Cumulative Perspective in the Expression of Pathological Love (Libidinal Fixation)

Simona Trifu, University of Medicine and Pharmacy "Carol Davila", Romania
Dan Cioc, University of Bucharest, Romania
Ramona Sterea, University of Bucharest, Romania
Anca Gutt, Hospital for Psychiatry Sapunari, Romania
Eduard George Carp, Hospital for Psychiatry Sapunari, Romania

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Abstract

Motivation: The problems of couple relationships represent a reference subject in daily life. As regards the case, it hides behind the usual couple difficulties, a deviation from normality, migrating toward the pathologization of intra- and interpersonal dynamics. The pathology can be explained by the effect of intensification of a disharmonic structure of personality by the accentuated conflictuality of the couple relationship.

Objectives: The paper aims at analysing the impact a dysfunctional couple relationship can have over the pre-existent individual vulnerability and especially to what extent can the couple dynamics determine the pathologization of individual functioning.

Hypothesis: Patient's symptoms represent the result of a plurality of endogenic and exogenic factors. Her special, pre-psychotic psychic functioning and the premorbid personality with histrionic shades were potentiated by the relational context, crossing the border of normality. The present symptoms offer hints of a delusional disorder.

Methods: Clinical interview (from the psychiatric and psychological perspectives), the discourse analysis.

Results: We try to offer a perspective as coherent as possible on a *story* with many variables. The endeavour was one with the elucidation of psychological mechanisms involved and of their pathogenic potential. The symptoms of the patient were analysed, in close relation with the current life context, so as to understand the importance of each involved factor over the present problems.

Conclusions: The impact a certain interpersonal relation can have on an individual is, sometimes, surprising. The situation of the patient, the couple relationship seems to be the triggering factor of her pathogenic potential.

Keywords: Delusional disorder, paranoid personality disorder, histrionic structure, dysfunctional relationship

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Brief presentation of the case

Misses A., aged 47 years, comes for therapy as a result of a court order. This decision was made in court, as a result of the trial her former husband opened against her. What he invoked was the *harassment* from Mrs. A., materialized in a very high number (approximately 3 000) of written messages, she had sent on his mobile phone. The trial ended also with a restriction order, the patient being prohibited approach, at a distance of less than 100 meters, her former husband. At the same time, the patient declares she has not the right to have money at her disposal ("*Therefore, I am also under guardianship in his mind... I cannot have cash... What could I understand of the fact that he never gives me money and he sends me with his driver to shopping?*").

The patient's problems are related to the relationship with her former husband. The two divorced a short while ago, after a tumultuous relationship, with a very complex dynamics, within which pathological mechanisms were activated and emerged, which are related both to the individual structures of the two partners, and to the type of their interactions. Two children were born from this relationship, of 12 years old and 2 years old respectively, both of female sex.

The two met approximately twenty years ago. During the first eight years, they had the statute of lovers, because he was married with another woman. But he divorced, their relationship being subsequently officialised. Their marriage lasted ten years, and during it the first child was born. During marriage, the husband continued to have extra-marital affairs with younger partners, but, at a certain moment, he decided to end the relationship with his wife, because he wanted to move with his new lover, whom he considered, as the patient says, "his great love" ("*He left on March 4, 2011. He warned me he would never come back. He said he leaves all to me*."). But after a short period of time, the relationship of the former husband of A. with the new partner ended, he being abandoned by the woman in question. As a result, says the patient, "*On September 8, 2011, we were back to bed together, strictly in secret*".

In this point of the story, there comes out a major mismatch in the stories of the two, which exemplifies very well the pathological nature of this relationship. The patient declares that they had an intense love affair for three months ("*We loved each other in those three months as we did not love in 20 years... He was carrying me in his arms through the house. He did not do it even when I was 28 years old... They were some magnificent months*"), while the husband denies the existence of such a period and he asserts that, ceding to her pressures and threats, they had only one sexual contact, after which their second child was born. The patient explains herself the end of the story of the three months as being caused by the occurrence of the pregnancy (*"It was over because I went with young, according to his theory... The miserable says now that, if I had an abortion, he would have returned*"). Up to present, the former husband refused to know his second daughter, whom he never saw, negating in fact her existence.

At present, this pathological relationship (which up to a point manifested only within the couple) tends to extend its borders and to include a higher and higher number of people, because the two do not communicate directly, but by intermediaries ("*I am not allowed to speak with him and I am in an extremely humiliating position ... We communicate through our facilitator. If I need something, I have to address to a third party, to our godfather, whose email is read by our godmother... and so on...*").

