

Schizophrenia Particularities and Quasi-psychotic Episodes

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Abstract:

Background: Schizophrenia is characterized by symptoms such as delirium, hallucinations, disorganized behavior, which affects the entire personality. All these symptoms are found in a high-intellect patient, but highly suggestable, which makes the disease more complex, especially over such a long period (20 years).

Materials and Methods: The present case presents quasi-psychotic episodes. The present paper aims to evaluate a current profile of a schizophrenia and quasi-psychotic episodes in a 40-year-old patient. The methods that were used are the interview (with both the patient and his father), the observation, the administration of psychological tests and psychiatric treatment. The symptoms specific to a schizophrenia filled with quasi-psychotic episodes are well outlined in the light of disorganized ideas, the presence of certain pseudo reminiscences, the internal reality being distorted by the external one.

Results: The patient received treatment to stabilize the mental state that led to a decrease in the delirious ideology, but at some point, the medication was interrupted as a result of his father's decision.

Conclusion: There are several factors that affects the social functioning of the patient such as medical treatment unauthorized manipulation, the lack of social support, the non-involvement of the relevant authorities.

Key Word: confabulations; pseudo-hallucinations; pyromania; quasi-psychotic; sadomasochism, schizophrenia; self-persecution.

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I. Introduction

1.1. Schizophrenia

According to DSM-5¹, schizophrenia represents a mental disorder characterized by delirious ideas, hallucinations, disorganized speech (e.g. frequent derailment or inconsistency), highly disorganized or catatonic motor behavior and negative symptoms (e.g. decreased expression of emotion or avolition). The episode represents the period during which the symptomatic criteria are met. From this point of view, we can notice the first episode (current acute episode, current in partial remission or current in full remission), multiple episodes (in current acute episode, current in partial remission or current in full remission), continuous and unspecified episodes. It is also important to specify the current severity or whether catatonia is present. Furthermore, schizophrenia is associated with significant clinical social and professional dysfunction.

1.2. General data and context of the assessment

The patient, aged 40, is admitted in the psychiatric section under the diagnosis of schizophrenia with quasi-psychotic episodes. He graduated from the theoretical high school Jean Monnet in 1996, during the communist period, claiming that he got a grade of 10 at the baccalaureate, more precisely 9.96, representing "the 6th average per high school". He was admitted to the energy faculty, but repeated three times the first year. Later, he succeeded in completing the university by becoming a graduate of higher education. The patient comes from a family with high-level material and cultural possibilities, which are part of the communist period of the social classification area. The financial situation of the father leads to doubts as to how to obtain the mark at the baccalaureate examination, which has the social levers necessary to ensure his son's position in the "top of the pyramid". He also has knowledge of software programming, psychology and knows English in the proportion of "82-84%". The patient's mother died because of lung cancer after the onset of his illness, which further aggravated the patient's mental condition who started creating illogical constructions, operating in acausal synchronicities. The 80-year-old father worked as a dispatcher at a company where he worked for 6 years with the patient. The two lived together in a house that M later set on fire.

In terms of love relationships, the patient confessed his frustration "when I was a child I suffered like a dog because I couldn't have a girlfriend." His first relationship ended because the girl wanted to keep her

virginity until marriage and did not want to have intimate relations with him. Because of this, M began a relationship with his ex-girlfriend's older sister, a 22-year-old literature student with whom he had his first sexual intercourse at the age of 18.

1.3. The reason for admission to psychiatry

He burned the house where he lived with his father on several grounds such as the fact that he wanted to burn the "suffering bed" or that the "little angels" told him to do so. After committing this, he presented himself to the guard room confessing the incident in order to be hospitalized in the psychiatric ward. The father and the patient brought accusations against the doctor on duty who in the first instance refused his hospitalization when he showed up 3 days after the house was set on fire. They considered that the incident would not have happened if he had been admitted since his first request to do so.

The onset of the patient's illness was early, starting at the age of 19, immediately after high school. On August 6-8, he voluntarily presented himself to the guard room claiming to be schizophrenic and requesting to be admitted to a psychiatric ward, which did not happen. During the evolution of his disease, M was admitted 15 times until the age of 40. As for the hereditary antecedents, there is no evidence that his parents have ever been admitted to the psychiatric section or diagnosed with various mental disorders.

II. Material And Methods

In the present case, the methods used were the initial psychological evaluation, the progressive one, the structured and unstructured clinical interview, psychoanalytic psycho-therapy cure, periodical psychiatric evaluation and treatment monitoring, psychoanalytic interpretations, analysis of transference and countertransference dynamics, the transgenerational analysis, the analysis of his social functioning, psychological monitoring, as well as the psychiatric treatment.

