Psychodynamic interpretations in the symbolism of paraphrenized schizophrenia

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Abstract

This paper seeks to be a perspective of psychodynamic psychiatry, an attempt to explain the delirium of a patient with schizophrenia over 30 years old, who has lost his home, identity card and inner coherence of the Ego. He lives in a space - as real as it is symbolic - inside a psychiatric polyclinic and expresses his free consent to expose his personal perspective, an interpretive one on his own life, in which we glimpse fragments of former truths, through cosmogonic delirium. The paper also describes the countertransference reactions aroused in the participants in the working group, and, especially, the importance of unconsciously supporting such a patient with multiple hospitalizations in psychiatric departments, so as superimposed to the antipsychotic background he can be able to recompose his old personality.

Keywords: clinical psychology; schizophrenia; psychodynamic psychiatry; symbols

1. Introduction

Psychology and psychiatry work together every time a psychiatric patient is involved. Searching beyond the clinical psychiatric classification, the clinician (psychologist or psychiatrist) sees the verbal and non-verbal communication with the subject, analyzing the nonverbal and paraverbal aspects involved in the same time with patient speech. Nonverbal aspects are mostly visual (e.g., gestures, head position, global posture, and so on), whereas paraverbal aspects have to do with the quality of the voice (e.g., rate, pitch, volume, speaking style) as well as prosodic features such as rhythm and intonation. The words a patient with schizophrenia use convey important information about internal states, feelings, and views of the world around him. Researchers have tried to make lexical analysis in order to predict the psychosocial assessment of schizophrenia, language analysis to predict profiles to classify the disease. As always been validated the importance of early life experiences in the development of schizophrenia, the later experiences involving what Freud called the secondary process plays an essential role too. Freud said that in schizophrenia, reality and unconscious depths are converted into words by way of hallucination. He also sees hallucinations as both wish fulfillment and distorted history. Hallucination acts a way in which psychotic processes organize raw material for the personality. Hallucinations tend to command and demand. Bion considered that hallucinations are not primarily camouflaged messages about states of the Self or the Self's relation to reality, but rather attempts to cancel both self and reality entirely. Altogether helps modulating the pharmacological treatment and the possibility of a psychological therapy (like body-oriented psychological therapy or cognitive-behavioural

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approaches). As all other categories of patients, these patients have the same health insurance and they should be treated with the same respect: their privacy, cultural and religious beliefs must be protected, and they must be safeguarded against receiving unnecessary medications or maltreatment from other patients or persons (Trifu, 2016).

2. Methodology

The patient N., aged 61, is brought to the Psychiatry Emergency Department by the local Police, showing physical and verbal hetero-aggressivity, psychomotor anxiety, psychotically altered behaviour, delusional polymorphic ideation and absent insight: he states that he is a ninja fighter and that he was driving the trailer truck in China where he acquired a spiritual name, Bruce Lee Alexander.

The diagnosis upon admission: paranoid schizophrenia; acute psychotic episode – considered to be psychiatric emergency; non-voluntary admission in the hospital. Looking from family history perspective we have not found significant information.

The pathological personal antecedents can be summarized from two perspectives:

- somatic: tuberculosis, bronchiectasis
- psychiatric: multiple hospitalizations in the psychiatric department and diagnosis of Paranoid Schizophrenia for over 30 years.

The patient was born in Transnistria, graduated from six classes and spent two more years in correctional school and two more years in prison. He lives on the street, is unmarried and is not medically insured. Is using substances: tobacco addicted (40 packs/year) and is a former alcohol user.

Due to the multiple confabulations and the polymorphic delirium, it is difficult to establish the chronological evolution of the disease; however, the patient states that the onset was around the 1990s with the registration in the Psychiatric Polyclinic in '94 ("I set my place there since '94").

3. Results

The patient presents disheveled, with an aged, slow and dysarthric appearance. He shows signs of Cotard's delusion, presenting autoscopic hallucinations and changes in the body scheme, micropsias, delusional ideas of negation, enormity and immortality, delirium structured mainly in the imagination, influence and xenopathic control (Sandler, 1960). We meet the delusional idea of a micromanic nature - the ideas of persecution, the issue of identity and loss of the identity card, later an identity card built without the address. At the other extreme, we find: grandeur, erotomania, filiation and relationship, all centered on power, aggressiveness and raw sexuality. The mind of the paraphrenicized schizophrenic patient slips between the official plan and the plan of the lie, his own affiliation is uncertain between Moldavia and Transnistria. We see his intellect either liminal, processed by alder overcompensation, or subjected to an inherent deterioration, given by the evolution of a long-term disorder. There is a fanciful preoccupation with pedophilia, a speech focused on making a splash through potency; he talks about "white orgasms" and "sealed hormones", as an attempt to control his sexual impulses, to demonstrate its original purity.

