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COUPLE RELATIONSHIP IN HYSTERICAL PATIENTS STAYING IN A PSYCHIATRIC WARD

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Summary. - *The study starts from the observation about the high frequency of hysteric patient that spontaneously ask the psychiatric admission often with a collusion of the husband. The hospitalization has revealed important clinical information, gained by the use of integrated story. In fact extending the observation about the familiar context of the hysteric patient, and in particular to the interaction with the partner, have showed some redundance: 1) patient were especially household; 2) with a lower education level; 3) were married with sons in the age of independency; 4) live important life events; 5) the husbands were often involved with the families of origin; 6) the symptomatology presented; 7) the beginning of the symptomatology often happen after the marriage and the birth of the first son; 8) the husbands of these patients present mostly an obsessive personality with hypochondriac manners; 9) the patient often manifest several dissatisfied request...*

KEY WORDS: hysteria, hospitalization, life events, partner, couple.

Riassunto (Relazione di coppia di pazienti isterici ricoverati nel reparto psichiatrico). - *Il presente lavoro trova stimolo dall'osservazione dell'alta frequenza con cui la paziente isterica richiede volontariamente il ricovero psichiatrico, spesso con la collusione del proprio partner. L'ospedalizzazione ha reso possibile rilevare importanti informazioni cliniche, ottenute tramite l'utilizzo della storia integrata. Infatti allargando l'osservazione al contesto familiare della paziente isterica, ed in particolare all'interazione con il partner, abbiamo evidenziato alcune ridondanze: 1) le pazienti sono specialmente casalinghe; 2) con un livello di scolarità basso; 3) sono spòsate e con figli in età di svincolo; 4) vivono scadenze vitali significative; 5) i mariti sono spesso coinvolti con le loro famiglie d'origine; 6) la sintomatologia presentata contempla aspetti strategici; 7) l'inizio della sintomatologia spesso si manifesta dopo il matrimonio e la nascita del primo figlio; 8) i mariti di queste pazienti presentano per lo più una personalità ossessiva con aspetti ipocondriaci; 9) la coppia presenta problemi della comunicazione; 10) le pazienti manifestano spesso richieste sessuali insoddisfatte...*

PAROLE CHIAVE: isteria, ospedalizzazione, scadenze vitali, partner, coppia.

Clinical cases

The study starts from a group of 25 patients females, with a syndromic picture of hysteria, that spontaneously seeked admission to the psychiatric female inpatient Unit of the 1st Psychiatric Clinic of the University "La Sapienza", in Rome [1].

Of these patients 9 are not married and 20, corresponding to 80% are married or were married and 13 in the latter group, 99%, still live with their husband, while 3 are widows, and 3 are separated and 1 has been an unmarried mother.

During their stay in the department only 12 out of these 13 patients let us observe *in vivo* the couple relationship, with familiar meetings, that were carried out during the patient's stay in the department, at the moment when we collected the data of the integrated history.

Out of these 12 couples, in 10 cases we have discovered some redundancies on the aspects of the couple relationship between the hysteric patient and her husband. And then the clinical group was at last composed by these 10 couples, all with descendants and that in 90% of the cases had children in the age of independency or going to be independent; on the other hand only in the 80% of the cases we could observe the relationship with children, because in the other cases there were not available for various (ordinary) reasons.

Initial clinical reasons to the usefulness of the observation of the relationship between the hysteric patient-spouse in an hospitalization context

The children, when they were observed, in most of the cases played the intermediary role among the parents, with a particular attention in demonstrating their conflictual relational aspects to the parents that asked us to make a diagnosis; this is especially true for the patient, the husband on the contrary requested effective medical treatment.

The perception was in any case that the children were triangulated; and in fact in 40% of the observed cases the children revealed symptoms of psychic uneasiness (drug-abuse, character disorders with acting out, delusional episodes, obesity with physical traits that obviously deny their sexual identity).

We had the strong impression that also the medical staff was subjected to manipulations and isomorphic triangulations in the familial context of the hysteric patient.

So the goal of the study was to stress out and formalize those peculiar aspects of the couple relationships of the hysteric patient that can be shown through some behaviours and communication patterns particulary exasperated and redundant during the hospital stay, considered as a sort of magnifying lens of some phenomena, usually "coagulated and hidden" [2].

