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**THE FUNCTION OF COMMUNICATION VIA EMAIL IN THE TREATMENT
AS USUAL OF PATIENTS WITH SCHIZOPHRENIA. EVACUATION TALK,
REMEDIAL TALK, OR A CREATIVE SEARCH FOR UNDERSTANDING?**

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**schizophrenia
treatment as usual
mail communication**

Summary

Conversation, understood as the communication process between the patient and the physician, is the basic tool of a psychiatrist's work and the primary tool to diagnose the way in which the patient's thought process occurs. As yet, there is no other method to conduct psychiatric diagnoses. This work presents the process of treating a patient with schizophrenic disorder, with persistent drug-resistance symptoms and with an acquired criticism towards their symptoms. In the treatment process, the patient spontaneously maintained contact via emails, which contained descriptions of his psychotic experiences. His emails were sent to a closed inpatient ward where they were read and subjected to colleague supervision with a senior psychiatrist – the supervisor. The discussion concerns the functions of non-factual communication, based on unprocessed mental content: the so-called “mental babbling”. A thesis about the therapeutic function of this type of communication has been put forward, provided that certain conditions are met and the treatment is carried out in a fixed framework based on: (1) the continuity of contact, (2) the regularity of visits and, most importantly, (3) the receptivity of the object at which the patient's communication is directed. In the presented case, this object was peculiar, consisting of the listening capacity of the physician and the supervisor, the hospital and the “virtual space” between two email boxes: the patient's outbox and the physician's inbox.

Introduction

Many psychotherapists and physicians specialising in mental health are sceptical about the advisability of therapeutic conversations with people in a psychotic phase. They doubt in it because they are not convinced that a conversation relying on a “different logic” and based on complicated semantic relations could have a significant therapeutic sense. In practice, we often look forward to the possibility of a logical verbal contact and it is in this commonly known area that we carry out different talking therapies, or – more or less structured – psychotherapy. Traditionally in psychotherapy, what is considered the basis for communication in therapeutic contact in psychosis is the ability to “contact unconscious parts of the mind” [1, p. 38] and the phenomenon of “tuning in” to the psychotic wavelength [2, p. 124]. Clinical practice leads to the claim that intuition and

imaginativeness, the ability to freely fantasize and use metaphors are helpful in contact and treatment with therapies for people with deeper mental disorders, including psychoses of various kinds.

In this text, I intend to present the view that “mental babbling”, conversations which are para-logical and devoid of a sense that would be obvious at first glance, are important in the recovery of patients suffering from psychoses, and being able to participate in this type of contact based on a lack of factual understanding is important and needed in the process of recovery of the patient. The discussion will cover the conditions in which “mental babbling” or, in the language of psychopathology, communication using persistent psychotic symptoms and thinking disorders, can be therapeutic.

I will draw on a clinical case known to me through supervision and presented by one of my junior colleagues at the dr J. Babiński Clinical Hospital in Krakow, Poland. The experience of the patient’s recovery on the one hand and on the other his blind commitment to “psychotic babbling”, para-logical (consuming its own point) communication via email was unusual. I am grateful to the psychiatrist who shared with me his confusion in this double contact. The confusion was all the greater because the emails were spontaneous, and bombarded the email account and the mind of the psychiatrist. What is more, they were not subject to discussion. They could not be included in the standard agenda of the visits to have their importance examined in face-to-face meetings. I owe my gratitude to the patient himself, too, as the author of the psychosis, recovery, and regaining independence, who – which should be stressed – has agreed to make his email musings accessible to the public. I hope that the nature of the “email babbling” can be presented as a kind of “contact of unconscious parts of the mind” [3]¹ or, reaching back to the resources of the Polish language, “voiceless knowledge” [4, p. 12]. The discussion will reach beyond romanticism, while the semantic search will lead us to a longing for the internal language from Genesis, into which we will be taken by Umberto Eco.