The delirium is fantastic-dreamy, focused on violence versus humiliation, which integrates frogs and priests, stolen property, stolen identity, documents taken to a real or symbolic trial, a temporary identity card with a domicile on the street, he lives in a psychiatric clinic: "I set my place there since 1994, the doctors have changed, they come and go, but the madness remains". He raises medical ethics to the rank of religion, being concerned with the femininity and intellectual potency of women, compared to men, who have to undergo sex change surgeries in order to be authentic professionals (Little, 1952). We identify clang associations: "Who says good chick / He has a gold coin from me", as well as neologisms - some present in the language, others words of neofabrication, through which the subject wants to express particular feelings: "I do not tick!"

One of the major dimensions of the patient's symbolism is related to the feminine force, both in the real version and in the phantomized version. As the womb can expand indefinitely to contain itself, Her Majesty, Queen of England, conquers vast, ever-expanding territories, the apogee being the patient's desire for Everest itself to be conquered by a feminine hypostasis: "How long could His Majesty, one woman, to incorporate territories?" The flight of ideas causes linguistic confusion. In the reality plan, the patient has six classes, plus two taken at the Correctional School. In the dream plan, he has higher education – "sympathetic and synaptic" studies, completed at Marie Curie and Oxford, the "keystone" being the attempt to move from the animal to the human realm: "This is my doctoral research, to turn inorganic chemistry into organic chemistry!" He refers to anthroposophy, as the religion in which God is replaced by man (Klein, 2017). He has Fregoli illusions about changes in the oral area, as well as delusional ideas in which he trades with his life. In his speech, there are multiple references to the Jewish vein, to fascism, to Nazism, to errors, to cutting and changing the mandible, to prison, where he states he would have gone around the age of 21. He has a particular way of telling a story, specific to the paraphrenic, in which he captures the interlocutor and arouses his curiosity (Mahler, 1952).

The concerns of the youth were centered on the training of dogs, as well as pigeons. Free associations, by contiguity, lead to semantic dispersion: "My name is Brrrr... meaning frost (in Romanian, "ger")... meaning German family... mana means mother... so, I also have a mother...". The identifications are successive, either with the aggressor or with the victim. He claims a suicide attempt at the age of 21, when following an incident of an aggressive nature, which highlights his antisocial vein of personality, he states: "Then I wanted to hang myself for the first time, but someone cut the rope with a scythe... I was wrongfully filed a criminal case for destruction, the president of the Tribunal was Jewish...". In the phantomized oneiric plan, called by the patient "undercover", he talks about "the lords of the clone sleeping in the garbage", when we notice the illusion of the look-alike (American Psychiatric Association, 2013): "They brought another one in my place, whose appearance was similar, they changed us between us, we are 36. The appearance does not matter". Anarchy and the de-structuring of the mind leads to a primitive level, in which the delusional ideation of cloning appears, for the need to increase a narcissistic power. Each fragment of the Self in the 36 hypostases is similar to a malignant cell, devoid of a nucleus, but which increases its strength through rapid and unnecessary multiplication, the only purpose being invasion.

The patient continues his phantasms of expansion of the human uterus, telling how the 36 embryos were transferred to a mare's belly, then to a sperm whale's belly, in something larger and larger, with an infinite capacity for containment. At the age of 21, he chooses between prison and the insane asylum, the trial of that time deciding to be admitted to psychiatry, after a month and a half of arrest. He relentlessly reports aggressive events with reference to violence in prison, disgust, and Gansser-like behaviour: "He was defecating himself and anointing with his own faeces, to produce disgust so that they stop beating him". The metaphor of anarchy and cloning continues with the symbolism in which the patient states that "every cell has its God, but a cell is independence and has a certain lifespan"; "When you die, new cells are born in agony". He refers to chromosomes and the idea: "It should be specified which cell to worship, the trinity, the anthroposophy?"