III. Results

3.1. Appearance and behavior

The patient is in the hospital outfit (pajamas) and illustrates a broad, relaxed gesture, facial expression, being present a concordance between nonverbal and verbal language. The patient has postural flexibility and often changes his body position.

3.2. Social behavior

The patient collaborates with the interviewer, agrees with the interview and being filmed, adding that he supports technological progress. It presents certain moments in which he is absorbed by the idea or the thread of the story he tells and does not focus on the interviewer's questions, "So how many years did you get to work at this company?", without showing hostile reactions. He has an extroverted temperament, is involved in discussion and has an expansive manner of expression.

3.3. Perception

It is possible that in the first years of his life, after the onset of the disease, he had auditory hallucinations, but lately, he experienced pseudo-hallucinations "son of loss", "I heard a voice telling me to kill someone innocent, a child", "I could not hear with my ear." From this point of view, the patient is perverse, as he juggles the fact that he hears the voices differently.

3.4. Memory

The patient presents confabulations when he relates his previous work experiences, "either I had a military rank in an air base, or I was a director at SRI, CIA". Furthermore, certain confabulations can be noticed at the level of the patient's nationality, as he believes that he is an American soldier, that he has "American blood" in his veins, which may also be in line with the delirious ideas of grandeur, but may also suggest the denial mechanism of his own nation or duplicity. Also, in this spectrum is the statement "my father and mother have been dead for about 40 years". We also identify the presence of dysmnias, more precisely the false recognition "a kind of foreboding, *deja-vu*". At the same time, the patient also presents certain pseudo reminiscences "I wanted to invite my father to the wedding, but I set the house on fire". Furthermore, he also faces hypermnias of non-selective updating ("Gigi Becali", "Jim Morrison", "Hrebenciuc", the vocal philosophies of the Gospel).

3.5. Language

The voice is clear, expressive, emphatic, giving the feeling of inducing a story, waiting for an important thing to happen and exhibited a tonal diversity. The rhythm of speech is accelerated, has tachyphagia or even logorrhea, being difficult to follow. The patient also uses quotes, stories (quotes from the Gospel, discusses

books "Crime and Punishment"). The language used is a specialized one, it has an elaborate, rich vocabulary. On the other hand, the discourse is disorganized, unbridled, with many details. The patient's answers to certain questions, which refer to a previous period of time, are characterized by circumstance and a lack of thought filter, "I went to Gigi Becali and bought cheese from his family", "I had bronchitis", "hepatitis". The patient also offers many descriptive details about the porn magazines he was browsing during his adolescence. Next, we consider the tangentiality ("How many hospitalizations did you have in psychiatry?", "Dad was a weightlifter"), the flight of ideas and the skating of the speech, in the context in which the patient brings into discussion the scene from the movie with the drugged child, the receptionist "brunette with blue eyes", Andreea Raicu's house, the 500 books and the Olympic team. We can also notice a syntactic inversion, when he relates the plan to set the house on fire, "2 hours and one night".

3.6. Thinking

M. has a superior intellect, as he has many specific knowledges in some different fields. He knows information about computer programming, "assembler language", "I was on the software part". He also claims that he knows English "in the proportion of 82-84%", has knowledge of psychology (he read from Freud, Jung, Adler) and Russian literature. At the same time, the patient mentions that he got a "10 at baccalaureate", more precisely 9.96, representing "the 6th overall average in high school". However, this aspect is debatable, because his father belonged to a nomenclaturist system and could have had the social influences, so the child could get the maximum score at baccalaureate. The patient adds that he is "the best", in terms of the score obtained at baccalaureate, an aspect that could denote grandeur or overestimation. However, the patient shows a disorganization of the level of thinking, therefore he has to make his own connections between associations or thoughts. The patient also displays dichotomous, conceptualizing thinking and information in terms of "death" - "life" or "normal" - "crazy".

