

THE REAWAKENING OF THE SELF IN THE TREATMENT OF A CASE OF PSYCHOSIS IN A YOUNG WOMAN

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INTRODUCTION

I will present the case of a psychotic patient who has been with me privately for almost 5 years, in a therapy that is oriented towards a psychoanalysis of the Self, one that has a modified and multi-modal approach.¹

The patient shows a psychotic condition, that of schizophrenia² that I will indicate as not being particularly serious because admission to a National Health Service psychiatric department was not necessary and the deterioration of her psychic functions and changes in behaviour have been limited..³

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¹ See note 3 regarding the changes and the multi-pronged approach.

² Referring to the most widely used psychiatric classification system, the DSM IV-R, it is possible to define it as being schizophrenia, paranoid type, episodic with interepisode residual, prominent negative symptoms.

³ Before entering into the case details, I would like to make some prior considerations:

a) In the history of the psychoanalytical movement, a group of analysts believed that psychoanalysis could be applied to psychotic disturbances, Jung being at the head of one such group and afterwards, Federn, Frieda Fromm Richmann, Sullivan, Arieti, Searles, Pao etc., in the U.S. and the Kleinian movement along with Meltzer, Bion, Rosenfeld, the French School (Racamier, etc.), Benedetti and others in Europe. Contrarily to this, Freud headed another group who believed that an analytical approach was not applicable because of difficulties encountered in the development of the transference. Kohut would have placed himself in this group, as it would seem from the majority of his written work, the reason being sufficient lack of structure of the nuclear Self in psychosis.states..

b)The growing quantity of research in neuro-sciences cannot, in my opinion, be ignored by psychoanalysis. In an indisputable way, they are highlighting the existence of morpho-functional changes in the neural system of schizophrenic patients (e.g. frontal mesocortical areas and the 5HT2A receptor system, mesolimbic areas and the D2 receptor system, ventricular enlargement, hippocampus lesions etc.). In my opinion psychoanalytical research should take account of this. For example, in the sub-type of N.C. Andreasen or of T. J. Crow, the morpho-functional modifications, prognoses and accessibility of psychotherapy and schizophrenic psychoses are associated.

c) Given the data from research, and also from my experience, one gets the impression that the type of psychotic, schizophrenic patients is ever increasingly various, moving through a spectrum with serious morpho-functional changes that are hardly accessible to psychotherapy to a spectrum with few or no lesions where psychodynamic understanding is high (in the first kind, the “ negative symptoms prevail, whilst in the second, “the positive ones”). In such cases, a psychoanalytical approach would seem to be useful as lengthy psychoanalytical tradition suggests. However, this is not

THE FIRST MEETINGS

Valentina was referred to me about five years ago, when she was 24, by a colleague who was a friend of her mother's. She had had a discussion with her and had found her rather undecided and confused about her future. The idea that I had got was that she had an immature personality and seemed to be a little lost, not being able to find a direction to her life.

I met her a couple of times alone and, then afterwards, together with her whole family. She was 25 and a beautiful woman. Her beauty was not fully expressed. She was tall, dark, well-built, perhaps a little overweight and dressed with a certain care. She had a slowish mimetic language, which was slightly perplexed, as if it were showing reserved mind speed that was not clear to her.

During the first few meetings she appeared to portray being a highly confused person regarding herself and her life in daily activities. Her days had no planning. Sometimes she confided in people whom she met by chance and then decided to go along with. This worried me. She had quit her university course some years earlier; in her infancy she had been a child who “had not caused any problems”; in her adolescence her behaviour had become turbulent and rebellious. It seemed that she had chosen, for her adolescent way, a type of behaviour that imitated her fellows who were the “coolest” and the most “rebellious.” The cool girls had had early and promiscuous sex and she had followed suit. The others used drugs and so did she.

After the age of 20 the use of drugs, which had started during puberty, became more frequent and more varied (cannabis, cocaine, amphetamines, LSD, disco drugs and so

taken into consideration “evidence based” because of the lack of validation studies on its effectiveness. And therefore it is not mentioned in the most diffuse psychiatry manuals (or it is even considered negatively, see P. Fonagy), which, instead express positive ideas regarding other types of treatment, e.g. the cognitive-behavioural type as they are supported by empirical research.

