

PSIWORLD 2014

## Interpretative process - from utilization of predominant to psychotic decompensation

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### Abstract

The present study expounds a transgeneration pathology, both sense psychological metaphorically and translation of certain genetically pulsation and biologically charge, which marks the personality of the next generation. The study wishes to bring in to focus a case of depressive decompensation with interpretative phenomena, in a climate of psychological and physical overload and based on a frail personality structure, which is having as a first outburst a behavioral act with negative consequences. Method: psychiatric assessment, tracking longitudinal the evolution of the case, family dynamic study Results: Shows the thin line between: normality and interpretative paranoiac personality structure

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Peer-review under responsibility of the Scientific Committee of PSIWORLD 2014.

*Keywords* : dissociation affects the situation, structure sensitive –interpretative, transgenerational trauma, structural ambivalence, relation naivety / lack of reality testing

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### 1. Introduction

The present case analyze a couple who has a pathological function, being composed of two former abandoned children; each of them remained within an immature stage of psycho-emotional development, partners who react different at environmental stressors. Regarding the patient (the young mother), the question is if a psychotherapeutic treatment is adequate for this episode, or it is imposed also a psychiatric medication. Emphasizing the thin line between: normality, interpretative paranoiac personality structure, introversion, high functionality in cognitive-

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scientific area, doubled by a low function in interpersonal relationship domain, affective hipofunctionality, motherhood failure.

## 2. Method

The interview was conducted as OPD recommends: “exploratory approach, in order to gather factual information” and “a dynamic approach of the relationship, based on pure psychodynamic attitude”.

### 1. Patient:

1.1. 28 years old, female, married, a two years old child; born and raised in a rural area / presently she is living in an urban area

1.2 University education, masters degree, post-graduate; quasi-constant professional performance

1.3 Never hospitalized in a psychiatric hospital

1.4 Patient lives with her husband and their child; she has a sister who lives in the same city

### 1.2 Family Psychiatric History:

2.1 There are no known diagnosed cases in the patient’s family

2.2 The patient affirms that her mother supposedly suffers of a mental illness and she need diagnosis.

### 3. Premorbid personality:

3.1 She comes from a rural area, from a family without financial resources.

3.2 She had no family support during school, patient states that had to fend for herself.

3.3 Her husband has the same family background.

3.4 Determination to obtain financial comfort, perseverant in achieving professional goals.

3.5 Social immaturity

3.6 The relation with her partner is one marked by norms and regulations, following a predetermined pattern.

3.7 Going on demand psychotherapy session prior to give birth (in VIII month of pregnancy), being terrified by the idea “*I will die giving birth*”.

3.8 Postpartum, returns to the personal analysis sessions

### 4. The context of the incident and the case process – acting out as a pre-psychotic mark

4.1 The two year old child ingested a poison (Verde de Paris)-Insecticide.

4.2 The situation required hospitalization. The first 24 hours his condition was critical. He was maintained in hospital for three days the child and received intravenous and specialized treatment (antidote type) This was followed up and he was subsequently kept under observation for another 14 days.

4.3 The child is brought to the hospital by the parents.

4.4 The father (patient husband) had taken at this poison home and it was placed in a suitcase with various bottles (medication, shampoo, etc)

4.5 The child comes in contact with the poison while he was home with his parents. They left him unattended whilst they tried to lay a carpet.

4.6 The child had previously played with the poison, two days before incident, because “*he learned to play with the Nurofen bottle, pretending to drink it until the last drop*”. Then, the mother asked him to put it back for the reason that “*it belongs to daddy*”. 4.6 The suitcase in question (in a side pocket had the poison vial) was used by the child to play as a toy when the patient had works to do: “I gave him the suitcase to play with, when he was nervous and I had to work.”

4.7 The suitcase in question (which had a side pocket holding the poison vial) was used by the child to play with as a toy when the patient had work to do: “I gave him the suitcase to play with, when he was nervous and I had to work.”

4.8 The mother states: “*I didn’t ask myself what is in the vial*”; “*I didn’t think that my husband could have brought home poison*”; “*We established not to use the poison (Verde de Paris)*”

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