Relational and redundant distinctive traits

Level of education and occupation

In particular through a first observation we could notice how these patients were in 90% of cases staying at home, and with lower education level, in fact nearly 59% had completed only the primary school and only the other 50% had obtained a superior school degree: in addition we noticed that also the husbands showed a cultural level equivalent of that of their wives.

Therapeutic redundancies

Another clinical data about this problem is the marked habit of these patients who have the tendency to use the hospitalization: in fact the initial group of 25 patients represented 45% of all the hospitalized patients during one year and for more than one week.

In addition in the last clinical series, *i.e.* in the 10 patients that show some interesting relational redundancies, we could notice how strong was tendency, also in this case, to use the hospitalization as their repeated possibility to seek for help, and so it was necessary to understand directly the sense of these frequent requests, for a clinical-therapeutic need and for a preventive action to counteract the morphostatic tendency to cronicization, always present in the psychiatric symptoms.

Truly we have noticed that in 60% of this group, the patients had used, for more that one time the psychiatric hospitalization and that in half of the cases this fact happened just in our division and then we observed frequently the reentry of such kind of patients, that, used our division for their first psychiatric hospitalization, just in 40% of the observed couples.

These data globally indicate on one side the availability of the division towards these patients; certainly more than that of other public hospitalization structures, that sometimes are too cautions with these patients; but in the same time they underline the marked disponibility to the hospitalization of these patients, that come on their own in 90% of the cases in contrast with their husbands. That's why these data probably indicate those dangerous isomorphic phenomena that are so well evidentiated by a tendency of these patients to manipulate their environmental context, the inducing in this manner an istitutional redundancy that can become a favoring element of the cronicization in certain situations.

At this point it was necessary to verify if, in these short intervals and in the longer ones, but in any case during the year, some important events had occurred, *i.e.* some situations that could explain the request of help; and it was also necessary to verify this in relation to those situations in which we did not have rehospitalizations [3].

Important life events

In fact, we have noticed, always at the moment of the first psychiatric hospitalization the presence of relational important events, but also the possibility that these life events could not be readily understood, and becoming always more destabilizing and noticeable with difficulty in the subsequent hospitalizations; where on the other hand it is more and more difficult to establish an effective outcare project and then an agreed weaning process substituted by autoweaning and eteroweaning.

In this regard I would like to remember a reflection of Françoise Brette:

"These patients, manifestly reassured from the admission, are characterized for the *fine indifference*, of that they are proof, in front at the gravely troubled patients, that meet in these hospital and then at the case with the institution is usually of brief length and at the seduction of the beginning take over the refusal..." [4].

In particular it may happen when we meet a type of dynamic term (separation, weaning of the children, temporary cohabitations...) when temporally there is a less definition; sometimes however again importance still these term, more fixed temporally (change of job, change of residence, approaches or departures domestic for summer holidays and for religious festivities).

These familiar terms have induced us to examine the conjugal relationship between the hysterical patient and the husband, during the psychiatric admission, very wis-

hed and very useful, really, to carry on their conjugal behaviour more specific, often silent and secret during the different context of observation...

On this subject focusing the attention on the couple, we have identified some formal common aspect [5].

Strategic aspects of the presented symptomatology

First of all, the specific picture of phenomena with which these patients ask for the admission to hospital for 90% of the cases corresponds to an anxious-depressive symptomatology, characterized by a state of diffused anxiety, by vague and generic somatic algia, by insomnia when ready to sleep, often by cephalalgia and above all by a clear psychophysical prostration, reported as an unequivocal sign of their own depression [6].

This depression forces them more and more to be unable to carry on their daily housework and this becomes a sort of punishment for their husbands who, at first, act by satisfying the family needs (buying food, cooking, cleaning the house...), then, in the 80% of the cases by asking for help to the women of their families of origin (mother, aunts, sisters...). These women, in truth well-disposed to help, will become more and more involved with the family of the patients, up to the point of living together with them for long periods of time [7-9].

Involvement with the families of origin

The observation of enlarged families has made us notice how hysterical patients in hospital were, for the 20% of the cases, still involved with their families of origin, and especially with fartherless, while for the 80% of the rest we discovered that the patients' husbands were completely enmeshed with their families of origin.

