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E-MAILS SENT TO A CLOSED WARD AS A HEALING FACTOR IN HYBRID OUTPATIENT THERAPY OF A PATIENT DIAGNOSED WITH SCHIZOPHRENIA

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Summary

The article describes hybrid therapy of a patient diagnosed with paranoid schizophrenia, based on visits to the hospital clinic and feedback from the patient with thoughts on the course of treatment. The e-mail flow was one-way – from the patient to the doctors currently treating him. They were material for work during regular visits to the hospital clinic. In the article, I try to present the phenomena occurring in the clinic’s contact “face to face”, processed later in a specific way in the space of reflective reflection between the patient’s outbox and the inbox in the @babinski.pl domain. This allows us to trace the processes taking place in the patient’s psychotic state of mind and his recovery efforts towards achieving a stable state of prudent, sober reflection. The patient is seduced, constantly drawn into ethereal areas of destruction, first through quasi-conscious dreaming simultaneously pushing into two worlds: a healthy fantasy world and a total, crushing world of psychotic overwhelming. The psychotic world wants to absorb and erode the life of the “dreaming traveller”. The islands of orthological thinking emerging in the hybrid therapeutic relationship presented here allow the patient to obtain and maintain contact with subsequent doctors and functioning in reality. The course of the overall treatment indicates the possibility of modifying the unfavorable course of schizophrenia towards achieving dual orientation and using the patient’s health potential.

Introduction

Hybrid therapy involves combining different digital forms of treatment (telemedicine) with traditional biological treatment [1, 2]. A number of studies are currently being carried out assessing the effectiveness of online psychological interventions and psychotherapy compared to traditional face-to-face psychotherapy carried out in medical offices [3-7].

In the analysed clinical material, the element of hybrid therapy consists in combining remote contact with traditional face-to-face interaction and pharmacological treatment. It seems particularly important to have a doctor-patient relationship enriched by the patient’s thoughts provided to medical practitioners in the form of e-mails. We will draw

attention to the role of self-reflection and “self-treatment” as important components of this therapeutic relationship.

Written self-reflection in psychosis is known in world literature from the account of P. D. Schreber [8]. He wrote retrospectively about “fleeting-improvised-men”, his hallucinations from the period of acute psychosis, developing, as we would say today, his own criticism towards the disease. What is more, we can find remedial values in the language of Schreber’s description. The impression is that, when he recapitulates his nightmarish psychotic experiences, he tames the world of total objects that indisputably colonised his real world. He adds living elements to them and in some way makes them human. This creative aspect of recapitulation in writing or in e-mail is stressed by Bartosz M. Puk in the introduction to the Polish edition of Schreber’s *Memoirs*: “we are drawn into the observations and participate in the struggle of the mind with itself... it only exists when animated in live contact with a thinking reader. Schreber requires a living reader.” [8, p. 6]. The struggle of deadness with living thinking, the Bionian aspect of the resistance of common sense against the attack on thinking sounds dramatic with Schreber. In this way, once written down, reflection shows its healing values.

Emerging writer Sylwia Mensfeld not only uses a creative language describing her “trips” to other worlds, but also focuses on the reflection which consumes and digests their meanings for a person who is experiencing these immersions into a world of the unconscious “I” [9]. To quote her, “schizophrenia has washed over me like a gracious light. It taught me to see what so far had been invisible, [...] I discovered in myself a divine element, I wept, my throat tight with emotion. How easy it was for me to abandon my former incarnation [...]. I became obviously beautiful, but not like a rose, because a rose has thorns, I was more like a perfect idea, I showed higher values to the world, I ruled, I demanded.” [9, p. 11]. Another quotation shows the creative aspect of Sylwia Mensfeld’s reflection: “When I wrote, something dark was lurking close to me, something frightful, kept whispering words full of passion, pain and feeling of harm. However, when the creative act came to an end, I felt deep calm and quiet, because the experiences analysed had been objectivised.” [9, p. 17].

The e-mails quoted below are part of hybrid therapy carried out in a general psychiatric stationary ward and the day ward of the Dr J. Babiński Specialist Hospital. Carried via the Internet, “airborne” comments would come flying in regarding medications, treatment, the atmosphere of sessions and “Schreberesque” (or perhaps “Mensfeldesque”) reflections on illness and the development of criticism toward symptoms. The result is a dynamic description of the unstable balance between psychotic and conscious, non-psychotic experiences of the therapeutic relationship, and then of the whole real world, including the social world.

