

(2009f) Truscello de Manson, M., Tate de Stanley, C., Roitman, C., Soin, R., Aparain, A., Falice, C., Maldavsky, D. (2009) "Irony in a violent patient", *40th Annual Meeting of the Society for Psychotherapy Research*, Santiago, Chile, 2009

### Irony in a violent patient

Maria Truscello de Manson (APdeBA), Cristina Tate de Stanley (APA), Clara R. Roitman (APA/UCES), Rosa Soin (APdeBA/UCES), Angeles Aparain (APA/UCES), Cristina Falice (APA/UCES), David Maldavsky (UCES)

1. Goal: to detect drives and defenses (as well as their state) in the discourse of a patient displaying violent behavior in the extra-transference (narrated episodes) and irony during the interview (enacted episodes)

2. Sample: The material corresponds to a diagnostic interview (provided by J. C. Perry) with Catullo. This is a patient of about 25 years old who narrated that he had had two previous treatments, the first one because of his severe drugs consumption and the second after a serious suicidal attempt followed by a violence outbreak in which he ended up destroying an apartment. In his childhood he was ignored by his father, who was always on his back and sleeping. After the divorce between his parents, the patient developed an intense hate towards his father, he even became physically violent if the family mentioned his name. He also used to reject the men her mother chose as couples. He began drinking alcohol in his early adolescence, after that he took marijuana and finally, drugs as cocaine and heroin. During that time his mother started a stable relationship with a man that Catullo accepted. In the period in which his mother got engaged, Catullo intensified the drug consumption, and consequently he did not remember anything about that time. From that moment the patient alternated between living outside his mother's home and going back to. Finally, he received psychiatric attention in order to come off drugs. In that moment his mother found out he was taking drugs and that his addiction was severe. When this treatment was finished, Catullo moved to another town to work and to try to open his own way. He did not have family or friends there. Was in this town where he had the suicidal attempt, a bit after a girl said, without foundation, that he had got her pregnant. He was not able to find arguments to rectify the lie. In the middle of the suicidal attempt, a person he knew, Claudia, telephonically declared her love for him and he told her how he felt. Then, when his forces declined, he had a violence outbreak and destroyed his apartment. Claudia told Catullo's boss and that let them rescue him alive when he was without consciousness. When he got out of this hospitalization after his suicidal attempt, he started a relationship with Claudia, with whom he lived for about a year and a half, until she interrupted the relationship. According to the patient, she abandoned him because he was "unbearable", he was all the time sleeping. The patient narrated that in the last Christmas they arranged to meet and he felt asleep. Claudia knocked insistently and without success the door of his bedroom. After the separation from Claudia, the patient consulted again, received a first psychiatric

attention and he tried to get Claudia back. As he supposed she abandoned him because he was “unbearable”, he tried to be cheerful and communicative with her, but he did not get immediate success. He began to think that Claudia had another man. So he had another violence outbreak in which he destroyed the bathroom of his department. This episode occurred the week before the present interview. Besides, the day before the interview he went to a first session of psychotherapy. According to his words, the therapist was disoriented and when he got back to his apartment he felt very bad and had suicidal thoughts. He feared going crazy like his grand-grandfather. He also referred with anxiety that his grand-grandfather was a psychotic with violent attacks that remained hospitalized during a long part of his life. He was also thinking about what to say to his therapists in order to be useful and he did not know what to say.

During the interview the patient tells the already summarized story. His discourse alternates some histrionic and exaggerating phrases, including dramatizations, some elusive phrases, some of them he sometimes leaves unfinished, but also he exhibits phrases in which he tries to describe his situation and makes an unsuccessful effort to understand. Some other phrases correspond to vindictive violence outbreaks against the father, as much as against the supposed Claudia’s new couple, other phrases have wails, complaints, suffering expressions, a few characterizes the others or his own falseness and finally another important group is constituted by cathartic vent. Also some paraverbal components were relevant: sometimes the patient cried with anxiety and sometimes he laughed with irony. When the hour is about to finish, the patient develops a combination between desperation phrases linked to the fact that he can not find a way out, as either him nor the professionals know what is wrong with him, wails, complaints and mostly cathartic outbreaks. However, when the therapist announces the end of the hour, Catullo asks for one moment more, gets better and finishes the hour with an irony towards himself, mainly towards the lack of enchantment of his daily life

3. Method: The DLA is a method that allows to detect drives and defenses as well as their state in the narrated and enacted episodes. Among the enacted scenes, the final part of an interview has more relevance than other episodes. It allows to research the most important defense as well as its state during the interview

4. Procedure: 1. Analysis of the defenses in the narrated and enacted episodes of the patient,

2. Analysis of the violence episodes in the narrated episodes, 3. Analysis of the irony in the enacted episodes, mainly in the last part of the interview, 4. Analysis of the irony in the narrated episodes, 5. Combination of the outcomes of points 1, 2, 3 and 4.