Starting from such a premise, this piece of work does not hypothesise that the above mentioned approach is applicable (in a positive way) to psychoses in general nor to those that are more serious and messy, besides it is implied that the psychoanalytic orientation of the Self should be further modified in these cases, both in its technique and in its setting: abandon of classical technique, use of an active technique which tends to value the patient's resources, more use of ways to encourage free association such as, drawings, legends, tales, stimulation as regards the external world, the taking of a psychopharmacological therapy, where necessary, use of other therapeutic figures (family psychotherapist, psychiatrist for the pharmacological monitoring and the possible admission to residential institutes or semi-residential ones), network co-operation between the therapy figures, etc.

on) and her behaviour became even more off-beat. Often, she did not return home and wouldn't say where she was. Her boyfriend, the son of a famous professional person, had involved her even more in cocaine and drugs. She also began to go to rave-ups and at one of these, a New Year's party in France, she took some mixture of drugs in quantity and entered a state of trance for a few days. At a certain moment she blacked-out, out went the lights and a black hole appeared in her memory. She seemed to remember that something nasty had happened to her and, thus, she had cancelled any memory of such, but she also had the sensation that something serious had happened, something that had cast a shadow on her life, perhaps she had been attacked, sexually abused, orgies or....⁴

The post rave black-out was the lowest point for V. but also the beginning of a positive turn around.

Surprisingly, like a little dark light, which had paradoxically⁵ come from the episode of the blackout, she phoned her father and, despite her confused state of being, she asked him to help her and take her away.⁶

Her father took her back to Rome.

From then on she became silent, for several months, almost catatonic without knowing why, despite that the use of drugs had become sporadic and limited to cannabis.⁷

After a while, whilst she was alone in her room in the family mountain house, in the summer, something strange happened (again that was partly clarified only recently in therapy). Watching the sun's reflections on the ceiling, she suddenly understood that it was time to change her life. She asked her parents for help who took her to see various specialists, she started a group analysis which lasted a few years. Consultancy with other therapists went on for her family for the duration of her behavioural disturbances.

The feeling of finding myself facing experiences on the edge of breaking point with reality, intensified, but my impressions of a more serious disturbance became clearer

⁴ After a few years, the analysis was to allow her to have a sudden recall of the memories and a clearing up of the event. This had a significant turning point in the analysis to which we would return in the future.

⁵ Paradoxically, because it is as if a light comes out of the dark.

⁶ This was a real break with the previous period of rebellion towards her family that was characterised by mixing with a cool, spoilt and drugged-up people. She was to live the experience with a sense of guilt, as if it were a betrayal of her identity and of her friends who were doped up.

⁷ She let herself be pulled along by inertia and apathy for a period of a few years, she had a few boyfriends, and went through a few jobs too, for example, secretary to one of her father's friends.

at this point, when to my question of how her experience of that therapy had been, she replied, “*I remember almost nothing...I don’t know what use it was, it was no use to me...*,” said in a tone of voice and attitude of someone who had been a casual onlooker of things that didn’t involve her.

Tactfully, I decided to dig into her current internal state. It seemed to be very hazy, strong rushes of fantasy, and she had a very fragile sense of her self-identity. Following my feeling of areas that were kept reserved and in a delicate, cautious way, I asked her questions about the existence of hallucinatory hearing experiences and delusional reference experiences that she confirmed without offering any resistance at all. Thus, the perplexity of her mental state and her behaviour became more comprehensible. I was however struck, by the dominating mechanism of non-recognition or even denial of the seriousness of the pathology. From collected information, I convinced myself that the permanence of her psychotic state was not so serious even though it was cyst-like (if it hadn’t led to admissions into care or severely changed behaviour), it goes back to at least a year before. Then, as I managed to reconstruct from the moment when she came back from France, obviously in a covered way, unknowing to doctors and to family, she lived and lives hallucinatory and delusional experiences. Voices that told her what to do or give her encouragement, or criticised her...she thought she was badly seen and snubbed...on one occasion she thought she was a dog and urinated like an animal in the open.

So, her doctors and psychotherapists who her parents were taking her to, seemed not to notice her disorganised psychotic state that was well hidden, except for one well known psychiatrist, who having told the parents about the seriousness, prescribed anti-psychotic drugs and sent her to another psychotherapist. However, V. didn’t go to the therapist and only occasionally did she take the Risperidone medicine.

FAMILY MEETINGS AND THERAPEUTIC CONTRACTS

In this psychopathological area, the meeting with the patient's parents seemed to be sound practice.

During the meeting the worried parents were highly dissatisfied with V's behaviour. They consider her to be a whimsical adolescent, lazy and a layabout. Reading in between the lines, I got the feeling that they didn't hold the daughter in much esteem and trusted her even less. On the other hand, the son, who was also present at the meeting, visibly receives parental approval and admiration, particularly from the mother. "He is a good boy, studious, well-mannered and a brilliant chemistry student." The brother, when interviewed about the situation, seemed to be an extraneous body. He didn't know much about it and it didn't really concern him.