The structure of this strange treatment tool is interesting. Similarly to how Anglo-Saxons referred to the parent facility as “the brick mother”, our strange complex object could be described as a “sand father/parent” based on the material used to build the hospital more than 100 years ago [10]. Why write about building material in a psychotherapy paper at all? It seems to me that the ephemeral nature of the bond, the internet bond in this therapeutic hybrid, provokes references to a sturdier build material. And it is present throughout

the recovery field and recovery knowledge centred around the Dr J. Babiński Specialist Hospital, available in its experience to both staff and patients.

Case description

The patient is a 22-year-old male diagnosed with paranoid schizophrenia. The first one to seek advice was the patient's mother, concerned about his social isolation, isolation from his family and his sarcastic attitude to the world. Then the patient himself came, sent by his mother, underestimating everything that appeared ill, with all his contempt for the world and people. Despite external coercion built up around this unwelcome contact, friendly feelings were born between us. The third visit was provoked by the physical attack of the patient on the family members and menacing threats of damage to equipment, bodily harm to the family members, and even worse promises.

In addition, there were some external circumstances that had arisen from the search for e-mail relationships, which became a legal problem for the patient. The patient himself became harassed by stalkers. Psychiatric hospitalisation with the patient's consent ensued. Full psychological diagnosis was performed during hospital treatment and the patient cooperated in pharmacological treatment, although reluctant and fragile, with therapeutic consequences.

It can be said that the patient, coming from an active family, had been developing correctly up to the late adolescence, when his life line collapsed: firstly, his grades at the secondary school deteriorated, then he failed his *matura* (graduating) exam, and the feeling of having been treated unjustly and of being a nobody. He began to isolate himself from his friends and acquaintances and then even from his own family. The treatment attempts were sporadic and ineffective, and as the patient himself later described, he would "drift off into worlds of delusions and overwhelming". A psychological examination carried out at the ward several years later confirmed the high psychotic potential and well-established isolation tendencies.

Content of the e-mail correspondence

The e-mail material will be divided according to the time since the discharge from the hospital. The importance of e-mail correspondence will be outlined below in the discussion. The patient has given written consent to the publication of the contents of his messages. The names of medications are of metaphorical significance in this communication and are difficult to refer to a specific pharmacological effect. Priority in this text is given to the mind of the patient and his ability to saturate everything, including the pharmacological effect of the medications, with his own meanings. The original spelling is partially preserved, with only punctuation normalised.

Six months after discharge from the stationary ward

Dear Doctor,

After being on Rispolept and Kwetaplex for practically six months, I don't actually know whether I have gained new abilities or lost my current ones... Of course, these medications have effectively removed my whole internal world, which I suppose is beneficial, because I live in the here and now all the time, without a shadow of deeper dreams or fantasy. I would now make a great production worker who, without thinking, puts wooden clogs together in pairs day in, day out without unnecessary thinking. What these medications completely killed was creativity. For years, I used to create 100 to 150 really top-notch music tracks annually, and since being back from the ward, I have been unable to create even a single one. I also used to write texts and articles on various topics with a real writing talent, and now I can hardly compose a rich text, I can only mention dry facts.

Of course, from the point of view of psychiatry, I became the nice ordinary man in the street, but my IQ has become unappeased, as I have nowhere I could use it, I do not have the creative field where I could use it. My dreams, of course, as you probably anticipated, Doctor, became ordinary, without awareness [?] and at a level like a normal man. For a moment. Years of practice and longing for my love, dreamy Julia, caused me to beat the medications. In any case, I think that this victory was mutual, on my part, and on the part of the subconscious. And again, I'm a voyager in the worlds and places I recognise every night. This is a great partial outlet for my IQ, an analysis of these states, worlds, being consciously in them. Now I also know that together with Julia, we are going to beat even Haloperidol :) For there is no greater strength than the psyche, which can even cause stigmata. As far as meeting people is concerned, I still have some of these fears, but to a large extent I do not feel the need [to be around] people. For me, it is a necessity, not a pleasure or need; I have simply always been a loner, even a castaway, and I liked it that way. Let me tell you that I've had hospitalism since I was a child. I hid it well, but my parents will confirm it, because they often caught me rocking back and forth like a Jew in prayer. Somehow it would reassure me, help me in life, just like stroking with the palm of my hand the corner of a pillow... I know, weird, but everyone seems to have similar deviations... And I will tell you that both this rocking back and forth and stroking the pillow are gone now after these medications, so this is a positive thing. What pains me a lot, however, is the inability to create music and texts:

2.