Case study

Gas bills ate up the patient’s and then his mother’s disability pensions. Thus, the reason for his first visit in the outpatient clinic of the Mental Health Centre in one of the districts of the city of Kraków was financial. Before the visit, Jacek sought refuge from the penetrating sense of cold, dying, and the poisoning of his body with toxins in a bathtub filled with hot water. Toxins attacked from the air, from the past, from cosmic events which he will later conceptualise in his emails sent to the psychiatrist who would detoxify him, working in the Dr Józef Babiński Clinical Hospital. I am using the word “detoxify” to express my sense of the patient’s contact with his physician who was able to

¹ I have reasons to believe that everyone has an instrument in their unconscious thanks to which they can interpret the utterances of the unconscious in other people. [Freud 1913, p. 87]

endure the email messages and in a gracious way accept them receptively. Out of the entire email exchange going into almost one hundred messages, I will quote some of the early ones. The original spelling and style were preserved, with minor additions allowing to understand the text without interfering in the message:

“Hello, I have a serious problem, my organism contains a lot of stones, pebbles and gravel and sand, on top of that I do not know how to deal with this to get rid of it somehow. For a long time I have felt a little stone in the area of or inside the left vas deferens where the upper edge of the pubic bone is as if under the abs, now I felt a second little stone (grain) in the quadriceps, it seems to me [it’s] in the vastus medialis and it hurts like hell, it is possible that those are mired nerves, but it’s not the way it should be. Once about two years ago when my friend XX (an actress) was in an enclosed convent, I felt overpowering love, it turned out that it was her love only in a strange way because only in an enclosed convent, it turned out that she had eaten up all my (I don’t know how to call it) “flesh” of my life and all that was left were stones that felt like bruises shining on the left side of my body, which looked like tumours, but I clearly felt stones of different sizes. I think that this is due to gluten, egg white, chocolate, and lactose which are within me and through [their] congestive properties take on different mire because they are permanent but passive and, unfortunately, I am unable to get rid of them, neither the stones nor the nutrients toxic for me. Please help or give advice.”

The whole system of detoxifying Jacek’s body was to continue to operate through a supporting thread of a virtual email connection to the “brick mother” – the hospital, and metaphorically speaking, with the nucleus of the “brick mother” – a psychiatrist. Thanks to diligent participation in psychoeducation carried out by his physician, the patient was perhaps identifying with the physician during hospitalisation. Both the tone of the reasoning and the adopted style of someone from the medical world may create such an impression. The following email shows immersion in limitless, in the strict sense of the word, areas of the unconscious.

“Good day Doctor,

I already know what poisoning it was that was healed by the quetiapine you had prescribed me – it was an alcohol poisoning with subspace, which my friend the actress XX had sent to me because once my mother was making fish salad with onions and cottage cheese, and XX had lost her mother at the age of 8, and when I was eating that salad made of the entire contents of canned fish, XX was eating with me while being in another geographical area we contained the same food product – and this way we lived for around 27 years. That poisoning was an alcohol poisoning because my dad was an alcoholic and she had learned to use this salad in combination with my dad’s alcohol to live a vigorous life every day. I myself was the donor of nutrients, with her and my dad as their acceptor. The method of exchange consisted of the opposite (antagonistic) exchanging of substances

between us. When my dad died, his role was taken over by XY her brother with genetic affinity after my aunt, my dad's sister née Kowalska, whose father (Marzena and Konstanty's) from genetic affinity was Albert Einstein. Therefore, when XY entered the role of a "guardian" of XX, who dosed herself the necessary "alcohol-salad" components to function in an unreal world, I developed an illness resulting from the multi-subspace poisoning of my system and its (my) psyche (by Kazimierzowskis, Surówkas, Kowalskis, etc. and also by myself) – as a side note, I have to say that burned protein of gluten causes demyelinating brain diseases (I deduced it through the situations that happened to me, and also from what you said to me when I was leaving the office and I enquired about conclusions and it turned out that there was a suspicion of developing Alzheimer's disease) – until finally God took mercy on me and after my accident when a taxi hit me in November 2001, led me to meet XX in 2003 in June. From that time on until Tuesday 21.11.17 when I made myself sardines in oil with onions for breakfast (following recommendations of Anna Lewandowska, my and Marzena's daughter by genetic affinity) when XX also made herself a salad with the same kind of sardines using the entire contents of the can (because previously she would not pour the oil from the can to the salad – same as XY the alcoholic) this salad had the same effect on me as quetiapine and I slept for 6 hours after [having] it, more comfortably and in a sense of greater comfort than after the drug with quetiapine."

Relishing their own magical meanings, the phrases are to express the feeling of improvement after taking the prescribed medication. The secret of email communication is the work of the patient's mind suspecting a relationship between his feeling better and the work of the physician on the treatment. In order to allow for this fact – but not in its entirety – the whole semantic acrobatics are employed, consisting in "mental babbling" in this email.