The father, who was in his 60s, seemed to be quite strong and, with a high tone of voice, booming, created quite an impact. He is a high level magistrate and has been operative in the fight against organised crime in Italy. During his life (I also found out from other sources) he has been on the front line and taken part in many dangerous operations against organised crime. He seemed to be rather authoritarian even though he showed a certain affection for the daughter. He is and has often been away from home for lengthy periods. I found out from a colleague that he is depressed and that his marriage has always been on the rocks, he has often had affairs with other women. His wife, a clerk, had tried to react to the injury by having affairs too but it seemed that a state of self-belittlement of her female identity had prevented her from reacting effectively towards the husband's behaviour. Thus, she seemed to be very frustrated and full of belittling anger that, as I would see, was heaped onto the daughter. In the family then, there seemed to be some mechanisms of the identification-projection type that the parents impose upon the children in a kind of verbally dividing manner. The son is a chemistry student, handsome, good, clever etc., whilst V. is instead, bad, unable, lazy etc.

With cautious but explicit words, I told the parents that a serious state of mental suffering existed which V's lazy and sloppy behaviour had sprung from.

At this point I witnessed a dramatic evolution which was highly significant for relational functioning of the family.

Indeed, upon hearing my words, the mother, who making reference to the daughter's lazy and wasteful behaviour, as if I had provided her with reasons to chide V, and were not the outcome of a psychiatric evaluation, broke out into an extreme verbal attack against V saying that she was a good-for-nothing girl in life who had never got off her behind and done anything etc. To such an attack and increasing chiding about her lack of adaptive behaviour, her poor results at school and at work, V offered a fragile and vain attempt at defending herself. Then a really upsetting scene unfolded in front of my eyes and has remained vividly imprinted in my mind for its bizarre and paradoxical characteristics that can be represented to any analyst. V stood up, crying her eyes out and launched herself onto the couch, head first, and onto her stomach, her feet were in the pillow position and her head down at the foot area, sobbing desperately out loud for more than ten minutes.

I got the almost live impression that there was a connection between the mental beating that she had endured and her particular position that she took up on the couch. "The internal beating" that the mother had given her, scathingly humiliating her instead of supporting her, as one would have expected once the painful contents of my evaluation had been presented. It seemed that there had been a "launching" portrayed by her inside her head-first position on my couch.

So I came into contact, with a certain violence with a clear family psychopathological sufference, that was to reveal itself as being woven into V's development difficulties of her self, but I also noticed a positive attitude towards collaboration.⁸

⁸ Struck by her desperate situation at that moment, I began to feel as though V. was a patient of mine. However, I called upon all my professional authority in order to calm the family and bring the incongruous behaviour to my communications to their attention. I can reconfirm the necessity for careful reflection upon the situation, I then adjourned the meeting to another moment a few days later.

In those few days I found myself alone in the difficult situation of drawing up a therapeutic programme for V, I was well aware of the daily risks that she ran and of the state of confusion which she found herself in. In the final meeting I repeated the explanation that their daughter had a serious psychic disturbance and vulnerability which was rooted in her personality whose nature, seriousness and curability, would only be possible to define over observation in a long period of time. I had doubts about whether it would be possible to follow her only on a surgery basis and privately or whether it would be necessary to admit her into the health service network given the impossibility of monitoring her behaviour in her daily life. But the parents (remembering that the father was a high level magistrate), for reasons of image and privacy, excluded this.

After a somewhat long reflection, I decided to involve the family in the responsibility of the therapy, telling them that I could try an analytical psychotherapy but under the following conditions:

-V would have to come to the sessions on a regular basis, with a frequency of once a week at the beginning and then increasingly more, further on.

-She would have to accept pharmacological therapy that I would prescribe.

-That family meetings would have to be held with another therapist who would maintain contact with me (in reality it was a strategy to involve them in a family therapy later on).

-The whole family would have to feel involved in following such conditions, including psychopharmacological therapy;

-In six months from the start, we would meet once again so that I could present my views regarding the practicability of the psychotherapy and the possibility of treating the case on a private basis.

The agreement was made and a face-to-face treatment began, once a week.

Before entering into the account of the therapeutic process, I would like to show you some designs that V. had done in the initial meetings in order to give an idea of the state of the Self at that moment.

“ALIEN SELF “AND ISOLATION

In the first few months V's behaviour was quite anxiety causing. Sometimes she would disappear during the evenings without saying where she was going. .⁹

After some time, my worries lessened, perhaps thanks to the regular taking of the anti-psychotic drugs. The confusion, hallucinations and delusion all calmed down.

⁹ I was worried and asked myself if my choice was not a little irresponsible, that of not being followed at a day centre or institution or even admitted to an SPDC (Psychiatric diagnosis and care service).