The delusional ideas of grandeur, power can be noticed even when the patient claims that he is 75 years old, that he has "an extra chromosome", and that he is "indestructible". All these things denote that the patient considers himself omnipotent and he could even signal certain features specific to Cotard syndrome, accompanied by statements such as "I could no longer feel my lungs." Cotard syndrome² is a rare mental disorder in which people live with a delusional belief that they are dead (either figuratively or literally), do not exist, are in a state of decay, or have lost their blood or internal organs. In rare cases, this may include the belief in immortality³. Related to this aspect, the fact that the patient claims that "he no longer had air in his lungs" could also represent his tendency to somatization. Furthermore, the exaggeration of age could represent his desire to illustrate how many things he knows. Regarding the delusional ideas of filiation, the patient mentions that he has American blood, that he comes from the USA. Also present are the delusional mystical, religious ideas, "the son of God," "Judas killed Jesus to suffer in secret." From the point of view of the delusional ideas of persecution, we can notice a special form present in the patient, namely self-persecution, self-punishment. The patient represents his own persecutor, often causing harm to himself ("to suffer like a dog"). Therefore, he electrocuted himself and, also, he caused himself an anal hemorrhage.

In other words, the patient lacks the notion of time, presents a temporal disorientation, "the years '96 - '97, after the Chernobyl accident" (the Chernobyl explosion taking place in 1986), "my mom died in 2007 ... no, in 2012". Regarding cognitive distortions, the patient shows overgeneralization when referring to company's employees, "all company workers have nervous problems", this thing falling into the category of ego defense mechanisms and representing a psychological projection, as the patient claims about himself, at one point, that he has "nervous problems". The patient uses the mechanism of displacement in terms of his mom's lung cancer. He creates a series of acausal synchronicities, as he states that because of the lung x-ray he did when he was hospitalized, the radiation was impregnated on his clothes. Then, when his mother washed his clothes, she was contaminated with that radiation and got lung cancer. All of these issues can also be framed by the delusional ideas of self-accusation and guilt.

In other words, although at the hospitalization he did not show indicators of the delusions of control or influence, as the patient does not claim to have been told by a voice to set fire to the house, he frequently discusses certain concepts such as "backstage games", "pup-pets and puppeteers", "backstage manipulators", which could refer to delusional ideas of influence. These, accompanied by the delusions of control and pseudo-hallucinations, are the specific features of Kandinsky-Clérambault syndrome. Kandinsky-Clérambault syndrome, also called syndrome of the psychic automatism is a psychopathological syndrome, considered to be a typical feature of paranoid schizophrenia and is characterized by pseudo-hallucinations, delusions of control, telepathy, thought broadcasting and thought insertion by an external force⁴. The syndrome also characterized by delusion of being controlled by a source outside himself⁵. Regarding the game of "puppets and puppeteers" or the manipulated-manipulative game, we can often identify the patient's father in the position of a puppeteer, as he manipulates the administration of the boy's treatment in order to use M's discernment for his own purposes.

Furthermore, the patient's Superego is poorly developed, but certain social constraints can be observed, when he describes the fantasy of killing children, to feel guilty for his deed and to punish himself.

Last but not least, the patient stopped at the pre-conventional stage. According to the APA Dictionary of Psychology⁶, in Kohlberg's theory of moral development, the pre-conventional stage is the first level of moral reasoning, characterized by the evaluation of actions by the child in terms of material consequences. This level is divided into two stages: punishment orientation and the obedience orientation (stage 1 of Kohlberg's general theory), in which moral behavior is to avoid punishment, and later naive hedonism (or instrumental orientation, stage 2), in which moral behavior is one that obtains a reward or serves one's needs. This stage is also called pre-conventional morality. The patient uses an egocentric analysis of the environment, all in relation to himself.

3.7. Affectivity

The inferiority complex towards his father is highlighted, "I don't think I would have been as slick as my father", as a factor that potentiates his suffering. He is emotionally dominated by the father, with an emphasis on the manipulated-manipulator game. The patient also states that he is afraid of death, and this could be a factor in the emergence of his delusional ideas of grandeur, in terms of immortality and the fact that he is indestructible. The act of inserting the shower head in the anus can represent a bizarrely psychotically modified behavior, but also an act of self-aggression. From the affective inversion point of view, the patient has the belief that his parents are not in fact his real parents. Further-more, the patient brings into discussion a "demented temptation" to give everything for nothing, "I would make an act of donation to all hospitals", thus emphasizing his need to amaze.

He experienced a series of negative emotions, including a lot of repressed anger and displayed in delirium, due to increased tension, frustration because he failed to perform, but also due to shame that he is perverse, although he can't hold this work under control. At the same time, he has a quasi-constant persecutory feeling, and the statement about Judas, "Judas killed Jesus to secretly suffer" could be a reference to the fact that the patient would also "suffer in a secret way". On the other hand, M shows curiosity, a need to develop on a personal level, he is in a search for it, he experiments in his attempts to find himself in characters from movies ("The Truman Show", "The Outer Limits"). The flat affect can also be noticed because the patient displays a need for attention, sensations, to experience some emotions, when he states that he wants to "suffer like a dog", to "sacrifice", to feel the guilt of the committed deed, although this feeling is manifested in the idea, not in the affect. In other words, the patient does not provide details about the attachment to his mother when he discusses her death, but it can be said that he suffered a traumatic experience in the relationship with her when she died of cancer, but also regarding the fact that his father was abusing her.

