



EUROPEAN PSYCHIATRIC ASSOCIATION



EXCELLENCE IN PSYCHIATRY ACROSS EUROPE:
PRACTICE, EDUCATION, RESEARCH

23rd EUROPEAN CONGRESS OF PSYCHIATRY

Vienna, Austria 28-31 March 2015
www.epa-congress.org



Scan this code with your smart phone



Psychopathological effects of psychostimulant substances and psychotic onset: the difficult process of differential diagnosis between substance-induced psychosis and acute primary psychosis

Dr. Emanuela Atzori, Clinical Psychologist, Psychoterapist

Introduction:

Amongst the psychopathological effects induced by stimulants and cocaine there can be a variety of psychotic-like experiences. Some of them can be resolved in a matter of hours or a few days without clinical treatment, others instead can constitute initial symptoms of a primary psychosis. The objective of this paper is to focalise on a series of psychodynamic aspects, detectable by the analysis of relational dynamics brought into play by the person who has used the substances and has a psychotic crisis. These aspects can be used as criteria of a differential diagnosis, to integrate a first assessment of those psychopathological characteristics described in literature, which distinguish a toxic psychosis from a primary psychosis.

Between them we can remember: the absence in a toxic psychosis of affective flattening, the presence of psychomotor agitation, an insistent search of communication channels from the intoxicated subjects which opposes the closing and the avoidance of relational contacts typical of schizophrenic syndromes.

However, Harris and Bakti (2000), have detected in some cases only the presence of faded negative symptoms which seem to be connected with a psychotic underlying substrate which was not diagnosed before.

| Cocaine |
|---|
| 14.1 million or 4.2% of adults (15-64) used cocaine in their lifetime |
| 3.1 million or 0.9% of adults (15-64) used cocaine in the last year |
| 2.2 million or 1.7% of young adults (15-34) used cocaine in the last year |
| 0.2% and 3.6% — lowest and highest national estimates of last year cocaine use among young adults |

| Amphetamines |
|--|
| 11.4 million or 3.4% of adults (15-64) used amphetamines in their lifetime |
| 1.5 million or 0.4% of adults (15-64) used amphetamines in the last year |
| 1.2 million or 0.9% of young adults (15-34) used amphetamines in the last year |
| 0.0% and 2.5% — lowest and highest national estimates of last year amphetamines use among young adults |

| Ecstasy |
|---|
| 10.6 million or 3.1% of adults (15-64) used ecstasy in their lifetime |
| 1.6 million or 0.5% of adults (15-64) used ecstasy in the last year |
| 1.3 million or 1.0% of young adults (15-34) used ecstasy in the last year |
| 0.1% and 3.1% — lowest and highest national estimates of last year ecstasy use among young adults |

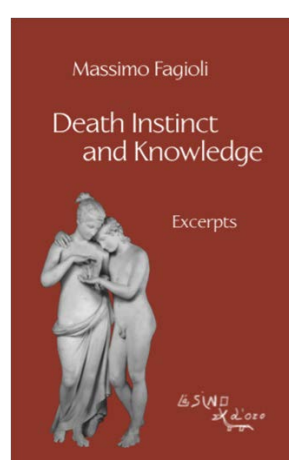
DRUG ABUSERS IN USA:

The percentage of subjects with overt schizophrenia and subjects at first psychotic episode is 4,6% greater than general population

Method:

The diagnostic process is thus developed by a method of clinical observation and evaluation, for which the essential cognitive tool is formed by the sensibility of the therapist and their capacity to evaluate the quality of the patient's mental reactions to the stimulus provoked by the development of the therapeutic relationship, which includes oniric activity. This paper proposes, on the basis of many years of research and clinical experience, diagnostic criteria also in dream analysis as oniric images are able to reveal hidden thoughts and dynamics which can be pathological. This analysis can detect eventual psychopathological nucleus of psychosis hidden by a state of intoxication and allows the implementation of adequate clinical treatment based on greater diagnostic certainty. The possibility to complete the diagnostic activity including an assessment of the patient's unconscious mental activity is founded on the following basic ideas:

- A dream is a **thought** expressing itself through the speechless language of oniric images.
- With the telling of a dream the patient is trying to communicate something to the therapist.
- It is necessary to understand how dreams originate and how you can understand their deep sense. The theoretical platform to which reference is made in this paper is known as *Human Birth Theory* formulated by Massimo Fagioli in 1971.