Description of the contact

Feeling contact with a person in a psychotic phase in supervision requires the work of the imagination. Similarly, when reading email messages from Jacek, we can perceive things that have not been available to our sensual experience, and yet we can in some way feel them. In supervision, we should be able to predict a positive course of therapy, at least as one of the possible scenarios. Since this is a therapy, the understanding of which repeatedly breaks down under the weight of its own meanings [5], the combined mental effort of a physician and a second physician (the supervisor) is exposed to shocks of a tectonic scale. We had to withstand this and not lose hope for recovery driven by the patient's involvement in his "mental babbling" [6].

For the first months, we were accompanied by a vision of the patient in a bathtub with steaming hot water, sometimes in foam. His form evolved, once he was a sybarite, relishing his bath like a hedonist, once he was like Petronius, committing an extended financial suicide in the bathtub,

then he was like Sardanapalus, wasting water, gas and the family budget, hearing his mother's laments begging to show mercy and to stop the water running, but he would not abide. In the end, the patient appeared as an infant with macerated skin, as if old, suffering due to bitter cold.

From this insight, some progress in the treatment began. The patient started to participate in the therapeutic programme at the ward. He no longer relied only and exclusively on the contact with his physician, which was already becoming burdensome for my junior colleague as well as hard to juggle with other obligations and the day-to-day patient traffic at the urgent care ward.

In his article about the psychotherapy of psychotic patients, Symington writes about the unstable ability to "contact a psychotic person and, a moment later, a healthy person revealed in the psychotic" [6, p. 11]. The attending physician and I were overwhelmed by Jacek's improvement, because during the subsequent several instances of hospitalisation his awe at being back to reality preceded his decision to be discharged on request. There was something extraordinary about the way in which the patient would go from "babbling" (as will be shown by his emails) to being oriented in a therapeutic contact and in dealing with other patients, members of the therapeutic community. After this, he would ask to be discharged. This happened several times and left a painful feeling of want: "We have worked so hard, the treatment has had such a good result and the patient could continue to stabilise, and then... A discharge on request!". In hindsight, we understand that the transition from the area of a psychotic para-logical jelly to functioning in society outside of an external skeleton, already wearing his armour of character, must have been a shock for the patient, and he had to mark it by a change of his place of residence – being discharged from a closed ward straight into outpatient treatment. Fortunately, he diligently continued the outpatient treatment and showed up punctually to follow-up appointments, ensuring a continuity of treatment with his psychiatrist. The outpatient visits were concrete and concerned existential matters, attempts to go off medications and motivation for further pharmacotherapy. Positive and negative symptoms which the patient suffered from with varying intensity during periods of relative improvement were discussed. The face-to-face conversations during visits had a very different nature from the lengthy para-logical conversations at the closed ward. A sample of those discussions comes in the following email:

"Hello, I have big problems with feeling my own body – [it feels] mine and as if not mine. It switched from the parts of the body subject to my will to those that are not subject to it. And so, for example, I cannot combine the function of the urinary bladder with the urethra. A similar situation concerns the stool. In the brain, it seems to me that the area responsible for controlling one's will, composed of several regions, is completely disorganised and it is difficult for me to do anything. The processes of memory consisting of multiple structures cumulated in the hippocampus together with it are degenerated. It seems to me what is responsible for it all is a substance which I »drank« (because it was not a normal operation dependent only on me) at the age of 4 in Kraków's market square during