In this phase, part of the work consists in the comprehension of the function of “positive symptoms.” The delusional experiences of reference, of derision/belittlement, the hallucinatory voices that criticise her and the experiences of being “monstrous” and “alien” seemed to give her some cohesion, even though it was psychotic regarding her confused Self, through a substitution of self-belittling experiences, whilst some hallucinations seemed to provide her with “direction” or support to the Self, they also provided advice, stimulous and encouragement. In this sense, we can even speak about a function of the object-self, of positive psychotic symptoms that allow one to avoid the panic anxiety of the disintegration of the self¹⁰.

The frequency of the sessions became more regular even though she remains silent for the whole hour over a period of month.

It seemed that she felt a loss of the psychotic experiences and the impact that was no longer helped by the psychosis with the internal/external reality. A depressive state appeared, she didn't want to go out any more, she lost all sentiment and thoughts, she felt unrepresentable, she was embarrassed and she didn't want to see anyone, she thought that she didn't have anything to say and when she did, she was afraid that what she said was stupid, so, in turn, she wouldn't speak.

After a period of time, she began to bring me experiences from the past, that are fondamentaly still present. To be “non human” “an alien”, “a monster”, she hinted at the experience of having felt like a dog (an idea which we would return to several times over the years)

I saw her self like a desert that had been deprived of life. She seemed to have an empty identity¹¹. Given that I had a person in front of me who had difficulty in expressing herself, I felt it necessary of inventing ways of vitalizing the therapy.

I asked her to speak about her daily life and I showed my interest in this, I tried to make her more active in the therapy.

I said that in order to understand what her problems were, I would need her, also if she found it difficult, to try and experiment in the confronting with the outside world. With this type of external stimulation of the emotional world we would then have something

¹⁰ Pao's “Organismic panic”

¹¹ Regarding this, it is a good idea to compare this form of identity with the designs that appear to be empty.

which we could speak about in the sessions and from which we could understand the nature of the block of the Self.¹²

With this task in hand, V. seemed to acquire a sense of trust and became more active and more open.

Trying to grasp her internal experiences by using other means, at a certain point, I asked her to bring me some drawings and designs, tales or myths that had struck her both recently and when she was a child and that she should try to remember some of her childhood memories, even though her memories were hazy and arid.

Further on, I also asked her to write down her reflections or notes on the sessions (given the impossibility of increasing the sessions and the importance of involving her in self-reflection).

In this phase a part of me felt pushed to see her with a identity of a handicapped person, also which was caused by feelings of impotence that were created by the therapeutic freezing, this was because she presented herself and seemed to be such and in this way I colluded with the family's point of view.

So, considering it as such, I could support her with drugs and meetings.

But however, at this point something inside me , which I couldn't completely define was triggered. I had arrived at the intuition of the complexity of the situation which in reality was that Valentina's self was not really handicapped or seriously structurally damaged but it seemed to have been seriously inhibited and blocked in its development in the pervasive family psychopathological sufferings. The image that I got of her Self was that of a " spore," that is, the form which the seed of some plants sheds its aspect of being alive and looks inorganic in order to survive in hostile, desert environments (in our case, the family and its current Self), but in new, more fertile ground (the therapy) could show the spore's potential for life once again.

This hypothesis also probably became a self-object that one could support and trust during the impassable therapeutic route.

On the few occasions when she did speak, when she expressed the absence of also a minimum perception of any value of herself, I would tell her about the possibility of dis-identifying herself from the negative image whose mechanisms and parental

¹² It is as if in an isolated patient, free association may produce nothing, if not, the patient could be exposed to external stimulæ that make the internal world buzz.

relationships had formed that well known identity, without which, she couldn't see and didn't know who she was.

So, let's have another look at her history and try to give it some kind of comprehension.

The phase of adolescent rebellion that changed her role of "child who caused no problems" seemed to be an attempt **at giving** some kind of spotting/separation development to the blocked Self that was seen as being defective. The joining of the group of addicts and her use of drugs probably gave her some kind of "chemical," magical and omnipotent transformation of her Self, one that made her feel "cool," confident, able and "esteemable," independent and detached from her family.

For the whole therapy, she would express nostalgia towards her "strong-drugged up Self" as compared to that current Self that was so derisory that she felt during the therapy. She didn't believe in that possibility of development of the Self that I seemed to be promising her. She told me, "*This Self is an invention of the analyst, this "real" Valentina doesn't exist! I feel unable, different from others, with the drugs I really felt good. I was tough, strong, able, I pushed, stole from supermarkets and no-one saw, I earned my money!*"

THE EXIT FROM ISOLATION: THE APPEARANCE OF MASSIMO

Session after session the embarrassment subsides: she rebegins to go out.¹³

One day Massimo entered her life and her therapy.

I had pushed v. to expose herself to external reality and look for a job. She decided to do a selection exam where she would meet a boy with whom she would soon get together with.

I met him in person because, like her almost appendix, I often found him in my practice, in the waiting room.