Fagioli overcomes the dualism *body-mind* theorizing that at human birth, light energy stimulation activates simultaneously the mind and the brain through the retinal area. This event causes the Cortex activation and the formation of a non-conscious mental activity. This specifically human thinking activity without articulate speech, conceptualized as "Capability to imagine", allows us to consider the existence of a thought that originates and expresses itself through images. During sleep, with the disappearance of consciousness and articulate speech, the particular mode of thought in the first year of life emerges: the capability to think with images.

English excerpts, publishing rights are available for countries out of Italy

The patient tells through dreams what he feels in human relationships. This account can have a varying level of intuitions which allows the possibility of research, or it may be disharmonious, jammed or fragmented because of more or less deep negations or annulments. The term "Intuition" refers to an exact non-conscious relationship with the reality which allows to understand not immediately perceptible qualities and intentions in human beings. The term "Negation" refers to a dynamic that produces a warped psychic representation of a person or situation. The term "Annulment Drive", instead, defines the most pathological condition that may occur in the psychic relationship for which its object is not destroyed but it disappears and is rendered non-existent by the person in his oniric representation, producing thereby an emptiness and a mental absence.

Conclusions:

The direct and disastrous consequence of this dynamic is an affectional impoverishment of the person which can lead to a complete dehumanization in overt schizophrenia. Within this online research, "Affectivity" is defined as "Capacity to be involved in, and to have adequate reactions, both mentally and physically, to human relationship stimulus".

The therapist, involved in the therapeutic relationship can stimulate the mental internal world of the patient proposing himself as both a diagnostic and therapeutic instrument. The patient's unconscious reactions to the therapist may be expressed through oniric images, that can be evaluated each time and interpreted if the right level of receptivity is present. The interpretation can give back to the patient his self-knowledge and the possibility to transform his unconscious relational methods through the therapeutic process as reported in the following cases.

Case report 1:

"A patient called C. dreams to be working and to see himself reflected in a pane of glass. The glass begins to crack with flaws which branch out as a net. C. can control his anguish reminding himself that he knows what is happening because he is in treatment with Dr. A. At that point the glass reassembles." In this case the patient through the oniric activity is able to represent symbolically a difficulty dependent on the sensory-consciousness of his *Psychic Self* and his somatic part seems to be exposed to a psychopathological break down. C., twenty years old, is a strong cocaine abuser and he started a cure with Dr. A. during a recovery in a Dual Diagnosis psychiatric ward caused by a psychotic episode following a cocaine binge. Despite the phenomenological characteristics of the psychotic episode, presumably due to a state of intoxication, this oniric image consents to consider C. as a Clinical High Risk (CHR) patient, and orients on a possible etiological hypotheses about the cause of cocaine abuse, that one may think is due to psychophysical sensation-seeking aimed at overcoming an unusual and abnormal own body experience. The development of the therapeutic relationship in which the *Annulment Drive* is directed outwards is continually interpreted, allowing the patient to maintain a mental representation of human relationships and of himself, and to overcome the eventuality of a psychological fragmentation with an evolution towards a primary psychosis.