Moreover, the situation was built in a way as the two are in a permanent indirect contact. The patient allowed being completely dependent upon the former partner (financially), so that, for the satisfaction of the basic needs, she must address to him ("*If I want to buy food for the children, I must speak with the driver, because he has the money...*"). On the other hand, the husband manipulates the context, so that A. always reach to him ("*We have signed an agreement, which stipulates that he must give me money*"), whether it is about financial needs, or of various appointments to the psychologist and/or psychiatrist (made by him), out or obligation or not. The ambivalence proved by both of them could not be settled within the couple, its settlement being tried by the appeal to other persons (judge, psychologist, psychiatrist, godparents), who acted as mediators and who, in various moments, had wither the role to approach them or to distance the two. As a result, we consider that the patient's problems cannot be discussed independently of the relationship with her former husband, of the dynamics of the couple, of the way in which it was built and evolved, as well as of the effects and proportions this pathogenic relationship has at present.

Psychic examination of the present condition

Perception:

The patient did not feature obvious qualitative changes of prosexic function.

Attention:

She does not feature considerable changes. But one can notice the fact that the selective attention is preponderantly oriented toward the stimuli corresponding to the area of interest of the patient. *For example*, on the one hand, A. ignores the messages of the interlocutor, referring to the establishment of the therapeutic framework, and, on the other hand, she manifests an increased focalisation of attention, during the moments when psychological aspects of her relationship are reflected by the therapist.

Memory:

She falls within the parameters of normality. But A. features selective retrospective hypermnesia, for certain data, facts and events concordant with the focalisation of ideative and erotic interest. In this respect, what's important for the patient is the date of his husband's departure from the relationship and his return, as well as the date of the last intercourse with him (*"He left on March 4, 2011", "On September 8, 2011, we were back to bed together", "I did not make love for two years. On December 18, I celebrated two years..."*).

Language:
It represents an element of special importance in the psychological profile of the patient, being the mental product, as well as its verbalization. Therefore, the discourse is enough alert, being „sprinkled" with a slight tendency to logorrhoea and alternations between very high and very low intensities and tonalities. These aspects indicate theatricality and are materialized in a histrionic mode of expression. Even if the speech is slightly incoherent (as a result of the tendency to leave the phrases uncompleted), A.'s language is generally elaborates, elevated, reflecting her high educational level.

Thinking:
One can notice the accelerated ideative rhythm and flow. According to the previous remarks, the patient's tendency to leave phrases unfinished can be justified by an increased ideative flow, which cannot be coherently and concisely verbalized. A. is obliged, along with the acceleration of the cognitive processing, at the moment of incoercible evocation of events having emotional impact on her, to express in a cathartic and theatrical mode, simultaneously, as many ideas as possible, in an unstructured manner (*"I remained dishevelled... All who were close to me reproached me that I do not apply the brake, even this is what I am asked... I am fighting a huge battle... because it is not about money here..."*).

As regards the content and frequency of ideas, they are strongly exacerbated form an affective point of view, being in strict agreement with the intense preoccupation of the patient, related to the relationship with her partner. Thus, on this background, an **erotic delirium** is materialized, entailing the other psychic functions, sliding progressively into parareal, as one can notice in the relevant aspects exposed previously (particularities of the function of attention, memory or language). Throughout the entire speech, A. tries by all means to persuade and to impose her ideas related to her relationship, feeling them with a great conviction. The erotic character of the delirium is highlighted by a series of interpretations, intuitions, indirect conversations, passionate polarizations in close connection with the partner. In this sense, the patient interprets any gesture or manifestation of him (*"Have you ever thought that if are always sending me to the psychiatrist and to the psychologist people could think you care about me?"* → the reproduction of an address to the partner, *"He told he sends me to get rid of me..."*). Another aspect characteristic to delirium is the fact that A asserts that she sent some thousands of phone messages to her partner, in various registers, used by him as proof to obtain the restriction order (*"The theory is as follows: I spied him, I blackmailed him to make love with me. He deleted the messages he sent to me during this entire period and which were in the same register, he kept only those from me and he went with those into court, to make me mad... In good faith, I neither kept mines nor his..."*).

As regards the relationship of the patient with her partner, it acquires the characteristics of a **couple pathology**, A.'s delirium becoming strongly related, and

with direct reference to the behaviour of the partner, strongly invested affectively. Psychoanalytically, the context in which the two are found at present acquires the features of a game provoked under the form of a **perverse mechanism**, having as proof the manipulation of the husband regarding the payment of the therapy and the financial support of the patient (*“We communicate through our facilitator”, “If I need something, I must address to a third party, to our godfather”, “He came from abroad and called you to make psychotherapy with me, otherwise I will not receive the child support any more...”*).