At the beginning, her parents were not so happy with this. Neither was I to tell the truth, he seemed to be the carrier (again) of a slight handicap, but after a while I could appreciate the affection, dedication and love shown to V, and in addition, the discrete intelligence during his university studies, despite his quite strange look.

¹³ Her interest for clothes came back, she would enter shops, and before coming to the sessions she often went shopping.

We worked on their relationship, with his negative appearance he seemed to be her twin, (more presentable than V?), who took her by the hand in the world and perhaps made her feel like a human being, just like the others.

In reality the opening up process towards both others and the world had a strong acceleration with the appearance of Massimo.

She began to frequent M's friends, and afterwards, other people.

Thanks to her improvement, it was possible for the father to find her a job in a tourist agency. V. accepted, even though she had a little anxiety and nostalgia for the adolescent state that she was afraid of losing.

The beginning of the work, so to expose oneself in the carrying in new interpersonal contexts coincided with a destabilisation of the state of the Self that had reached a level of relative equilibrium..¹⁴

The impending start of the work had caused her a state of disintegrating anguish, but despite this, my suggestion of increasing the drug remained in a state of stall.¹⁵

THE APPAREANCE OF SELF-REFLECTING AND AWARENESS OF THE IDENTITY OF A SCAPEGOAT

With time, V. became more open, she realised that she had a mind that was able to reflect and therefore she felt positive in being considered a person with emotions and thoughts that were interesting and understandable .

¹⁴ In fact during one session in that period, she arrived so confused and disorganised and expressed her experience with phrases of the kind, “ *Valentina is not here in me any more, in body, but in heaven, beside me, she is flying.*”
I tried to get her to suspend our work temporarily and increase the dose of the anti-psychotic drug.

¹⁵ The refusal of increasing the individual sessions that was pushed by economic reasons, as I already mentioned, hid the resistance of the family pathology and denial of V.'s disease. Only recently have the parents conformed to the agreement that another psychiatrist monitor the pharmacological therapy and the family treatment.

Now, (with a part of the Self) she could believe that which the analyst said was true. That she did have a potential for development in herself, that she could restart on her way.

Facing up to her scepticism that something good could come out of the things that she brought to the sessions, I told her that, like a jig-saw puzzle, it seemed that one piece had no meaning. However, with patience, putting the pieces together, the whole gets bigger and bigger and clearer and clearer and shows an overall picture that has a meaning.

The belittling of her internal contents became weaker and slowly, she managed to understand some of the aspects of her internal world. Her capacity for self-reflection became stronger with the increase of her self-esteem.

She managed to recover fragments of her recent and distant past. During a session she told me: "...I was small-was\this true or not?I saw my mother and father making love, they seemed to be animals, beasts, I thought that they were hurting each other, I felt that there was some negativity, there was\ some negativity in the family, so I decided that I had to take it on board in order to free my family..."

The idea of purging the family of negativity¹⁶ through her function of scapegoat and to put it inside herself would become a recurring idea in the oniric, associative, mnestic, mytopoietic material (see the tale of Sleeping Beauty).

Her dreams also seemed to have more space in her mind and could be remembered.¹⁷

Also as a result of being able to " feed herself" no longer with drugs but only with her own psychic resources that were previously blocked, V. became more punctual and more responsive, she regularly took the drug therapy which over time became reduced in dosage.

Our relationship is an affective one.

¹⁶ The term "negativity" is that which is used by the patient, with this, V. describes the complete negative perceptions that she lived inside the relationship with the parents. This seemed to refer to the individual and conjugal psychic disease that was at the root of the caregiving pathology which V. suffered from. This contributed to the formation of the deficit in the self. It is interesting to note that a colleague who had had some meetings with the parents in the past, told me that the father had had some sado-masochistic sexual relationships.

¹⁷ I will explain one from a previous year, "... after having made a long train journey, a girl went somewhere and stole a religious relic (a Virgin Mary), she was tried, and during the court hearing she said that she would take some vows. The dream ended with the judge's questioning of the girl's actions..."

From the analysis of the dream, it came out that the Virgin Mary is the drug. The religious language is used to speak about various substances. was drugs; marijuana is sometimes called "Marianna", it is written that God exists where there is the pushing of heroine, As already mentioned, drugs for V are the miraculous substances, the " Holy Communion" that would transform the negative-monstrous Self into a strong, positive Self.

It seemed that it was sufficient that I respected her and esteemed her for her to feel better. As an analyst, my activity consists both in the mirroring function and in empathy.

Over the last few years, the situation has become more tranquillising compared to the beginning. At a certain favourable moment, I managed to get them to accept the fact to go to an expert colleague psychiatrist who could follow the drug therapy and the family psychotherapy. They were at ease with him and I then had the possibility of not being alone regarding the therapeutic responsibility in such a delicate case.

