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Correspondence:

Olga Bayar Kapici

Adana Seyhan State Hospital, Radiology Department, Adana
olgasahbayar@gmail.com / +90 536 435 66 40

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The symbiotic relationship in a case of hysterical psychosis

Flavia di Michele

ASL Rome 3, Mental Health Department, Via di Casal Bernocchi 73, 00125, Rome, Italy
Neuropsychoenocrinology Lab, IRCCS S. Lucia, Rome, Italy

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In a previous work illustrating a clinical case of hysterical psychosis (di Michele & Rinaldi, 2024), the authors described a characteristic element of this disorder, namely the symbolic language used by the patient that could be reconnected with the collective imagination (Jung, 1959, 1980, 1994). Here the author focuses on another main element of the described clinical case, such as the symbiotic relationship between the patient and her mother. An unsolved symbiosis complex, a disturbance which arises already in very early childhood before the development of speech, was evident in the interaction between the psychotic patient and the care-giver.

In particular, during the visit in the emergency room, the patient who presented a crepuscular state of consciousness, showed hysterical deafness which made her poorly accessible to the interview. Therefore her mother, who was present at the visit, translated the examiner's answers communicating with the patient via text messages or by silent alphabet (di Michele & Rinaldi, 2024).

The mother clearly represents a co-protagonist of the patient, substituting her when the symptom (hysterical deafness) interferes with a direct relationship between patient and therapist. The mother takes on the role of a "cultural mediator",

where she becomes the interpreter of the patient's requests, remaining just apparently neutral, with no emotional involvement.

The clinical picture described receded after administration of a tranquilizing therapy and the patient became able to answer the examiner's questions, expressing herself in a feeble and puerile voice, acting in a childish way (di Michele & Rinaldi, 2024).

Curiously, in a previous visit the patient said that she felt like Peter Pan, indeed she named her dogs Tinker Bell and Wendy.

In the dyadic relationship, the mother overwhelms the daughter's personality, preventing her from growth (expressed by the childish behavior). Personal qualities become undifferentiated and lose their individuality. The patient cannot detach from the mother figure to get strong and develop autonomy, going through the physiological developmental stages, instead, she establishes a symbiotic relationship. Evenmore, the patient developed an emulating relationship with her mother, by systematically reproducing the maternal steps, meeting deadlines and important life events.

For instance, the appearance of symptoms of the present psychotic episode occurred after a couple of months from the

decision of the patient and her husband to plan a pregnancy. Interestingly, from the medical history provided by the mother, it turned out that the patient was delivered by caesarean section, after a long and exhausting labor when the mother was then 28 years old, as the patient is now (di Michele & Rinaldi, 2024).

By proposing the maternal model, the hysterical patient who feels overwhelmed by her mother, tries in turn every way to overwhelm her, symptoms included, and acting a collusive interplay with her. This interaction mainly occurs on an analogic level (behavior, mimic, tone of the voice...), little appears on a verbal level. On the one hand, the patient feels defenceless, dependent and overexposed, therefore she delegates the mother to act on her behalf, on the other hand her desire of assertion, synthesis and the need to be one (separate identity), manifests herself through a dissociative behavior. Like the myth of the "dismembered" Dionysus, the hysterical psyche appears fragmentary too. The plurality of the parts reveals an undifferentiated psyche and the realization of awareness can never happen.

The covert rules of the symbiotic relationship are somehow connected with the symbolic language: they share hidden meanings, the role of mediation, the analogical components, and the primitive form of communication (Ferreira, 1965).

The comprehension of the symbiotic organization allows the collusion to be dissolved. An active use of countertransference could help the psychiatrist recognize on an a verbal plane the needs of the patient and could make them available to her verbally (Hillman, 1977).

Therefore, the author suggests not decoding such interpersonal behavior in rational analytical terms, rather using a more integrated approach which reveals the symbiotic linkage as a part of the covert familial rules (covert interplay) and render it understandable to the symbiotic couple.

Indeed, to study complex systems such as the symbiotic organization, a more wide open approach is needed reflecting the

complexity of thought, which is the capability of distinguishing without disjoining.

Conclusions:

In a previous work the author described the symbolic language of hysterical psychosis which exerts a referral function that draws on an archetype (connected to the collective imagination). This paper attempts to focus on another typical condition of hysterical psychosis: the symbiotic relationship between the patient and her mother. The mother-daughter symbiotic bond is characterized by a complex interdependence, where identities of single persons are not separated but blended together. Disclosing the collusion of a symbiotic organization might be a resource for the psychiatrist, who should be able to detect the daughter's needs and help in pursuing separate identities, renegotiating clear roles within the couple.

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Correspondence:

Flavia di Michele

ASL Rome 3, Mental Health Department, Via di Casal

Bernocchi 73, 00125, Rome, Italy

flaviadimichele@gmail.com