The interpretability of the patient, specific to delirium, highlights to the same extent her **paranoid dimension**. One can notice an abstract intuition and a high level of sensitivity, when A justifies her husband’s gesture to obtain a restriction order based on the phone messages, as being a mode through which he had obtained the validation of a the personal image from the judge.

Affectivity:
One can notice the emotional ambivalence, both of the patient and of her partner. A.’s affective disposition is on a descending slope, being preponderantly negative. This aspect is highlighted also by the suicidal attempt of the patient, from her past, as well as by other assertions related to her state of mind from the present (*“I don’t feel good”, “My condition is a terrifying storm”, “My life ended with him”, “We communicate through our facilitator, fact throwing me into an abysm”, “I could lose weight after pregnancy only when I took Reductil, and this has thrown me into another abysm”, “I have wanted to withdraw completely from the world, I have wanted to die!”*).

This intense emotional load represents the support of the previously described delirium being exteriorized in an obvious manner. The force and durability of this ideal-affective group support the systematization of delusional ideas, based on the affective criterion.

Social functioning:
The external life of the patient is altered at all levels, because of this massive affective involvement. The deficient relationship with the child represents a first significant consequence (*“M. was always subsidiary to the relationship. The child is just a result of the love between us, human beings, in my opinion...”*). At the same time, the relationships with the close persons have been damaged, A. migrating progressively toward isolation (*“I have not talked to anyone, I have wanted to withdraw completely from the world, I have wanted to die...”*).

Instinctual life:
The patient makes references in an euphoric manner to the sexual life next to her partner, in the positively charged evocations from an emotional point of view (*“We loved each other in those three months as we did not love in 20 years. And we created*

the little one...”, *“We were making love. That was the most beautiful period from this point of view. God blessed me as a woman...”*).

At present, A. is sexually inactive, without wishing to be involved in other relationships (*“I did not make love for two years. I celebrated two years on December 18.”, “He was the last man in my life.”*).

Personality structure:
Even if, as we have showed and argued above, the patient’s problems are related to a couple pathology, a special relevance in the coloristic of the case is due to her personality structure, which was a fertile field for the development of such a dynamics. In fact, the relationship with her husband was the *trigger* which highlighted her vulnerability with pathogenic potential, to which are also included the adjacent defence mechanisms.

We consider that the patient has a personality with accentuated traits, of more types. The **histrionic notes** seem to be in the foreground, emerging from the appearance very well arranged, the expression theatricality, the tendency of exacerbation of emotional reactions, as well as self-dramatization. The seducing speaking style, which served her for sure in the profession she has (lawyer), is corroborated with the self-victimization, managing thus to manipulate those around needing their help. Another indicator for histrionism is also the demonstrativeness of the suicidal attempt she relates (“*I wanted to die in August. The housekeeper found me; if she did not come, I would have managed to do it. I took pills, but they were not sufficient... Tramadol and Phenobarbital, from my mother-in-law. The housekeeper found me, because she came earlier than usually...*”).

One can also notice in A.’s life story the **dependence notes**. The most concluding proof of their presence is found in the relationship with her former husband. The patient offered him everything, since the moment she met him, allowing arriving in the situation in which she depends on him for anything she needs (“*When he left, we were only one in all, including the profession. All was at him, I had not put anything aside, and even the company was on his name.”*). A.’s entire behaviour was oriented toward keeping him at all costs, passing over infidelity, violence and disdain. To this structure with dependency notes, there are also added the **addictive tendencies**, materialized in the consumption of alcohol and amphetamines.

Beyond these aspects of personality, indicating rather vulnerability, there is the **paranoid side** of her structure. It results from the force and resistance the patient proves in this entire context. The effect of pathological nuances of her personality is partially annulled by this force, by means of which she managed to surpass the depression installed immediately after she was abandoned (“*I have wanted to withdraw completely from the world, I have wanted to die*”) and to bring into play more “adaptive” mechanisms of the *power* register, such as specifically histrionic

manipulation, which finally proved to be „useful" for her purpose. By the same strength, she managed to regain, even if temporarily, her husband, and to get pregnant with the second child, under improbable conditions ("*I am very happy that I ended my carrier of woman with a maternity at 45 years old!*"). More than that, she could manage with the pregnancy, even if, during the first months, she consumed alcohol and amphetamine, from the "*weight loss capsule*", thinking that the foetus is not alive anymore ("*I went to the doctor because I was getting weight. I was thinking how I would stay on Christmas days for curettage - I was sure S. is not alive...*").