## 5. Analysis

### 5.1. Defenses and their state in narrated and enacted episodes

#### Table I: Defenses (narration)

	%
In accordance with the goal	30.84
Foreclosure of the affect	21,48
Repression+characterologic traits	15.44
Disavowal	10.49
Repression	17,59
Foreclosure of reality and the ideal	4,07
TOTAL	100

Table II: Defenses (enacted scenes)

	%
In accordance with the goal	50.25
Foreclosure of the affect	19,20
Repression+characterologic traits	16.89
Disavowal	13.25
Repression	0,41
TOTAL	100

The differences in the percentages of the analysis of the defenses reveal that the patient's state in the moment of consulting has strong contrasts with his state in other moments of his life. The main difference consists in the fact that the defense in accordance with the goal has more weight in the level of enacted scenes than in the level of narrations. As the enacted scenes put in evidence the patient's current state, while the narrations take into account different moments of his life cycle, it is possible to conclude that the difference regarding the results of both levels of analysis allows inferring that in the current moment the patient has better psychic resources than in previous periods. In this same line we have 1) the fact of foreclosure of reality and the ideal (a psychotic mechanism) having some statistic expression in the narration level but not in the enacted scenes level, 2) the fact of repression having much more importance in the narration level than in the enacted scenes level. The absence of foreclosure of reality and the ideal in the speech acts is the complement of the increase in the defense in accordance with the goal in this same level regarding narrations.

### 5.2. On the scenes of violence

The scenes of violence can be studied in the narrated level of analysis, but not in the enacted one. The patient narrated two scenes of violence. In both episodes, the patient was dependent from a liar (O1 and failed foreclosure of reality and the ideal) and intended to react with an active display of the wish of vengeance (A1 and successful foreclosure of reality and the ideal), combined with a cathartic

discharge (LI and successful foreclosure of the affect). But the passive state of impotent dependence from a liar subject lasted unaltered.

Table III: The immediate antecedents and the scene of violence

Detonant situation	
Main components	IL and failed foreclosure of the affect
	O1 and failed foreclosure of reality and the ideal
Complementary components	GPH and failed repression and+characterological traits
	O2 and failed disavowal
	A1 and failed disavowal
Moment of violence	
Main components	IL and successful foreclosure of the affect
	A1 and successful foreclosure of reality and the ideal
Complementary component	FG and successful repression

### 5. 3. Irony in the enacted episodes

The combination between the patient's laughter and narrations requires a double analysis. The enacted episodes correspond to irony, which implies an intellectual activity. The enacted episodes combined verbal and paraverbal speech acts. Paraverbal speech acts (laughs) are an expression of a euphoric version of A2, but the verbal enacted scene and the narrations corresponded to the failure in the attempt to accomplish two different types of wishes: A2 (the impossibility of remembering, of knowing and understanding, or the disqualification of his own actions) or GPH (the allusion to the lack of charm of his own activities) In both cases, the failure of the attempt to accomplish of wishes corresponded to repression+characterological traits. In consequence, in Catullo's humor a fragment of his own laughs (paraverbal component) about the suffering or failure of another fragment (verbal speech acts and or narrations). The resources of the one that laughs (concrete intellectualization) correspond to A2, and the resources of the one that suffers the failure or limitation correspond to A2 or to GPH. In the verbal terrain, A2 or GPH combined with the failed defense in accordance with the goal subordinated to failed repression+characterological traits, while in the paraverbal

terrain A2 combined with successful repression+characterologic traits. It is possible to compare this scene between verbal and paraverbal components to a bond of two persons: one of them suffers the failure of the attempt to think and develop his own problems using rationality (A2 and failed defense in accordance with the goal, subordinated to failed repression+characterological traits) or the attempt to give certain charm to his own life (GPH and failed defense in accordance with the goal, subordinated to failed repression+characterological traits), and another subject laughs ironically to this failure (A2 and repression+ironic characterologic traits). Among both components, the paraverbal prevails.

Besides, the final reference to the not so funny character of his life results redundant with others identical or equivalent (funny, nice) speech acts that appear in previous fragments. This last enacted scene consisted in an irony, which combined GPH (references to the enchantment) and intellectualizations (A2). In this ironic final A2 was combined with repression+characterologic traits prevails. As regards the psychic fragment among which the irony lies, it corresponds to GPH and failed repression+characterologic traits.

Table IV: Irony in the enacted episodes

Terrain	Drive	Defense	State
Verbal	A2 or GPH	repression+characterological traits	Failed
Paraverbal	A2	repression+characterologic traits	Successful

#### 5. 4. Irony in the narrations

The irony that seems to appear in the end of the enacted scenes is also detectable in the terrain of narrations. A little bit before the interview, the patient tried to get back Claudia by showing himself joyful and funny. After failing in his attempt, he thought Claudia had another couple and he had another blind violence outbreak in which he destroyed the bathroom of his apartment. So the sequence seems to be: 1) to display a fictitious joy to convince another person, 2) to fail in the attempt and suppose that the other person cheats on him, 3) the violence outbreak. In consequence, the ironic final of the interview conducts to maintain the clinical alert regarding the risks of another violence outbreak in the patient.

Table V: Irony in the narrations

Sequence	Scene
1 <sup>o</sup>	to display a fictitious joy to convince another person
2 <sup>o</sup>	to fail in the attempt and suppose that the other person cheats on him
3 <sup>o</sup>	the violence outbreak

## 6. Conclusions

- A) Irony against himself during the interview can be understood as a display of an enacted scene between two psychic currents: 1) the failure of the attempt to, either think on his own problems, or have a more delightful daily life, 2) the pleasure of someone for this failure.
- B) Irony against himself during his daily life can be understood as an attempt to present a false appearance of being a clever and delightful person. But this attempt fails and the patient's euphoric initial position is replaced by the opposite: being dependent from a liar person. In that case, the violence outbreak explodes.
- C) In consequence, although the patient seemed to be in a better clinical state during the interview than in his previous life, irony during the interview indicates a risk of the re-emergence of the episodes of violence.