The loss of the semantic unity makes him skip two or three semantic circles to simple questions, the answers being tangential, removing more and more the significant meaning: "Were you married / I took an oath with the Romanian Orthodox Church, but I will destroy everything, because they destroyed my family!" By the multitude of delusional ideas, we understand that the wife he loved at the age of 32-33 lost a pregnancy (extrauterine) - this being, perhaps, the core on which the constructs of the delusional ideation are embroidered. In the same way, it is possible that during the Revolution, the patient drove a heavy-duty vehicle and was one of those who supported the barricade. But in après-coupe, including this pseudo-remembrance is surrounded by multiple delusional ideas (McDougall, 1982). Regarding the registration in his own filiation and the registration of his own children in his filiation,

he states: "I did not have children. I don't have and I won't have children. All that is said, all that exists are conjunctures. Officially, I have about three: a boy I raised, who is around 40 years old, a girl I know was born on October 13th, and a boy who was to be aborted with alcohol probe". The emotional disinvestment with which he recounts is shocking, as well as the disorganization at the level of thinking: "For me, this child is dead. I went to ask for his help and he chased me away". It is interesting how, as a rule, schizophrenic women present such delusions about real children or aborted ones: "The poor man had to have his genome sampled and handed over to whom tortured him".

The subject slips between the fantastic-oneiric plan and the descent of his personality in a concrete in which he states only: "I want cigarettes, you torture me for not bringing them to me faster!" As the interview itself represents a source of narcissistic nurture, by paying interest and attention to his thinking, the delusional ideas of grandeur are highlighted: "Brâncuși was a messenger of mine from other planets, from other lives. And Mihaela, a muse, raped by the son of the first secretary". He pays more attention to the physical details of women, while repeatedly resuming the desire for the inorganic to turn organic: "My doctoral thesis is the transition from copper to *Euglena viridis*". Maybe the beginning is not to have children, not to be able to give life. He appeals to the Soviet services, to liaison officers, to the CIA, the British Royal House, his job being "to do the job well". Perhaps not coincidentally, from this statement he jumps directly to death as a dignity, in other words, death is the last thing that needs to be done well.

He gets upset when you address him with you, because he considers that pluralism reawakens a problem of his Ego identity. When asked directly if he has ever heard voices in his head or mind, he says: "It depends on who you contact. Socialization can be done platonically, visually, verbally, brutally". He builds paralogsms, while he feels that his Ego cohesion is being lost. He conspires ad-hoc, reversing the roles with the examiner, with reference to the popular conception that when someone dies, the mirrors must be covered. All his fragmentary ideas seem equally important. He creates worlds, including for the interviewer, by one's desert. He creates parallel universes, planets, in this delusion of imagination finding the dimension of enormity: "I have slept my portion for 36 thousand years, I have not been on this planet for 38 thousand years. My wife, Mocirlița - a name given symbolically - has been asleep for 2.000 years. They killed my partner and that's why I have to leave". The only moments in which the former emotionality of the patient is glimpsed is the reference to what symbolically remained of the ex-wife, psychotically called Mocirlița, and the emotionality hidden in the recitation of the poem (Gabbard, 20140). He builds an immature delirium about a G-suit, about the gasoline with which he sets himself on fire, about hanging you, about drama games. Indeed, in his youth, he appears to have had a testicular problem, which involved surgery.

The loss of self-identity leads inclusively to the loss of sexual identity: "With men we reach homosexuality. In fact, we are all one sex. And the look is also one sex. When you look into someone's eyes, it's like you want to rape them. Stop talking to me in the plural, please, don't collectivize me!" An aggressive area of one's drives is identified, deliriously interpreted in *après-coupe*: "I was about to rape my three-month-old daughter. I was masturbating to keep this from happening. I was tearing my flesh off, I was tempted". We find an emotional high drive in the sphere of sexuality, currently viewed with disgust: "At the Correctional School I was tempted. At the age of 8-9, I had to kiss someone else's penis for cigarettes. It was something dirty and I felt stigmatized". Psychotraumas from childhood and maturity are directly involved in the etiopathogenesis of schizophrenia (Șirbu, 2020). In terms of concrete reality, the patient was a trailer truck driver, probably driving concrete mixers, at present, for 15-20 years, with a disability pension. The formulas of address and politeness, as well as those of thanking to the examiners, are sarcastic. The meeting with the working group is a story of grandeur, in which the patient conspires, is hypoprosexic and hypomobile (Cassement, 2002).