So in recent months I have had the opportunity of discussing this case with a group of colleagues, which allowed me to see it from different points of view.¹⁸

As it is well-known, this enlarged setting constitutes an important therapeutic factor in the treatment of psychotic patients.

She then agreed to write about her reflections on the sessions that she brought with her. She was amazed at how profoundly she could write about her thoughts.

Faced with my compliments on her writing, she needed continual mirroring from me in order to validate her experience, that such mirroring really belonged to her, that it was not only the analyst's invention and that she had a mind that was able to work well.¹⁹

In order to give some idea as to how our meetings worked, I will speak about two sessions from last year.

THE ILLUMINATION OF THE “BLACK-HOLE” (first session)

A quality step in the process of self-reflection and breaking down of the defences came about one day last June.

V arrived at a session with a strange look on her face, it reminded me of the “Mona Lisa”...she had a wry smile...seemed relaxing...weight off her shoulders...a strange light of hope in her eyes...

¹⁸ In fact, a group of colleagues who discussed the case was set up (Dr. G. Di Leone, , Dr. J. Karp , Dr. L. Pancheri, Dr.F. Paparo, Dr. R. Spallina, , Dr. A.Tirabasso). I would like to thank them very much for the help and support that they gave me. Dr. R. Piperno, who is a psychiatrist and a family therapist recently came to one of our meetings where we exchanged views on the case.

¹⁹ Given that she now works, I managed to obtain an increase in my fee despite the parents' parsimony, I took advantage of this and got them to pay it to V so that she could feel that the therapy was even more hers.

I ask her “You have a different light in your eyes today...a light of hope...what happened?”

V “*I have understood what happened in that rave-up, it has taken me 10 years! But now I remember, it was something simple! (a smile of liberation) I was drugged up, with my boyfriend... I was gone, I was only looking at the others... the other things around me did not interest me... I saw drugs in front of me, only drugs... I never turned to look around, I looked straight ahead... that time however, I turned!... it was as if I wanted to look around, I turned sideways... I saw a girl who was walking next to me, she looked like me, it was me! It was me but I only had a different jacket on, more colourful...I knew that it couldn't be real, it was me! it was a vision...I had found the thing that was missing... hope returned to me, the dark began to get lighter... it was that vision that had given me the shock! From then on everything had been blocked inside me, I had many ideas about that New Year's party in France, what had happened, had I been raped? What had they done to me? Why had I forgotten everything? I felt that something hard had happened because I had immediately called my father to come and take me away, and I had told him that these people in France were terrible... I decided to tell him everything, then afterwards I couldn't speak about it for a long time, from then on, it was as if there was a blank, a **black-hole**, something was missing, I became estranged from my friends... ”*

A.: “Who was that girl? What was that vision?”

V.: “*It was me, but different, it couldn't be true, it had to have been a hallucination, that vision was the shock that turned out everything and darkness set in... ”*

A.: “Another self, more alive, lively, with that jacket?”

V.: “*Yes, maybe, I turned round, I understood that I could have been different, not drugged up any more, to feel good without drugs, a girl just like the others, who could look around, that's why I called my father, that's why I told him that they were terrible and that I left...t.”*

A.: “What did you say? How did you feel?”

V.: “*As if I had had an abortion, but who had I aborted? A child?”*

A.: “Perhaps a part of yourself, the same lively self, the one that you didn't think existed?”

V.: “*Myself? Valentina herself? Perhaps it is as if I had re-found her, and I hope has come back, the anger is here! I was angry because I had aborted it and I got angry with the others for this! That's why I was angry with everyone!”*

A.: “Also with yourself?”

A new energy exuded from her face, the shadow on her face was illuminated, there was more life.

A.: "It was as if you were reborn?"

V.: "*Valentina was not an idiot, even though I saw myself like this? But who was the V. who lived then, who was she? I was missing something, I felt inadequate, confused, full of anger, I didn't know where to go.*"

A.: "As if then you had re-found a compass?"

V.: "*Yes, maybe, (she smiled), I was living just like the video-game characters, I was surreal. I also remembered something from my infancy, I was 5 or 6, my father, who had been away for a long time saw me and asked me who I was, I don't know you, I don't recognise you! The same thing that happened to me that New Year's, as if I hadn't been recognised, so he hadn't recognised me either! Instead, my brother has never had these problems (she spoke about positive and sure recognition that her parents have for the brother, differently for her)...I remembered the tale of Cinderella, I was then, Cinderella, it was a nightmare, a god-mother who got rid of me...*"

A.: "A god-mother was also inside the self, a part of her self followed her and tended to kill off the live self, it had made her abort a part of herself..."