3.8. Instinctive life

The patient manifests a complex and accentuated sexuality, since his youth, "the blood was boiling in me", "I sold everything I could to go to women". Also, sadomasochistic tendencies are highlighted in many aspects related by the patient. First of all, he mentions "I wanted to commit such an abominable crime ... and then become aware of it and suffer like a dog". At the same time, he electrocuted himself, set fire to the house and put his shower head in his anus. For the last act, it cannot be mentioned with certainty whether this thing was due to homosexual pleasure or whether it was due to sadism and the desire to self-inflict wounds, so we can highlight the link between persecution or suffering and sexuality. From this point of view, we can illustrate that the patient has a bizarre and poorly managed sexuality.

Furthermore, sadism can be associated with indicators of pyromania and the most relevant of them is that the patient set fire to the house. At the same time, sadism can be observed when he illustrates the scene with the ax in the book "Crime and Punishment" or by the fact that the patient would have wanted to materialize his cravings through a register on murder, with a child (girl or boy), which to sacrifice, and then to sacrifice himself. The patient wants to feel the guilt of the deed, but in fact he doesn't feel it. In other words, the patient searches for his psyche and sexual identity from a young age, when he analyzes porn magazines, until the recent past, displaying a bizarre sexuality, especially when he whispers to his partner to "apply a finger or two in the anus" or when he inserts his shower head in the bottom, causing an anal hemorrhage. There are also slight accents of pedo-philia, when the patient describes the phantasm related to the killing of "beautiful" and "innocent" children. On the other hand, it is possible for the patient to identify himself with the mentioned children, as he specifies at the end that, after sacrifice them, he will also sacrifice himself, being illustrated the same act, that of killing. At the same time, the fact that he does not specify the exact sex of the children, but mentions that he can be both a girl and a boy, could induce the idea that the patient would be in an androgynous position and would manifest a confusion about his own homosexuality, which he represses. He also has an inability to contain his sexual femininity, which can lead to dissociation.

At the same time, the patient faces an unresolved Oedipal complex, which he experiences psychotically, facing the inability to reach the standard of his father and having a fusional relationship with his

mother, but which is unmentalized, as he does not provide details about the attachment to the mother. The Oedipus complex⁷ implies the un-conscious desire to put erotic control over the parent of the opposite sex and, at the same time, to eliminate the parent of the same sex. The first object of the boy's love is the mother, and since the libido is centered in the genital area, the love for the mother be-comes erotic, incestuous.

3.9. Personality dimension

M's childhood can be described as a period full of traumatic episodes caused by his demanding father. However, these abuses can represent a risk factor for the development of the histrionic personality disorder. Therefore, M's attention-seeking behavior can already be observed. Secondly, M's vulnerable biological background prescribes some specific elements of anti-social and obsessive-compulsive personality disorders. Thus, the patient's statements such as "I like the house to be a light bulb" and his perception of the purifying role of fire ("fire cleanses") are components of M's portrayal. Also, the patient's personality can be described by a split between the power obsession -due to the parental model- and the feeling of helplessness. Therefore, the patient associates the idea of power with the concept of army, but in the same time M has feelings of weakness saying that he "suffers like a dog". Last but not least, the patient's personality is characterized by a duality, a duplication, M. mentioning the fact that "he always had a double life, like a spy". However, there are illustrated again some mental references regarding the professional field of security.