The magnitude of delirium is surreal and cosmogonic, with reference to the multitude of existing worlds. Sexuality becomes raw and unfiltered, undifferentiated

concerns for homosexuality and pedophilia (Olivenstein, 2000). The grandeur extends into history, politics and poetry. In the foreground, we find paraphrenic schizophrenia superimposed on an antisocial vein with histrionic notes: "I sometimes pretend". Criticism is lacking, being replaced by aggressiveness (Seto, 2018). He has impulsivity, low tolerance for frustration, the absence of any traces of emotion. It is decorporalized, with delusional somatic and transformational ideas. We find fragmentary refreshers. We assume that in the past the delusional idea of persecution and prosecution was more far-reaching. At present, mysticism, communication with other worlds, intuition on the mechanism of protection predominate. The delirium is centripetal, as in any paraphrenia, encompassing metaphors, rhymes and cryptomnesias, in which the histrionic colouring seems the only better part. He is not anchored in the social, but in its own delusional filiation, coupled with the ideas of relationship.

Unfortunately, the social functioning is minimal, but it has what we call "double accounting", specific to paraphrenia, as well as the overcompensation of inferiority complexes in the vision that Adler presents. We also encounter delusional perceptions; the antisocial component of youth currently being found in a manipulation of histrionic colouration. We find mannerism, accentuated when he speaks of multiplication, cloning, non-differentiation, dysmorphophobia, repressed and castrated, humiliated masculinity, which he is willing to endure only for cigarettes. Currently, the antisocial vein has disappeared, being replaced by florid conspiracies and disorganization in productive elements at the level of thinking, speech and behaviour, mystical, metaphysical, delusional ideation of invention. Even the most intimate drives are presented as having a xenopathic control. He speaks to occupy the space, he clings to the words, finally sinking into them. He gives the impression that clinging is more to words than ideas, as a second-rate symbolism. The question remains to what extent the suicide attempt in his youth was an instrument of the Gansserian simulation in prison and to what extent it was the consequence of delusional ideas that struck him hard. From the whole delirium, in the countertransference you can feel the anguish and the difficulty to empathize with the paranoid side. Words seem empowering in a confusing context of ideas. As a specialist, you give a high psychic energy to connect some thoughts, to create a meaning that the disorganized mind of the schizophrenic subject can no longer give to the uncontrollable amalgam (Stern, 2000). The patient launches an invitation to regression, hidden in an explanatory superiority. He wants everything left of himself to be cherished. Perhaps not coincidentally, the poem he recites about Brâncuși begins repetitively with the appellation: "Listen!", As a reference to the few elements of coherence that the subject still has. These are islands of meaning and the purpose of an authentic treatment would be to create links between them, to identify a core of compatibility between real and imaginary (Längle, 2000). The speech itself begins with a negation, being centered by cleavage and paraphrenic doubling. The split is between woman and man, between black and white, the split of his own skull cap, a game of reality, in which in fact nothing pleases him anymore. A process of regression, from which the subject wants to feed on psychiatry.

Cotard's syndrome, at its limit, is the creation of the unconscious, in a psychotic desire to cancel the anguish of death. A lot of pieces, the absence of identity, maybe even its uselessness, confusion between aggression and the torment of love. The patient has reached the point where he is unable to differentiate between the two ways, between his own phantasms and his own past violence (McWilliams, 2015; Trifu, 2012, Yildiz, 2020). His speech is rich in expression, information, symbolism and poetry. In a psychoanalytic view, he refers to the Schreber case, although we are talking about a significantly more disintegrated personality. The clones give strength, trying to oppose the destruction of cohesion. Delirium cancels out sadness, as if - metaphorically - someone took the patient's tears. The affect is eminently buried, which uproots the mind that remains sliding on the same axis, like the metaphor of a scratched disk, a walk in vain, a hollow wheel, which can no longer be able to catch water. What ticks is the word, a being in constant search of a map of its own origin and identity. Unfortunately, the patient cannot use anything alive to recover his

memories (Silverstein, 2019). At the limit, the major confusion is between what is alive and what is dead, the effort of the unconscious being the cancellation of the passing into non-existence. His own origin is seen as a lie, the places, the dates, the facts create confusion regarding persecution, theft, important figures such as Supra-Selfs in the army, in Correctional Schools.

4. Discussions

Often in psychotherapy the therapist (psychologist, physician) formulates interpretations of patient's life, beliefs or actions. When it involves a subject/patient with psychiatric background, the analysis goes beyond the clinical frame of classificatory psychiatry.

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