V.: "...*I took drugs...*"

A.: "You were looking for energy with the drugs, but it was also a way of avoiding the god-mother in her self who was killing the lively part of the self..."

V.: "...*The apple that the god-mother gave Snow White was like a drug...*"

A "The poisoned apple-drug seemed to be good but killed the lively Valentina, but during her adolescence V was inhibited, blocked and had to take drugs in order to be an adolescent just like the others..."²⁰

²⁰ We worked long and repeatedly on the comprehension of these episodes. We also continue to work on the hypothesis that she had not been able to tolerate some aspect of her family situation and had had to take on the parents' pathological family negativity omnipotently (in particular, the experiences of the female belittling from the mother), thus filling herself up with negativity, "organising" a monstrous negative self, blanking out, inhibiting (putting to sleep? as we would see) the authentic potential self. With the hallucination, and paradoxically, thanks to the psychosis, her (real) lively Self presented itself, she had been terrorised, the shock had turned out the light in her memory and had left her with the sensation of a "black hole."

THE REAWAKENING OF THE SELF, “THE SLEEPING BEAUTY” (second session)

The process of distancing herself from her “inhuman” Self continued.

At a session in November of last year, V arrived a few minutes early, she was smiling.

A.: “ You’re smiling” (I wondered why).

V.: “... *It’s normal to smile...*”

I understood that she was hinting at the fact that she felt she was a human being and that human beings smile. She assured herself that there was nothing strange about smiling). Then I cried: “Sure, it’s normal to smile!”

V.: “ *I have been to the doctor²¹ with Mum and Dad, we are now more tranquil...*”

(She was referring to the difference compared to the past when the family ambience was certainly more troubled).

A.: “ What did you speak about?”

V.: “ *Before, it was they who criticised me, now it’s me who criticises them, we spoke about work, about Massimo...*”

A.: “ I think that you have come up with a positive evaluation, haven’t you? You have crossed some ts with your parents...”

V.: “ *Yes.*”

A.: “ You were probably smiling because of this too, some positive evaluations have been made...”

Valentina spoke about the previous time, a few days before, when she had gone to Massimo’s home-town, she said, “ *Massimo’s friends smoked hash which is difficult for me to resist...*”

A.: “ There is an attraction towards a character that drugs build up, an illusion of a chemical construction of the ideal Self, but in reality it is a chemical destruction of the real Self... don’t you believe you have a real lively Self of some value? And it is the drugs which are the miracle that give you energy...”

V.: “ *I don’t think I have any personality. I don’t think I have any, sometimes I think that is an illusion which the psychotherapy has made me believe in...*”

²¹ We are speaking about the colleague whom I mentioned before.

A.: “ We have hypothesised here that you have a potential lively personality but it has been blocked off...”

V.: “ *I think that Massimo is with me for money...*”

A.: “ Sure! Because you cannot think that you have something of value which attracts someone, your illness is that you cannot see nor perceive your abilities and positive potential!”

V.: (perplexed and pensive) “ *...Sure it's paradoxical... I don't exist but God gave life to all living things, why shouldn't I have life? He gave it to everyone except me? It's not possible!*”

A.: “ You believed you were without life, a non human being...”

V.: “ *Yes, I thought I was a dog, when I was feeling bad, in the house in the mountains,...perhaps it was a game, it came out of me... a way of not suffering... I tried to feel like this – a living thing, now I'm different, I express fragility more...*”

A.: “ You didn't think you were a human being also because of belittlement towards yourself...”

V.: “ *I remember a dream, I was afraid of not seeing a scene so well, maybe there were some people, my parents, those who love me.*”

A.: “ You have difficulty in seeing those who love you because your belittling of yourself prevents you from seeing that someone appreciates you.”

V.: “ *I knew myself in a certain way, now, how can I understand when I am the real me?*”

I reminded her about her experiences of herself, that were shared during the therapy, in which her spontaneous, effective activity was expressed, “... when you are really yourself and not just a character, you feel it!”

V.: (with a hint of a pensive smile, she readily confirmed my statement), “... *I remember that when I was young, I was struck by the tale “Sleeping Beauty”... I liked the part that spoke about the curse on the little girl, this story of a curse reminded me of an episode in my life... when I was 3 or 4, I was out walking with my mother when I saw a woman who was looking at me, “ ugly,”... she scowled at me strongly, the evil eye, I was afraid that she had cast a curse onto me... I wanted to tell my mother... I said something, but she was thinking about something else, perhaps she was in a hurry... she said something like, “don't worry,”... I was afraid that the woman was a witch who had put a curse on me, so I thought that it would be better if I put a curse on myself, not her! I regret*

*not having told her about my fear and not having confided more in her, because from that moment on I closed myself up and began to do everything by myself... ”.*²²

AN INTERPRETATION OF THE GENESIS OF VALANTINA'S PSYCHOSIS

Afterwards, I managed to pick the tale back up thanks to the colleagues whom I discussed the case with, in the original version.