a stroll with my parents which was carbonated water mixed with raspberry juice served straight from the soda fountain directly by the seller – it turned into vodka as I downed it in one go like a professional drunkard. I will only add that after this event, soda fountains were withdrawn from the market. A similar situation happened when I got poisoning from poppy seeds and I ate dust; they also banned sowing poppy seeds without special permission. Apart from that, I have a strange ability to predict someone's disease leading to death and generally the death of a given person. And so, for example, I predicted the death of Dawid, my cousin's son (Iwona and Tomek's); I predicted the death of my own dad only I was not aware of this, uncle Edward – the husband of my godmother (Zdzisława) and the dad of Iwona; a neighbour from the village Stęgorzyce; my aunt from Szarów/Dąbrowa and Dawid the victim of a knife killer from Grodzka Street 33. In the last case I knew the place the date and time of the event but I forgot (the reason was the substance) because I didn't record in the phone neither did I go to confession with what I knew even to the police and no track was created which would have led them to call me to this place or some other force – a potential or someone/something like that to prevent the unavoidable. I am very sorry (I deeply regret) that in each of these cases something happened that led me away from saving the life of the given person. It is extremely difficult/hard for me to live with this knowledge, I feel like a physician who has lost a patient through an error – at least this is what it seems like because I do not know to what I can compare it with. This is related to the substance which blocks me and at the same time stimulates the brain region responsible for predicting the future. It seems to me that this is a subject for major philosophical deliberations, [and] it is infinite. I'll go back now to feeling the impact on my physiology, I feel a continuous "anxiety" and (I cannot name it) some disturbances associated with, it seems to me, the goiter of a patient from another hospital but also my disorder because I have such "fossae" (nooks or hole/dimples) during swallowing which conduct the chewed food to the left iliac arch instead of the stomach. I don't know how to deal with this, and it's becoming more and more of a problem. My will is weak and I am not motivated or cannot be motivated to exercise, let alone regularly. I would like to be able to speak about it but I cannot collect my thoughts or give them clear articulated logical values. I'll be wrapping up – as you can see, everything is fine with me, I am sending best wishes of success both professional and those in the field of private life also.

With best regards,"

Jacek is very much into the theme of cleansing and physiological functions of the mind. It is crucial for the understanding and application of practical treatment of persons suffering from profound mental disorders. In the above email communication, you can see a budding form of criticism and a precariously rising post-psychotic depression, full of anxious, defrosted experiences with a strong emotional load, comparable with death or its opposite. The structure of the email reflects the floating identity of the patient getting organised after the psychotic explosion. This all takes place

in a particular form of long-distance contact, embedded in space, via email. Below is another example:

“Hello, it was hard for me to understand Stupor (<http://pl.wikipedia.org/wiki/Stupor>) because due to my confidence, I negated everything that my mum said to me and dad while he was still alive, I was not able to imagine what they were saying to me (talking to the moon) and when they repeated it for me I could not realise it or establish a conversation. I was convinced that I was fine because I thought that all the incentives of the environment were reaching me, I just noticed that I reacted slowly to some of them. Today, I know that everything that I was experiencing was being recorded by my mind for a surprisingly long time – therefore, I remained as if I were switched off, and every detail could distract my focus – it was as if I were talking to someone on the moon and despite the time it takes during the exchange of messages, I could not manage to save the last one. That’s why I was doing something else – I sent a message to the TV (interlocutor) and I anticipated what answer I would get while sending the next message – to a large extent the messages were compatible and, therefore, I enjoyed winding up my brain to the highest speed, I spent even 18 hours in front of the TV. During that time, I didn’t need to eat, drink, or go to the bathroom; my family would say that I was switched off – not responding to their calls, not speaking, not showing any signs of life. However, I live to this day and I fear that conversations with the moon are coming back. With best regards,”

This type of communication, unfettered by any reality of a really existing interlocutor, begs for a comment. However, I will refrain from making comments about this email, leaving intact its atmosphere and the space to connect freely saved experiences of the patient to the state of his mind and the phase of the therapy relationship, held regularly on an outpatient principle. The visits were limited to factual accounts of the events from the past week, month, and later from longer periods of two–three months between routine visits to the outpatient centre at the Dr Józef Babiński Clinical Hospital. The subjects of insufficient money and the necessity to go to work came up in a real way. With some shyness, the patient opened up about his religiosity and participation in a religious group. The brothers and sisters from the community helped the patient in so many matters that one had the impression that Jacek was exploiting that community. The community provided emotional support to the patient, with its members accompanying him in periods of aggravated delusional episodes or depression. They loaned him money, usually without the obligation to pay them off, encouraged him to continue treatment and take medications.

