they would have told me, maybe I would have not gotten in this situation”. A delirious fear of the patient is the possibility that she might have been adopted, as it is noted when she tells of her mother’s recent death. In a short while, the 5 sisters have distanced themselves, reason that fuelled her fear of being adopted. The hardships from childhood can be tied to the filiation delirious ideas, N saying that she suspects the origin from a royal family. Being the youngest of the family, it is possible that after her mother’s death, to no longer be in the centre of attention, not being “spoiled” anymore, fact which contributed to the intensifying belief that she is out casted, that those around her know more things than her and that she is being avoided by those close by who “know something”.

Sexually, the patient accumulated frustrations in the two significant relationships that she has had: her former youth lover and her actual husband. Firstly, unconsuming her love feelings towards her ex lover and breaking the amicable ties they had after splitting up, lead to a sort of unconscious sexual fantasies, through which she managed to fulfill her frustrations (in the absence of the sanogenous repressing mechanism), projecting in the outer reality an imaginary baby with him, while denying any feelings of affection towards him, from the moment she married her current husband. But, the statement in which she said she felt that “she loves him again”, is put on charge of the fact that she was “charmed”. The main defence mechanisms noticed in this case, on which N functions, are denial and psychotic projection. She believes that her imaginary son was kidnapped by her former lover and is kept hidden in the house where her real son lives. This idea culminated with the fact that it seems to her that the boy she raised has changed, “taller, listening only to his father and to those who guide him”. The lookalike illusion made her call the Police, to check if her imaginary son really lives in the house of her real son.

Secondly, the patient’s marriage is in an deadlock for 19 years, time in which the two lived in a conflictual family climate. Since 4 years ago, she suspects him of “having a mistress”, possibly because of the fact that he is ignoring her excessive solicitations to check if the imaginary son exists, the delirious patient’s explanation being: “because he doesn’t accept him…”.

The powerful unconscious desire to have had a child with her youth lover, triggered in the patient an entire delirious explanatory system, relatively well systematised, over the existence of a third child, which was stolen from her at birth. Also, N denies the fact that she currently feels love for her former lover, stating many times that she was charmed.

Her father’s death, in her youth and losing her mother, after triggering the condition have represented psycho traumas which completed a vulnerable diathesis, on the background of an immature personality and have fuelled the apparition of some death denying delirious ideas, of filiation, persecution and relation sensing that she is
permanently controlled, checked and followed through surveillance cameras. Besides antipsychotic medication, we recommend family intervention, which proved to increase efficiency three times more, aiming to prevent relapse. Psychoanalytically, the family is seen as an interactive homeostatic system, and the system is seen as “more than the sum of its parts”. Therefore, therapeutically, we need to act on the interactions between the family members and their communication. In psychoses are involved both family conflicts and the style of communication between the members. One of the theories related to the style of communication involved in schizophrenia is the double connection theory. This style of communication is not the cause of schizophrenia, but a predominant communication pattern in the patient’s family. And creating the psycho social abilities is very important in order to maximise the patient’s vocational potential. Studies show that those who benefit from building psychosocial abilities have made greater progress in social adaptation and have had a lower percentage in relapse.

4. Conclusions:

The stress – diathesis model for N involves the following trauma that have charged the patient’s vulnerability:
- financial difficulties growing up;
- parent’s death;
- miserable marriage;
- work place dissatisfaction;
- frequent change of jobs;
- current unemployment;
- the regret of not fulfilling her sexual desires with her former lover.

References