I was struck by the fact that in the full version by Charles Perrault, after having been woken up, the Sleeping Beauty had as a tormenting and anxious time. In fact, after having created a new family with the prince (whom she had two children with), she had to go up against the prince's mother who was a real goose. During the son's absence who was away fighting, she tried to devour the young girl, then the grandchild then the princess and then all three, but when she was caught red handed by the son, she threw herself into the cauldron that was full of snakes and other poisonous animals in which she wanted to cook the three.

In a session during last year, we re-began to talk about the episode of her seeing the sun's reflections on the ceiling, she felt that she had to give her life a twist, that she had to help herself. We worked on the understanding of the sense. V remembered that those reflections were similar to those of aluminium wires, reflecting, that hung down from a ceiling in a London discotheque. She had been very fascinated by them, it was a period that she was not on drugs, she danced freely and felt that she could have been lively and positive. Upon seeing those reflections she sensed that she could get back, “wake up”, by

²² A I brought to her notice how the situation returns, just like in other episodes of her infancy where she felt surrounded by negativity and in order to defend herself she closed up and took the negativity on board even though it had been reduced. In the tale, the death curse was transformed into a spell of a long sleep, did V have to go into a long sleep so as not to die?

using the energy and lively potential that were inside her, even though they were blocked and unexpressed.

Recently, we have often been working with this story in mind and we were able to build an interpretive hypothesis that could give an account of the genesis of her psychotic state.

In her infancy, V. felt her “true Self” that was potentially healthy and vital threatened by the negativity of the pathological family suffering. In order to escape this kind of death curse, V. gave herself a less deadly and more protective curse, putting the self to sleep but in such a way as to inhibit the development. Thus, she had developed an adaptive, negative and belittling identity that had the omnipotent function of scapegoat from the family negativity.

V’s “real Self” potential went into hibernation in order to flee the “death curse” of the ill family.

When her adolescence arrived, the characteristic process required her to wake up but exposing her true self to a more direct comparison with the family and friends was probably too anxiety creating for her (like the persecution of the figure of the goose in the tale).

V had attempted to wake herself up by using drugs that in turn facilitated the entry into psychosis.

The psychosis dazed her, or rather, dazzled her, blinding her. It hallucinated her, with the vision of her real lively Self potential (put to sleep in the psychosis and was covered by the adapting negative-belittling self).

She entered into the darkness of a non-human life but at the same time, that self, like a “spore” had rekindled the project of life in her and was slowly trying to gain space inside her.

In the episode of “illumination”, the impressions that were triggered by the summer sun’s reflections had made a clear image of a lively Valentina reappear in front of her eyes, lively, thanks to her re-awoken self.

Through analysis V was trying to waken herself up from the long sleep of the Self.

CONCLUSIONS

V's case can give us some insights into the mechanisms of the Self, both in psychotic situations of a schizophrenic type which are not excessively serious and in the problem areas regarding analytic treatment.

With reference to the mentioned tale, we went back over V's happenings.

Despite a substantially healthy potential of development²³, V. had probably had early difficulties in the construction of her nuclear Self, however, they had not been noticed by the family nor by her other point of reference figures. (The little princess had struggled to come to light despite the fact that she had been born beautiful and healthy).

The family psychopathology that had been centred onto the father who was mirroring, absent and depressed and the mother who had severe disturbances regarding her self-esteem and her own femininity, had made V feel threatened regarding her self potential (the death curse of the nasty witch in Sleeping Beauty).

She had tried to protect herself by blanking out the Self, preventing any development

(in the tale, the death curse was substituted by the good fairy with the sleeping spell).

In a magic-omnipotent kind of way, V had taken all the family negativity into herself, organising a “false adapting negative Self,” “handicapped,” “empty,” “monstrous” and “alien.”

Her potential Self had been forgotten, covered by her negative Self and by the psychotic disturbances (Sleeping Beauty was left in the castle, covered in brambles and thick forest).

With this Self, she wasn't able to face up to her adolescence. Her process of determination required her to reawaken the “true Self”, that, however, ran the risk (in reality or fantasy) of being wiped out and engulfed by the part of the family pathology (perhaps in particular by the mother's, she wasn't able to stand any expression of healthy

²³ We mustn't exclude the possibility of a neural vulnerability.

female vitality on the daughter's part. (Sleeping Beauty and the fruit of her procreativity, the children were threatened with being devoured by the prince's mother)

The analysis, through the re-activation of the transference of the self-objects, the mirroring, the encouragement of the self-reflection and the becoming conscious, had re-touched the potential vital Self that was hidden below the adapting, negative Self and had re-activated the process of development.

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