Case report 2:

The patient called T., twentythree years old, has been admitted to a Dual Diagnosis psychiatric ward after a failed admittance in a rehabilitation centre. The failure in the attempt was due to a sudden onset of a persecutory ideation with psychomotor agitation, based on his certainty that he would be killed by gypsies from who he had bought drugs. During the diagnostic interviews it emerged that at the moment of the psychotic onset T. was using intensively and continually *Crystal Meth* whose psychomimetic effects can last for months after the suspension. The quality of the relationship he built with the therapist during a recovery of three months can be synthesized with the following oniric image, told before the discharge from the Dual Diagnosis ward and the admission to the rehabilitation centre: "He dreamed he was in front of a big open window from which he could see a flourishing garden below. He stood close to his therapist and he felt well." With this oniric image the patient describes the opening of his eyes (the open window) and perceives his evolvability (the flourishing garden) through the development of a therapeutic relationship in a rehabilitation centre treatment. When he was discharged his persecutory ideation which was present at admission on the Dual Diagnosis ward, had not completely disappeared. The continuation of the antipsychotic treatment was justified in the medical records as containment strategy of psychotomimetic symptoms, due to a prolonged use of methamphetamine. The rehabilitation centre sequential follow-up confirmed a diagnosis of: *Toxic psychosis in Dysthymia*.

References:

- Addington J., Case N., Saleem M., Auther A. M., Cornblatt B.A., Cadenhead K. S., *Substance use in clinical high risk for psychosis: A review of the literature*, in «Early Intervention in Psychiatry», 8, 2, 2014, pp. 104-112.
EMCDDA, *European Drug Report 2014*
Fagioli M. (1972). *Death instinct and Knowledge*. L'Asino d'Oro Edizioni, Rome; 2010.
Harris D., Batki S. L., *Stimulant psychosis: symptom profile and acute clinical course*. In «American Journal of Addiction», 9 (1), 2000, pp. 28-37



Journal of Psychiatry and Psychotherapy based on Human Birth

I say "no". You say "it isn't".

About a new understanding of the concept of negation.

L. Giorgini¹, M. Petrucci², E. Gebhardt³, D. Polese⁴, A. Mazzetta⁵, Ma. Fagioli⁶, A. Masini⁷, F. Fagioli⁸, M. Consolazione⁹, D. de Lisi¹⁰, M.G. Gatti¹¹, A. Raballo¹², P. Fiori Nastro¹³

¹Medicina Sperimentale, Università di Roma Sapienza, Rome, Italy; ²Psychosomatische Medizin u. Fachpsychotherapie, Christophsbad, Goppingen, Germany; ³Psicoterapia, Studio Panama, Rome, Italy; ⁴Neuroscienze, Università di Napoli Federico II, Naples, Italy; ⁵Neuropsichiatria, Università di Roma Torvergata, Rome, Italy; ⁶Psicologia dei Processi di Sviluppo e Socializzazione, Università di Roma Sapienza, Rome, Italy; ⁷CSM, ASL RM D, Rome, Italy; ⁸Tutela dell'Adolescenza, ASL RME, Rome, Italy; ⁹Neuroscienze Cliniche, Università di Napoli Federico II, Naples, Italy; ¹⁰Psichiatria, SUN Seconda Università di Napoli, Naples, Italy; ¹¹Pediatria e Neonatologia, University of Siena, Rome, Italy; ¹²Salute Mentale e Dipendenze Patologiche, AUSL Reggio Emilia, Rome, Italy; ¹³Neurologia e Psichiatria, Università di Roma Sapienza, Rome, Italy.

Introduction

There is still confusion about the meaning of the term negation. Consequently the importance of negation in psychotherapeutic work is underestimated. Freud (1925) in "Die Verneinung" gives contradictory indications about negation which is described as lying, repression, rejection. We find neither in the psychiatric nor in philosophical field a clear definition of negation, and often different terms are used as synonymous.

Negation in the Human Birth Theory

In the Human Birth Theory by the Italian psychiatrist Massimo Fagioli (1972) we can find a different concept of negation.

First of all negation is a notion that refers to non-conscious thinking and, therefore, to dream images (and not verbal language, otherwise, it would be a lie). In dreams, negation distorts and destroys the image of the qualities of the other. Negation is not sadism but expresses a violence against the relationship, that is not a physical destruction.

Negation is a pathological mechanism where «the intuition of the subject's psychic (affective) qualities "is followed" immediately by destruction, negation of the qualities by aggressive investment» (Fagioli 1972).

Negation is linked to the dynamic of envy and its related affect which is hate. It is triggered by the idea of never being able to possess the other's qualities. As a destructive dynamic negation makes the patient feel guilty and depressed.