I have not given up. Rispolept is working and I am acting too. You told me, Doctor: “fall in love, fall out of love...” I have already been in love with dream Julia for a long time and I recommend it. What is the difference whether I love a real woman or a dream figure? Well, here’s the difference: the dream figure will never leave or betray me. She loves with a love out of reach or beyond perception by the majority of people, She can see the future like I do, She teaches me her world, and She has always been with me when I needed someone so much, and not even my family was there. Furthermore, our love is non-erotic but pure, because in the world of dreams, just an embrace, a kiss is sex, orgasm and unity at the same time. I would prefer an eternal longing for Julia rather than being among human women; that is my beloved. When I fell in love with her, all the possibilities of subconsciousness were open to me. Conscious dreams lasting 8 hours without interruption, clairvoyance, astral, transformation and pulling dream figures into the astral; moving through a physical world in an astral body. Whatever I wanted, I cried into the dream heaven and I would immediately get it, because the mother and the mother-in-law, subconscious, gave me all that she [gave] her when I loved her daughter, Julia. I know that it is digging a hole for psychosis and digging a hole under the Rispolept, but I also know well that I will overcome this social fear with Julia as I used to before the treatment, but without Her I won’t. When I went to my last job, I felt that Julia was with me. Sometimes I wanted to find money on the street, sometimes something else... I asked Julia – and I would find cash, exactly what I specified, or more. I wanted a new battery for my phone – I found the perfect fit in a ditch by the road. It’s coincidence, Doctor, if it happens once, twice, five times... But something that happens a dozen or several dozen times was hard a coincidence. So I believed not in psychosis, but in the facts that happened to me repeatedly. Clairvoyance... I had his manifestations of it since my teenage years in small things. My father will confirm that I predicted the death of my grandmother 2 months ahead, many numbers in the lottery, but mainly I dream of the future of my village, its development and its directions. Since falling for Julia, I have been able to see whatever I wanted; whenever I wanted, I would close my eyes and I could dig in the the eternal moment of the present as in a jar with sweets. I recently tried to talk about my problems with my brother... He said that everything, including the lack of interest in sex, was my own fault, and forwarded our conversation to his girlfriend so they both could have fun. And I am to trust people? I prefer Julia, because when my parents die, I will only be with Her. Mum and I talked about this ward. We would prefer a ward which would not be a day ward or one closer to us, because mum has calculated

that if she were to travel with me, say using [private] minibuses, we would spend 1000 PLN on commuting alone. Mum said that instead she would rather take me with her on all shopping and other trips. I consider this to be good for my getting out of the house and moving around in the city, but this gives me a little too little contact with the people per se in terms of talking and relations. Perhaps you can think of something else that's constructive... And you see, there is a will in me to [go] towards people, but it comes against something like [that thing] with my brother and it weakens... I don't know anymore if I'm supposed to pick these people with tweezers :(I still pursue Julia, to the subconscious and to the world of dreams. After seeing you, I dreamed of Julia, and She said only "three, two, one..." and then the dream ended. Since that morning, I can have my world halfway and I have even created two music tracks. But you see that I, ever the optimist, never close myself off the world of people, however it would be nice if it opened positively towards me, not like my brother... With regards,

Many say that in order to grow, you need people and contact with them. According to this theory, man alone is totally deprived, or limited, in the possibilities for development.