Theoretic perspectives on the case

We will try to outline some diagnosis directions, by the confrontation of the present symptoms with the main theoretical suggestions within specialty literature. Beyond the already discussed aspects, regarding to the pathological couple relationship, as protection factor of an individual vulnerability, the patient in question proved, however, a disaptative behaviour, tending to cross the normal limits. Taking into consideration the symptoms present, a plausible diagnosis hypothesis would be **delusional disorder**.

The case of the patient in question can be a special form of delusional disorder, even if the DSM criteria are met *ad literam*. Her obsession to write messages to her former husband, even if it does not represent a proper delusional idea, represents a preoccupation whose intensity can be considered delusional, having an erotic substrate. Moreover, A.'s attitude toward this preoccupation is a non-equivocal one, disclosing thus her own lack of criticism on the situation and the impenetrability to the attempts of others to counter-argue her. As regards the functioning, she was significantly affected by the existence of this fixation. The best example in this sense is the neglect of children and failure to accomplish her maternal duties, as a result of the excessive time invested into message writing.

According to Kaplan and Sadock (2001), the defensive mechanisms often involved in delusional disorder are **negation, reaction formation and projection**. The main defence is projection. The symptoms represent a defence against inacceptable ideas and feelings. These are transformed just in their opposite, by the formation of reaction or projected over those around. In the case of the patient analysed, negation is obvious. She refuses to accept the definitive departure of her partner. At the same time, she tries to transform the positive feelings for her former husband, which at present prove to be inacceptable, in negative ones, hoping that these will serve her *better*, being more appropriate to their relational context.

Pillman, Wustmann and Marneros (2012), trying to grasp the possible differences between reactive delusional disorder (with a precipitating factor) and the non-reactive one, noticed that, even if there are no differences as regards the evolution and the prognosis, there are still some significant differences at the level of personality traits. They acknowledged that the patient suffering of reactive delusional disorder have

high levels of *neuroticism* and predispositions toward accentuated traits of *dependent personality or borderline*. At the same time, they have an i*ncreased vulnerability to interpersonal conflicts*. The conclusions of these authors match perfectly in the case of the patient analysed. The onset of her onset is surely a reactive one, the triggering event being the separation from her husband. As regards personality, the traits grasped by Pillman, Wustmann and Marneros in their study are also found in the profile of this patient, who has an increased vulnerability to the interpersonal conflicts, and the dependent traits can also be identified easily.

Psychodynamic explanations

The three fundamental dimensions, in which A's pathology is expressed, are: **histrionism**, **paranoid area** and **the potentiality of mania**. Beyond these possibly evolutive directions, and as a crossing of them, there appears the **caricatural**, grasped from the discrepancy between the high socio-cultural and educational level of the two and the **ludic with character of „brothel"**, where A. speaks nonchalantly about: *tampons, the need to do pro bono facts for her, to be pregnant, to leave from the chiropody room to go for a roll in the hay, to be lover and to have love affairs, "miserable husband", to have passionate sex and to walk naked in the house at 45 years old, to be sordid and to provoke disgust to the husband*.

Histrionism, activism, and hypomania are only a coloured feathering, the superficial layers where her secluded personality exteriorizes, the nucleus being paranoid. Disinhibition, attractiveness, effervescence, that *being different* represent the seductive side of A., due to her profession and intelligence, managing to make up the impenetrability and psychotic rigidity of fixation. Superior laughter, with understood implications, and the manipulating attempt to catch as many persons as possible in the pathological play, if you look closer, are related to the paranoid side and not to the histrionic one.

The appearance, the attitude and behaviour of A. are reunified in the parable by which she alone opens the meeting: *"For whores and lawyers, money are given beforehand!"*. The associative chain leads further to another parable, namely that: *"Each and every woman wanted sometimes in her life to have sex for money, at least once, to see how much she values."*. Even if she is lawyer, A. does not manage to charge sufficiently from the laurels of her profession, needing– as regards the value – to lower to concrete world and to analyse in the physical register (maybe the patient's increased preoccupation for the fitness rooms and for her physical appearance, regardless her age, is not accidental). To give birth normally and without complications at the age of 46 and to look 20 years younger depends on the drive impulse dynamics of psychic force, on an investment capability which, if it has fortunate manifestations, is enviable.