With regard to this I would like to mention a paper by Fukuda *et al.* [10] of Tohoku and Tokio's University in which it is noticed how various house wives, belonging to the poorest social classes, show hysterical or hypochondriac symptoms mainly when their cohabitants are their husband's mothers.

Relational pre-symptomatic aspects

When present, the patient's members of the family tend to underline that their "ill-relative" had always been more active, volitive and exuberant than the husband, before starting to feel ill, and according to them problems were born soon after marriage, with the birth of the children.

Hypothesis of marriage contract

A further observation concerns the fact that these first important relational elements seem to strengthen the idea that sometimes this kind of women have agreed a sort of implicit marriage contract with their husbands. This is an utopian-magic contract, in the sense that both show, in a totalizing way, strong elements of challenge to the change of the other.

The sentence of one patient in a family session is symbolic to this purpose. Addressing the relational observer she said "I have grown up believing that it's the woman who makes the man, that's what they say where I was born, or am I wrong?".

However, in a lot of cases these expectations agree with those of the husband, who likes the competition between the wife and the mother and finds himself confortable in a relationship with the wife-mother. But in a following phase of their life cicle things change, as we have seen with some of our patients. In fact, the husband of the hysterical patient could see his expectations about the wife remain unsatisfied, at the birth of the first child.

And instead of acting the symptom, supported by this family environment, he could, once hurt, revenge of his wife by disqualifing her, her requests, and all her attempts of conversation, sometimes also to the point of going away from her physically.

Perhaps, at this point, the meaning of the symptom seems clearer to the patient, and so seems the meaning of her request of admission to hospital. The latter appears as a probable, last attempt to make the husband move, to make him requests, perhaps even to deceive him in order not to be deceived both for his mythical view of the couple, and above all because the hysterical wife has never recognized him as a husband, as a male, but she actually underevealed him by doing so. In fact she acts an impossible part as wife, demanding that the husband become as strong, as much as, and in the same way as her father, but in this way the husband will never be able to respond with strength to strength [3].

The relational meaning of admission to hospital

This element of strong reciprocal challenge has suggested us an isomorphic aspect with the demands and behaviours of the patient in the ward. In truth, it seems that through the request of clinical exams, various analysis and check ups, seen as inevitable for diagnosis, the patients show also utopical-magical not well defined expectations which can take them sometimes to play with us as with another man, to flirt with, to seduce or be seduced. Some other times she seems to ask us that intolerance, those requests, those demands that she usually turns to her husband.

So the admission to hospital can become a sort of break in a situation that in that hystorical moment appears as blocked in a relational deadpoint [1].

Detaching of the psychic uneasiness from the relationship

Often, the hysterical patient hives the family gathering with the fear that her own reported complaints and disappointments. This often means that the patient herself does not encourage this meeting takes place, an atmosphere of certain reticence and fear towards the interlecutor is noticed. The interlocutor is often seen as a dispenser of individual responsibilities. The state of mind of these

patients and their husband is very different. It was much more serene and pleased when they were asked to call their husbands because they had to be updated on some of the results of the clinical exams.

Here it is possible to see their tendency to detach the psychical uneasiness from their relational aspects.

General relational typology

A final observation concerns in particular the husbands of these patients, the most of these present obsessive personalities a little bit pedantic due to their concretism to understand that figurative, subtle and surrealistic, sometimes metaphonic, language, with which their wives often communicate. The wives define them as emotionally and affectionately distant and in fact they appear as non container and non confirming, especially when they show sensitivity to each medical-scientific explanations, but are unable to pick up the irreducible revenge aspect which the status of ill person of the wives present. With such aspect the wives also express a sort of desire for peace in the game of the couple and at the same time a sort of recognition which they look for in the relational context itself (family, friends, work, general practitioner...).

By reflection, these husbands often reproach their wives for not being sufficiently interested in their problems both of work and especially health.

To this purpose, it is necessary to remember one author who paid a lot of attention to the problem of the relationship between hysteria, depression and relational context, which is to say M. Gelfan [11]: he immediately noticed how often the depressed and the hysterical patients use similar techniques of instrumentalization and manipulation, due partially to the lack of interpersonal sensitivity. Besides both hide hostility and rage towards their surrounding environment, which throught the symptom succeed in satisfing partially and become punitive and vendicative for instance towards their own partner. Another similitude between the two clinical situations concerns the frequency with which sexual symptoms, such as impotence and frigidity, show themselves [1].