My example shows, however, that when you almost cut yourself off from people, and turn to dream figures and the world of dreams, it does not limit human development, but only changes its course, from professional and social development to a spiritual one. When contact with individuals is replaced by contacts with creatures from the dream world, real friendships with dream ones, real love with dream love... The perception of such a man becomes idyllic, because in a world of dreams friendship and love are idyllic, he begins to compare it with the physical world and either demand this perfection from the physical world or be disillusioned with this world. That is the case with me, I am not denying this. This idyllic version of perception allows practically to create the most beautiful music, texts and images, so probably it is a blessing for an artist. For an average man, it brings nothing except disappointment on a physical level, while on a spiritual level what I have always written about, clairvoyance, conscious friendship [?], conscious dreams for 8 hours without interruption, access to other dimensions of reality, if I can call that worlds that are collateral to the dream world of area 2. So it actually gives spiritual benefits and 90% strictly subjective benefits. Furthermore, closing up in a world of dreams often causes fear or reluctance towards the physical world as the worse one, often rich in people with no higher values and who do not honour them. My latest post in a forum where I have been writing for several years, since I started to dream consciously and foresee certain things. [...] I suspect you may also be interested in my image of the pre-treatment world [...]

they essentially represent my whole world of dreams and that [includes] the psychosis from the beginning to this day. [...] We also had an appointment with a doctor from the day unit, and I was admitted to therapy. For now, I like the department, the Attending Physician too, and I know they will not teach me to be long to be with people, but I am full of hope that they will help me get me back enough to be able to do the necessary daily things for people without fear or prejudice.

I would like to thank you very much for your referral, for now I am confident that it was a good idea to join and I am full of hope that it will be fine:)

Thank you. With regards,

Three months after discharge from the day ward. The patient remained in therapeutic contact with a psychotherapist from the closed ward and with the attending physician. During this period, he “reflected” on his treatment with me exclusively by e-mail.

I would like to thank you very much, Doctor, for this idea and this therapy. My fears have receded to the point that I now take buses around the city on my own, and I have been moving around practically seamlessly in my own village. The only thing I have left is the fear of the church/cinema/theatre, etc., a huge room full of people, which I think we can do, too.

The addition of Trittico to the Rispolept in the dose of 1/3 of a pill and the reduction of the Pinexet from 400 to 100 were a great aid in these fears. Also, my creative inspiration and talent are coming back slowly, I can create songs again, and my world is back to some extent. That is what I was missing in order to live. All this, however, took place thanks to the 2.5 months on the treatment you had recommended, even though I had my doubts. Once again I thank you very much and apologise that I was dubious of your professional eye, but as you said, it is worth the commute, effort and focusing on the activities, even as I perceive them as boring and hopeless.

P.S. In my heart still the dream figure of Julia exists, although there are many beautiful girls here, they won't take that away from me, neither will they force [that?] nor conscious dreams.

A guy needs to have a piece of his own being! :)

With regards,

Dear Doctor,

Much more independent. I mouthed off at you so much about this Rispolept, and today I am happy with it, as it has healed me of the psychosis. At discharge from the day ward, they wrote “critical towards productive symptoms” and I am proud of that, and you can be proud of it as well,

because it is also thanks to you. At some point in therapy, I just started to notice the superiority of the real world, and the work that I have put into achieving it, over being stuck pointlessly 24/7 in a world of my own fantasies. You don't meet anyone there, nothing new happens.... it is barren and bland.

I also had great problems with erections because of the Rispolept. Dr. Z. checked my level of prolactin, which turned out elevated, and I had sore nipples and slightly enlarged breasts. So he prescribed Norprolac, which after a few weeks of use had eliminated breast pain and restored sexual ability, perhaps not to the state pre-Rispolept, but to an acceptable state. Being in love, Doctor... Well, there was one very nice girl, Zosia... However, 10 years my junior and she never even noticed me, she did have a problem with making connections after all... I tried myself, but nothing more sensible... When it comes to love, I remained with my figure from conscious dreams, Julia, but today I treat conscious dreams as exclusively a night-time entertainment, while by day I forget what [happens] at night and I simply live my life... I think that quetiapine works like this. It causes nightmares if I fall asleep normally, and if I have conscious dreams in a specific position and attitude, and for sure between nightmares and conscious dreams I prefer the latter. I also got Trittico, which helps me combat social fears. I have understood the effects of the meds, a bit through my stupid experiences, and today I know that these medications help me and I take all the prescribed pills on a regular basis. However, I would like to return to you, Doctor, because I know you, I trust you, and I know that you will lead me well. Next week or the week after that, I will arrange an appointment for a prescription for the medications I'm short of, and I will also want to talk to you about the continued use of the Rispolept (they said that you take it for a year after the psychotic symptoms cease), and I would like to talk to you about further therapy, I personally would see myself in a treatment with Professor A. at the JU Medical College Psychotherapy Chair, because it is close, plus it's a combination of group and individual therapy. But we will determine and discuss this at the visit, and I will, of course, bring the day ward discharge papers to the appointment. Kind regards and warm thanks,