3.10. Fantastic dimension

There is a deep gap between the fantasy dimension and reality. Thus, the patient presents numerous fantastic constructions based on his aggression. This aspect can be justified in the light of a possible specific training in the professional security field, according to M's father plans which could not be materialize due to the psychiatric condition. In other words, the fire represents the main symbol in the patient's delusional ideation. Therefore, M is frequently mentioning the purifying role of the fire, the desire to "blow up the Paris" or to destroy the world by pressing a "button" that it could cause a huge explosion. The gesture of arson is motivated by the patient's statement "I could no longer bear the mess", which reflects the negative dimension that M attributes to his own home. In the same time, the bed represents another pain generating factor, a symbol of "misery" for M due to the fact that he kept mentioning many moments spent alone in that compromised space. The patient motivates his desire to burn the bed in order to release himself from the suffering experience. Therefore, the fire and the final "act" of burning the house can be interpreted as a cathartic effect, a moment of M's liberation from the competitive feeling regarding his father, as well as an escape from the Oedipus complex. The patient is mentioning Judas as a divine inspiration regarding his own suffering. Moreover, M's strong spiritual anchor can be observed in the way he keeps repeating various religious references. Nevertheless, another representative element of the patient's fantastic world is the "puppeteer" which is frequently mentioned in his speech. This "puppeteer" can represent two symbolic dimensions: the projection of the Ego and the nomenclatura dimension that M introjected as an effect of his father's status.

3.11. Inferiority complex

The patient presents an inferiority complex projected on his father through statements such as "I don't think I would have been as smart and cool as my father." Additionally, the idea of struggle between male figures is outlined. In the same time, M mentions how his father "ate his days", wanting to "burn him alive". Thus, the element of fire is again high-lighted as the supreme solution. The patient also recounts a movie in which a father and a son are playing with flame-thrower machines. The goal of the game was to throw fire as further as they can, as well as creating an impressive flame. In the movie, the father built a special and stronger machine to help his son, who was suffering from schizophrenia, to throw much bigger flames than him. From a psychoanalytic point of view, M's telling underlines his chronic low self-esteem due to the fact that he was feeling inferior to his father regarding the dimension of masculinity and sexual performance. In parallel with M's sexual frustration due to his psychiatric condition, the flame-throwers mentioned in the movie can be seen as symbols of male sexual organs. Therefore, in order to compensate for the metaphoric "flame-thrower", M decides to burn down his own house, as a final form of revenge, fulfilling his desire of reaching the greatness of his father.

In "Fragment of an Analysis of a Case of Hysteria" case study, Freud (1905)⁸ suggested that the element of fire stands as a "symbolic meaning to thoughts of love". Meanwhile, the author also referred to the fire as a danger that needs to be avoided by the children. Also, Jung (1964)⁹ talks about fire in his popular book "Man and His Symbols", agreeing with Freud's vision about how the fire represents the passion and love. Jung mentions that "Fire and flame symbolize warmth and love, feeling and passion; they are qualities of the heart, found wherever human beings exist". Thus, the attention and love-seeking behavior can be observed in M's final act of burning down the house.

IV. Discussion

The patient's discernment is questioned as a result of his unexpected arrival at the psychiatric hospital, who came voluntarily after committing the act of setting the house on fire. What continues to arouse interest is the fact that M showed up at the hospital once again, but three days before the incident, mentioning that he is schizophrenic and needs hospitalization. Moreover, the inconsistency of his answers is noted by the fact that initially, M supports the idea that the reason for burning down the house was due to the misery perceived by the patient, but afterwards he stated that "the angels came to tell me to burn the house". Finally, it can be noted that M's final gesture of setting the house on fire has multiple meanings, including the possibility that the father had taken advantage of the patient's suggestibility to commit the incident. Additionally, M can be considered a schizophrenic patient that functions in a quasi-psychotic way, which led to the conclusion that the gesture of burning his own home has a psychotic nature. Another representative element of the present case is the way that M's father manipulates the patient's situation. Because of his personal interests, M's father requested the interruption of his son's treatment. Therefore, the issue of discernment is fluctuating as a result of how the father is using the mental illness of his schizophrenic son and his psycho-plasticity to fulfill his personal goals in order to obtain financial benefits.

V. Conclusion

First of all, the positive factors are consisted in the selective awareness of the actions that M got which can be a beneficial element in the patient's psychiatric situation. Moreover, the histrionic characteristic of the patient's personality, the baggage of his knowledge and the ease of transition from one idea to another could contribute to the facilitation of communication, as well as a better integration of M in social contexts. Nevertheless, M's compliance with the treatment can be a beneficial factor, as long as the patient is properly treated. Secondly, the negative factors can be represented by M's suggestibility and psycho-plasticity which can cause an imbalance in the patient's mental life and not only. Additionally, the fact that M's father is manipulating his treatment represents a negative factor and clearly affects the improvement of the patient's condition. Also, M's lack of social support could slow the recovery process or even aggravate his disease. Least but not last, the non-involvement of the relevant authorities in the situation of M's abuse caused by his father could lead to the expansion of the patient's hospitalization period which could not be a positive influence for M's psychical and mental health.

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