Paranoid dimension of A.'s pathology is related to **the problems of the volition**, namely to **inhibitory, passive aspects**: *"I cannot stop anymore", "I have reached in the situation to speak with servants", "The path to* ***not thinking*** *is not fit for me!"*. To cope with the huge quantity of drive impulses which pours out from the abysm of her psychism, A. tries in a certain phase <u>borderline manifestations</u>, having behaviours resembling those of adolescents perturbing an entire group with their love stories. Another way to cope with and to metabolize suffering, less expressed, but the intensity of which we can feel, was faith: *"I prayed continuously!"* → as an attempt of displacing the fixation to the register of physical love to higher entities. A way which did not last. As defence mechanism also, A. tries self-bantering, exacerbating in a grotesque manner words with painful impact: *"my blockhead husband", "you have realized, imbecile?!", "that miserable told me that if I made an abortion, he would have returned", "he told me to look at myself, because I am sordid!", "he told to his friends that he was disgusted by me", "all ended because I got pregnant", "I grew terribly old, and I do not look in the mirror for three months"*. In laic words, the caricature, the grotesque A. tries to highlight, can be put in the word **deplorable**. The patient does not know if she wants to discover or not *how much is she actually troubled emotionally*. As she neither wants to discover *the coefficient of complicity to the game* of each participant, because **intrusion** is not only prevented, but it is **the sense and scope of these perverse manifestations**.

Of her paranoid structure depends the **ability** (with black humour and self-bantering) **to turn in an opposite manner any feeling**: *"Do you realize, you stupid, that all you do is interpreted as a care for me?", "I have recently celebrated the fact that I did not make love for two years!", "God gave me the end of my carrier as woman with maternity!", "I have drawn up myself the petition for the amicable dissolution of marriage!"*. A symbolic way to tell: "Look at me to see how well I cope with my suffering!". In order to further highlight the manifestations of this kind, A. expresses blatantly coarsely, having the tendency to trivialize this area: *"If his sexual organ proposed to do it, so he does!"*.

The thousands of messages the patient had written to her former husband represent a continuous description of her feelings, in an attempt to obtain a parareality, where the two remain together. The messages are a sort of quasi-permanent comments to what A. believes her husband feels, a wish to preserve a non-altered continuity of an emotional flow/exchange of feelings, unseen, telepathic ravels, meant to prevent the mind and soul of the other to detach from the fusion.

The extreme of the perverse mechanism functions when A. feels pleasure to be injured and treated by disdain. She appreciates addiction, commenting: *"I have suddenly became extremely intelligent due to amphetamine. The cocaine consumption was forbidden because people become too smart and have the capacity to look into depths!"*. Under the envelope of the feeling of being deplorable and capable to cause pity, A. remains special and manifests her value in the special way of her force to be

woman: *“You stupid, how could you have erection to get me with child?”*. The emphatic, doubled by persiflage as regards obscene vocabulary, proves a rather paranoid functioning than a maniacal one: *“Do you know this tone, don’t you?”*.

A. lives again, at the age of 45, the beauty of her first period of relationship with her husband, when she was the lover and the chosen woman, at the same time: *“When my phone rang at 9 a.m. and I left from the chiropodist’s wash basin with a leg arranged and one not, that woman could only think that my lover called me, isn’t it?”*. To gather around a theatre of spectators composed of simple and mediocre persons (the chiropodist, the housekeeper) augments the halo of ***special***. Subsidiarily, the patient lives the drama of ***being consumed***, overlapped to a ***structure needing an eternal life*** (she caring her mother-in-law in this register, ensuring her that *“any woman should behave as Queen Elisabeth, who did not consume herself even at the age of 80!”*).

The pathology of this couple manifests in the attempts to project outside what they cannot solve in their inner sides. **A. has in herself Eros and Thanatos with extraordinary energies. On the outside, she is permanently searching a judge.** Histrionic side played in the power to be lover for eight years. Subsequently, the tonus, the magisterial investiture of the relationship, to catch others into extreme emotional load, are related to the paranoid force. Beyond the mask, A. tried both mystical reasoning and exteriorization of aggressiveness. At the limit, the pathology of the two also dresses the anti-social register, where the devotement takes only its apparent coloration. In extremely stressing situations, A. does not manage to depress, but she reacts by “pressing the pedal” and the hyper investiture of the drive impulse. She does not appeal to the inner side of her being (tender and vulnerable), but she clenches external elements (manipulates the environment, addiction to amphetamine and alcohol, dependence upon a perverse relationship).

Beyond her unsafety structure, A. lived all these years in an apprehension/anxious contemplation of punishment according to which, *because she has stolen the husband of another woman, the same thing will happen to her, too*.

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Contact email: simonatrifu@yahoo.com