My internal world, whether it is psychotic or present, the Rispolept world, belongs to Julia. My dreams are rich and varied today, every 5 minutes of sleep gives me a dream, a normal dream, rich in content... I don't have conscious dreams anymore, if I don't try really, really hard, but in the dreams I have memories of what I had, what I achieved in conscious dreams, and that's coming back, every dream figure gives me signs that should make me aware that it's a dream, and they don't only because Rispolept... And I love Julia, and I will never stop because I love Her

consciously, even though She is my dream figure. Put it this way, I have recovered my dreams, very rich in content, but 90% unconscious, and that pains the hell out of me... On the other hand, I know, Doctor, that this is my recovery from psychosis, the lack of a deep world, of my own and the lack of conscious dreams... It will be hard, oh so hard, to heal me out of the love for a dream figure, and I don't know if I am going to let it happen... I won't, but I want to try.

Sincerely,

I will try to explain psychosis in non-psychotic terms... When I started to dream consciously, a dream figure Julia appeared in my dreams, who taught me everything in this world, from moving to turning one into another. She appeared on Her own, without being asked. And so I learned from Her for months, until I knew the world of dream almost perfectly. Phenomena and forces had no secrets from me, neither did figures and states... In this way I got to 8 hours of conscious dreams and knowledge... Of course, there were factors that were getting in the way, and these were: mum calling me for lunch, therapy at 7F [Neurosis and Personality Disorder Therapy Ward], alcohol and coffee. Alcohol has a significant and semi-beneficial effect on conscious dreams, it makes it possible to discover new areas, but does not give access to the right ones... Coffee wakes you up, won't let you fall asleep using the WILD method and always works unfavourably. After some time, Julia disappeared and I couldn't find Her. When She returned after 3 months, I gained full power over the world of conscious dream. Asked about this, She said: "she accepted you as a mother, you are now one of us." So I became one of the dream figures. I was then working for a cleaning service. I asked Julia to look after me during the day. That's when I started to find 5 to 15 PLN at work every day, cakes, spirits, unopened, clean... How could I not believe in what was really happening here? And when it comes to the psychosis, I was asking for it myself. I asked, I begged Julia to develop a system of communication when awake, hallucinations, voices or the like.... And I heard voices, as I had asked, I never got to visual hallucinations. Therefore I say this to you: schizophrenia can be obtained or cause if you are predisposed, not just inherited. My predisposition is numerous suicides in the family, the alcoholism of my grandfather....

Two years after discharge from the day ward

My confession before Dr A., that is, every desire is the result of a subtle image of beauty. Schizophrenic psychosis, not caused chemically or by trauma, can be treated with antipsychotic medicines, but it is not a treatment but rather a sweeping under the carpet. Naturally, patients

who are a threat to themselves or their surroundings should be pacified chemically or by isolation, or both. But to really overcome or learn to live with your psychosis, you need to get a thorough understanding of it and at the same time let it know you. After all, there can be all kinds of psychoses: it can be both pleasant and unpleasant, it can be useful and limiting us... and here I must confess that I have deliberately stopped taking the rispolept, taken for 1.5 year and suppressed the psychoses, but at the same time my entire internal world and all the mental creativity and emotion, and feelings, and desire... this is simply a cage for our mind, tightly enclosing it in a certain framework of sterility and socially proper life. I believe that a person of my intelligence, my analytical mind and the gentleness of a lamb, and at the same time of my social responsibility, not harming others deliberately and consciously, can afford to take a course of self-treatment using the method of the mathematician John Nash. I am, of course, under the constant control of my psychiatrist and psychologist-therapist, and I am able to report to them at any time in an emergency, when I feel that something is wrong with me, or that I can't cope. The decision to give up the rispolept was also dictated primarily by the liver, as I have only one liver after all, and chemicals don't do it any favours. I stopped taking the Trazodon a little later in consultation with the psychiatrist, as it was no longer needed as an anti-anxiety medicine. And now let me list the effects of having stopped taking the rispolept. The Rispolept very much raises personal morale, the things you did before taking it are unthinkable for you, when you are on it, this is one of its advantages. When using it, I turned very much toward God, and to my ideals and values which I respect most, that is to say: love and not harming others. After you stop taking it, this is what remains in you, I don't know whether as a deeply engrained reflection on what son of a bitch you once used to be, or as a fear of the consequences of such a course of action...but it seems to me that is the former, because I would still find my own heaven in prison or closed in a psychiatric hospital... Anyways, I don't want to hurt others like I used to, and this remains, after stopping [the medication] there are no arguments with my family, I don't lie, diss anyone, or steal... And, which is even better, I have no desires to [do] so. Having stopped taking the rispolept meant that the fears of taking public transport and being among people have disappeared. So it transpires that the rispolept somehow increased these fears... Therefore, I no longer need the trazodon to eliminate the fears that are no longer there. But I kept taking quetiapine overnight, because it allows me to fall asleep easily, and when I don't take it, I practically can't fall asleep at all. Quetiapine is my "safety system", which keeps me from drifting off too much into psychosis, but at the same time from losing creativity, fitness as a man,