Refusal

Contrariwise refusal is a naturally evolving dynamic. The human being has the ability to distinguish the reality of others and to refuse it if it appears to be violent or destructive. It is an inborn capability but can be lost by becoming ill. Refusal is part of an affective relationship, it is seeing the negative aspects and distancing them, without destroying them. Refusal is "passion that distances from itself what is not, without closing our eyes" (Fagioli 2000).

Negation is not Refusal

The verbal expression of negation is: "it isn't" - it is not what it really is. That is: "he is not handsome, warm, intelligent or capable, but ugly, cold, stupid, incapable".

At the other hand the verbal expression of refusal is: "No". It is seeing the deficits (lack of affection, stupidity, etc.) in the other person and saying: "no, I don't accept this".

Conclusions

As therapists, we must try to stop the destructive dynamic of the patients, resulting from negation, and to make them once again find the physiological capability of refusal for their personal development. Thus clarification of the term negation and especially distinction between negation and refusal is necessary to establish a psychotherapeutic process with the aim of developing evolutive relationships and so, to transform the "it isn't", into, "No".

Bibliography

M. Fagioli (1972), *Istinto di morte e conoscenza*, L'Asino d'oro, 2010.

M. Fagioli (1974), *La marionetta e il burattino*, L'Asino d'oro, 2011.

M. Fagioli (1975), *Teoria della nascita e castrazione umana*, L'Asino d'oro, 2012.

M. Fagioli (1980), *Bambino donna e trasformazione dell'uomo*, L'Asino d'oro, 2013.

AAVV, *La psiche oltre Freud: l'analisi collettiva come processo per il passaggio dall'istinto di morte alla conoscenza. Il sogno della farfalla*, 1, 2000.

M. Fagioli, *La psichiatria come psicoterapia, Il sogno della farfalla*, 4, 2013.



Correspondence to:
Dott. Luca Giorgini
email: lucagiorgini72@gmail.com

Un altro Poster sul sito dell'Epa, in forma di Abstract

Gli autori sono:- D. Polese, A. Mazzetta, M. Consolazione, D. Delisi, M. Fagioli, A. Masini, L. Giorgini, M.G. Gatti, M. Pettini, P.F Nastro.

Titolo: Using Deductive Method in Psychotherapy: A Change of Paradigm in Clinical Practice From Quantum Field Theory

Abstract: 1625

Using Deductive Method in Psychotherapy: A Change of Paradigm in Clinical Practice From Quantum Field Theory

Introduction: In psychotherapy, the object of study is not directly perceptible and material, but involves human mind complexity and specific content

Objectives: In psychotherapeutic relationship we propose a method to inspect by deduction non-conscious mind, patient hidden mood, hate, affectivity.

Aims: The aim of this work is using a modern physics research method in psychotherapy, in order to focus on what is not directly perceptible in clinical practice.

Methods: We can examine, instead of "inductive method", the "deductive method", adapted from physics theoretical approach. We have taken into consideration "Human Birth Theory", formulated in 1971 by psychiatrist Fagioli. The author conceived the beginning of human life as a neuropsychic reaction to light. Given the intrauterine dark, Fagioli deduced that brain at birth are activated by "the absolutely new stimulus", light. He also deduced "vitality" and "capability to imagine" as non-conscious mind features. We have checked recent neurobiological data in literature.

Results: Functional maturation of "subplate zone", light-induced Immediate Early Genes activation, SATs variations, from foetus to newborn, retina instant activation by photon, "viability" support Fagioli's theory.

Conclusions: In relativistic physics and quantum field theory, deduction is finalised to discover hidden processes, in order to know the primum movens, not perceptible. In psychodynamic psychotherapy, the object par excellence is not just brain, like in neurology, but psyche. Its content is not directly knowable, but can be known also by deductive method, involving intuition, together perception of patient. In psychotherapy physics method can be applied, to discover the non-conscious thought, previous to pathological behaviour. Clinical examples can be reported.