With respect to the differences it is interesting to note how the author underlines the different quality and aim of the manipulation. In fact while the depressed shows inertia and slowing down, the hysteric shows activity and restlessness and so while the one with his/her own fit of nerves hits directly the victims, the depressed is more subtle and hidden. Besides, while one person realizes that is actively seduced by the hysteric, the same does almost never realizes how has ended up being a support for the depressed, and does not believe that this depends partially on the patient himself/herself [12].

Finally, the attempt of suicide of the hysterical patient becomes an almost theatrical act, while in the depressed is much more sinister, and the latter does not let dues leak out. The hysteric immediately creates a lot of hassle around himself/herself [5, 13, 14].

However, in our group of observed couples, we have also noticed together with the presence of these peculiar relational traits, further specific ones, which can be distinguished in two subgroups.

Subtypology A. - In a first subgroup we have included those patients, about 50%, who appear almost fearful, who speak with a low voice, who seem undefended and almost, sometimes, disoriented, more superficially than in reality.

Besides, they mention the worry of being betrayed by their husband, who in a harsh way define them only as extremely jealous. Their worry is reinforced by their children.

The husband shows a lot of hurry in his relationship with the patient and with the therapeutic context, from which he does not seem to expect much. When they arrive for the couple interview they often wear modest clothes, in one case the husband arrived in his working clothes. Besides, sometimes they are clumsy and play dirty jokes, which usually their wives dislike. These jokes, though, are typical of the low cultural level of the husbands of this first subgroup [7, 8, 15].

Subtypology B. - In the second subgroup of patients, the other 50%, we find those patients who are more decided and are less shy and fearful, and in fact they often, even clearly ask their husbands a different and increased physical attendance both at home and in their sexual intimacy. In 60% of these cases there was a husband with sexual problems (impotence, premature ejaculation...).

These husbands are more present and scrupolous than the others, they remember all hospital admission, doctors and wife's cures, but they are also more pedantic and intrusive almost obsessive, than the others. With their boring and pathological rationalism, they try to reduce their anxiety, tend to control all the world of their wives, included the hospital ward, in which in all way they try to seduce all the staff. They seduce by showing themselves efficient and available in repeated visit to the ward, during which they pay a lot of compliments to the doctors and renovated faith in success of the treatments. In truth, the rigidity follows debiled medical explanation on the unlikely organic illnesses of their wives [6, 16-18].

Conclusions

Finally, anyway, all these couples seem intent mostly to cover their own immaturity; and in fact the hysterical patient, with her infantilism, often tends to select a little childish partner, that aspires to the hysteria, but defends himself for fear, with her obsessivity. This partner is sometimes paranoiac, a little boring and pedantic, and however in its turn is functional to the hysterical patient, that autopilots herself as in the request of admission, but still she manifests a big fear to lose the control. Then we find ourselves in front of a serious collusive pathology of couple, that consists, above all, in a rigidly complementary relation, in which the partners have attained a equal level of growth, but they utilize opposite models of defensive organization; rare, even if present, there are anyway some moments of symmetric escalation, that go to deteriorate that difensive polarization, often very rigid, exactly in

these moments, where fears and latent needs riemerge in touch with these vital terms that preceed frequently the admission (change of jobs, religious holidays, summer holidays, phases of cohabitation...) [19].

Really this encounter between the hysterical woman and her husband seems grow stronger and becomes eternal just because this man, brusque or pedantic, always a little obsessive, does not grasp well the metaphorical world, and if he defends himself almost not accepting the presence, and inducing so in the other a costant search, for compensation, of this type of communicative modality, that very functional in the hysterical person, may to do her to persist in her wish for the wish, very intense and iconic as feared and epiphanic. With regard to this, some Anglo-Saxon authors as Taylor [17] notes just as the hysterical person prefers often an obsessive partner who cannot grasp her psychological and metaphorical world, as to control her in her gushing desires and meanwhile feared. Finally we remember Ody [20] when acutely observes that the hysterical person "thinks" less than obsessive person, because "moves" less, and instead uses often the word, "condense" more, particularly when using some metaphors; and with this we could conclude and assert, again with Ody, that the mind is obsessive and the word is hysteric.

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