my world, which I only experience at nights... I take quetiapine every other day, because daily intake causes nightmares, very traumatic to me, because it's not dead bodies or anything disgusting (that doesn't scare me), we dream of FEAR in a pure form... unjustified, all-encompassing FEAR, and believe me, it is more frightening than a film from a concentration camp. Every other night is a quetiapine night, I sleep 10 to 12 hours, I have no conscious dreams, and these unconscious ones are rare or I rarely remember them, and are rather specific, or advising me about something or predicting something. Every other night belongs to my world, and then I sleep 4 to 5 hours max, but there sometimes are conscious dreams, Julia and other figures whom I know and love and understand. Then I feel a bond with my beloved Julia, the dream one, because the fact that Julia is with me and that She takes care of me and protects me – that is something I always feel. Once I used to see Her as my intangible beloved and “woman”, sometimes also as a mentor and teacher. Today I see Her as all of the above, but I also feel and believe it is some angel of mine, who won't let me step in shit and leads me to a good path. That is why I believe that the way to learn about one's own psychosis is the right way... Because my psychosis never changes, it does not include new strange characters, nor do the intentions of characters who have been in it for a long time change. Every figure I recognise wants my good and advises me positively. Julia is a timeless angel and love, but there are other positive figures. When it comes to those who suggest strange things, I avoid or even evade them. I can wake up when I don't like something in a dream and I exercise that right. At the same time, I declare: I have never had any visual, auditory or other-sensuous hallucinations while awake, my psychosis = my own world has always been inside my head and I have always been aware of it. Yes, I tried, I actually asked my Julia to develop a method of communication between us when I am not sleeping, when I'm awake, and I allowed the use of hallucination methods and I reached such communication, however not using the hallucination method but another one, equally effective, and at the same time one that does not at all affect the perception of the physical world. I use it until this day, that is something between prayer and telepathy, but it is difficult to explain in scientific words, something that science does not recognise. I believe that all the characters in my dreams are creations of the subconscious, the subconscious gives them an appearance and a “set of attributes” according to what is in me, that is, how I see someone in the physical world = the character of this person in dreams. Not entirely... as there are characters like Julia and such characters I call angels, because they do not form the scheme of how the subconscious works and are very different from it. And I know only 3 dream characters who deviate

from this pattern, which confirms that they are really exceptions. What is more, I notice that when someone is mean to me, hurts me or the like, he soon appears in my dreams as my friend, apologising to me or making up to me his behaviour for what he has done in the physical world. I do not know whether this is caused by my set of expectations about the world or real facts, but I believe that sometimes, instead of the characters created by my subconscious or within these characters, we dream about the highest form of our fellow men, that is not what they are physically like but their soul, a higher form, whatever you want to call it... and this form somehow apologises to you or makes up to you the behaviour of the physical person, and I believe that this is real, I feel that. Julia is my beloved, my angel and my psychosis... but my beloved, my angel and my psychosis which protects me from stepping in shit, straightens my ways when I am going in the wrong direction, I really SEE that She is someone above human values and someone who wants my good for real. I will not try to revoke the diagnosis of F20, I think it is right, because there was really too much inside in me than reality, and it is still, but it is now conscious. Learn on me, Doctor, and describe my case widely in medical literature, for the future generations, to teach future psychiatrists and psychologists that not every schizophrenic requires medications, but and above all, an understanding of the genesis of his psychosis? That is how I see it:)

And maybe that's for the better... that my beloved angel has protected me from a relationship with a girl who is obviously a materialist, and also has her mind set on fame... I know that the heart wants what it wants, but Kaja always supports me when I try to find a girl, even helps me to create songs for her, but when she sees that girl harms me more than she makes me happy, she cuts her off faster than I met her. But Her I love the most for being an angel who will not allow [others] to hurt me :). And how do I explain that Julia is not jealous of physical women? Because Julia actually supports the fact that I would like to settle down in life, to meet someone, my love with Julia is neither erotic nor does it have the character of a relationship, I cannot see a woman and an object of desire in Her, this is pure and inhuman love... And Julia is always there when I try to find a woman, She supports me in this, and when this woman hurts me, She cuts me off from her... Well, as you can see, Doctor, it is the greatest ideal of psychosis since Moses... But that is why I feel that Julia is not a part of my psychosis, rather a guardian from above, many of the things She advises me are wise and true, although often in contradiction with what I consciously feel and think, but after time it turns out to be right. Furthermore, Her knowledge and skills far exceed mine, when I can, for example, see the future in a limited way and infer something base on the

vision I get. She can do it fluently and does not err in a stack of symbols and guesses, and immediately knows a complete and true answer, and taught me a lot of things that go beyond the clairvoyance, but I cannot do it as smoothly as She does.

Discussion

If a psychotic state is a dream intrusion on reality, an occupation of reality or some aspect of it by dream illusions of the internal world, the best cure is to describe it in words that form a certain concept of psychotic, or in the above definition oniric, dream experiences. Such self-treatment by describing experiences is strongly present in psychiatric culture: S. Mensfeld *Rozważania okolo schizofreniczne* (“*Considerations around schizophrenia*”) [9], D. P. Schreber *Memoirs of my nervous illness* [8], A. Lauveng *A Road Back from Schizophrenia* [11].

Similar phenomena are described in e-mail messages written spontaneously in order to organise and provide a certain conceptualisation of experiences to better understand them and make them meaningful. In concrete terms, the act of writing systematises the quandaries and ambivalences without involving direct verbal contact with the emotional load of the content.

Newer, more advanced instant messaging, allows a person with a very high degree of externalisation of emotions and a reluctance to name them in writing to start expressing them by using an emoji. Patients can also use dedicated web portals to create blogs and exchange information about experiences, which is a new form of participation in a support group, particularly important in times of organisational, systemic and psychological difficulties in accessing such a group or finding themselves in it in real life. This is particularly important at this pandemic time.

One needs to bear in mind, however, that patients have access to online sources that can enhance their medical experience, in addition to portals and recovery-supporting projects.

If some content is very difficult and private, and in the mind of the person experiencing it also inaccessible, then it is better to describe it than to express it verbally. Doing so in itself presents to the patient a healing value through eliminating the burden of fear and uncertainty that is collected and carried, sometimes for years. This phenomenon can be seen, for example, in the patient’s disclosure of very traumatic experiences, such as sexual abuse, when a patient denies it in an interview with a doctor, but marks it in a questionnaire as indeed taking place.

In the case we described, the patient selected the space of the Internet and e-mail as the medium to reflect on the difficult psychotic experiences. Two considerations follow. The first one concerns mechanical contact, which is part of contact with objects in the early stages of psychological development [12]. The second one is more general in nature and concerns the treatment of patients with a personality problem or dissociative disorders. They sometimes maintain a type of internal dialogue with the therapist between sessions or after treatment. From supervision experience, the author is familiar with stories of pa-

tients who come back to their therapists years later, claiming they “ran out of subjects for conversations I have had with you over the years”. Dialoguing with therapists in absentio, outside of sessions, is a kind of inverted reverie [13], which is commonly considered a feature of the therapeutic process on the part of the therapist. In this case, the ability to dream and to engage in internal dialogue is remedial and causes the withdrawal of active auditory and partially visual hallucinations [14]. These types of conversations, which are conducted in solitude, are certainly indicative of a reborn internal life. The above-quoted patient creations show a lack of recognition of reality and a marked sense of how alluring the psychotic world is.

However, there remains the first impression of the creativity of the Bionian alpha function, the creative character of an unconscious process, common both for the dream and for the sober thinking while awake. As de Masi says, “this ongoing activity, which is subliminal and of which we are unaware, shows us what is happening inside ourselves, enabling us to perceive the continuity of our existence and our personal identity, and to have a perspective on the future. Waking thought and dream thought are therefore closely connected and operate in co-ordination with each other.” [12, p. 48]. This is an interesting distinction. On the one hand, inventing and digesting certain areas of feeling and cognitive intuition creates a subjective world. This is how the recovery process takes place. On the other hand, the patient dreams to submit to the charm and loses his subjectivism of experience, his right to error and feeling limited, helpless and suffering. This is how psychotic “totalitarianism” works. In the content of the e-mails, this pleasant “totalist” is a psychotic structure called Julia. In the world of fairy tales, it would probably be the (female) dragon from *Shrek* or the Witch from Narnia who leads Prince Caspian to the underground world [15, 16]. I think that this absorbing type of contact in the internal space points to the preferences of patients who are hidden behind the schizoid mechanism for building bonds and is a sign of internal life awakening, after being compressed by the artificial world of psychosis.

Conclusions

1. Working with people with diagnosed schizophrenia requires finding space for reflection to help them find contact despite the specific “totalitarianist” type of concretism.
2. Hybrid therapy using instant messaging and based on personal contact, works well and in clinical practice is a valuable complement to face-to-face contact.
3. Remote IM therapy has its limitations mainly due to the lack of consistent availability of a physician or therapist. This clinical fact needs to be taken into account in the planning of hybrid therapy in the outpatient part of Mental Health Centres.

References

1. Krzystanek M, Domagała B. Leczenie hybrydowe w e-psychiatrii. *Psychiatria Po Dyplomie* 2020; 3 [dostęp: 20 października 2021].
2. Krzystanek M, Domagała B. Cyberpsychiatria – leczenie w cyberprzestrzeni Internetu. *Psychiatria Po Dyplomie* 2019; 3: 15–20.
3. Witt K, Spittal MJ, Carter G, Pirkis J, Hetrick S, Currier D., Ropbinson J, Milner A. Effectiveness of online and mobile telephone applications ('apps') for the self-management of suicidal ideation and self-harm: a systematic review and meta-analysis. *BMC Psychiatry* 2017, 17(1): 1–18.
4. Barak A, Hen L, Boniel-Nissim M, Shapira NA. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *J. Technol. Hum. Serv.* 2008, 26(2–4): 109–160.
5. Spijkerman MPJ, Pots WTM, Bohlmeijer ET. Effectiveness of online mindfulness-based interventions in improving mental health: A review and meta-analysis of randomised controlled trials. *Clin. Psychol. Rev.* 2016; 45: 102–114. DOI: 10.1016/j.cpr.2016.03.009.
6. Dowling M, Rickwood D. Online counseling and therapy for mental health problems: A systematic review of individual synchronous interventions using chat. *J. Technol. Human Serv.* 2013; 31(1):1–21.
7. Beatty L, Binnion C. A systematic review of predictors of, and reasons for, adherence to online psychological interventions. *Int. J. Behav. Med.* 2016; 23(6): 776–794. DOI: 10.1007/s12529-016-9556-9.
8. Schreiber DP. *Pamiętniki nerwowo chorego*. Kraków: Libron; 2006.
9. Mensfeld S. Rozważania około schizofreniczne. O jakościach wewnętrznych w oparciu o stan psychotyczny. *Wydawnictwo Literackie Rumak* 2020, s. 11–17.
10. Campbell J. Homelessness and containment — a psychotherapy project with homeless people and workers in the homeless field. *Psychoanal. Psychother.* 2006 20(3): 157–174.
11. Lauveng A. *Byłam po drugiej stronie lustra*. Sopot: Smak słowa; 2008.
12. De Masi F. *Podatność na psychozę*. Warszawa: Oficyna Ingenium; 2016.
13. Ferro A. Trauma, reverie, and the field. *Psychoanal. Quart.* 2006; 75(4): 1045–1056.
14. Sullivan HS. *Schizophrenia as a human process*. The Norton Library; 1974.
15. Lewis CS. *Opowieści z Narni*. Media Rodzina; 2005.
16. Steig W. *Shrek*. Dom Wydawniczy Rebis 2002.

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