In this period, after one of the hospital stays, the attending physician persuaded the patient to a depot injection, not being convinced of the patient’s criticism towards his psychosis. It is likely that Jacek was not honest about taking his medications or took them carelessly, only when he felt ill. When he felt well, he saw no need to regularly take the prescribed pills. The use of a preparation with

prolonged effects provided a pharmacological basis for symptom stabilisation and for stabilisation of the contact. Post-psychotic depression introduced more para-logical elements, albeit better formed, to the “mental babbling”. The atmosphere of this phase of the recovery can be seen in the following email:

“Hello,

I have come across Psychosis (<http://pl.wikipedia.org/wiki/Psychoza>) several times in my life, although I didn't care too much about it or I was not aware of its occurrence. It seems to me that my whole life was then one giant psychosis, however – to take the problem seriously – I will describe briefly the state of my consciousness. What it looks like is that everything that is happening in my surroundings is as if a delusion and in some sense I am afraid of what is happening and my way of thinking is terribly disorganised despite major efforts to organise my thoughts. That is something I have paid no attention to all earlier and »strange things« were happening (I cannot recall what kind). Today, as a result of good treatment, I begin to notice reality.

With kind regards”

The recovery potential of a tuned in, to use the term by Richard Lucas [2], therapeutic relationship is really wonderful. One can simply read the email “babbling” from the period of the floating post-psychotic identity and compare it with the emerging self-reflection in the above message. To use the language of neuroscience, the difference is a measure of recovery, defrosting and activation of the cortex used for logical thinking to conceptualise experiences, also psychotic ones. What follows is an increase in social efficiency. In this case, Jacek began working in supported employment, and he has continued it for several years now to his own satisfaction and that of his superiors. Periodically, ruminations concerning genealogy, which play a stabilising role for the post-psychotic and still fragile identity of the patient are teleported to the physician at the in-patient ward in which the patient's recovery once began to hatch. The following email was written during a stable remission and relatively good functioning of the patient.

“Good day Doctor,

the stay at the hospital in 2011 was a great experience for me and a good return to health, although only »good« because this treatment did not help me in the entire spectrum of life which is Epiphenomenally dependant on the reality in which we are in the present time.

When I was 6 years old, I got lost at Kraków's market square because I went sightseeing when my mother was busy working in the round kiosk next to the fountain in Planty Park surrounding the market square. When I was going back to that kiosk in Planty near Sławkowska Street, I mistook Św. Jana Street for Sławkowska but I chose the right one, and that was thanks to these people who were

my providence. They were my godmother Stanisława Furdak, Józef Anioł (the two of them have synchondrosis in their feet and walk on heels) and a Dominican sister born in year 08 of the previous century who is the sister of Stanisława Furdak and Dominik Brodak, my father from Albert Einstein, who strongly “felt” their relationship through Jesus Christ although they did not know about this. Anyway, I did not get lost because the strong focus of these people reassured me and I did not allow myself to cry, where Franciszek said to me don’t cry in the subconscious or to a soldier on duty. Reassured by my confidence, I went toward the church at the end of the Św. Jana Street and luck made me turn left and find my mother.

I am writing about this because through his disability, the titular Mr. Józef causes a poor health condition in my uncle Andrzej Starzycki living in Stręgorzyce, because he suffers from many ailments related to the brain caused also by post-narcotic epiphenomena (“medication”) after his neighbour Bronek Furdak R.I.P., just as Józef Anioł R.I.P., as his wife Stanisława has remained. Uncle Bronisław also has great circular depressive ailments caused by addiction after narcotic »drugs« and Epiphenomenal interactions after the improper walking of Franciszek and Zdzisława which makes the mind go crazy. By the way, my mother and I also have struggled with this problem.

Let me add that Doctor XX is also a descendant of Albert Einstein after her father Col. Dr Witold Kolanko, who has also examined me in a neurological test.

With best regards,

Jacek”.

Discussion

The medical intuition and the description of the contact with the verbatim quoted emails create the impression that in addition to the standard outpatient treatment, the described email communication was important in the treatment. The discussion included three perspectives: ordering communication (1), the mending role of “mental babbling”, (2) and the creative aspect of email communication.

Talking therapies are standard in the treatment of psychoses [7]. Meta-analyses show their effectiveness basically regardless of the method adopted [8, 9]. Bjornestadt and colleagues [10] see the need for qualitative studies to indicate which factors are of importance for the treatment of patients struggling with the problem of psychoses. Among the five healing factors listed by Bjornestadt et al. [10], the fourth one is interesting: to put the psychosis “in a frame” and cultivate what is healthy. It is in this direction that the work of Jacek’s emails goes in the presented clinical material. Between the visits, during which he tried to perform well, and – based on the direct contact nurtured a logical, intelligible communication – he did other work related to “pest control”, “debugging” his mind from

content that he preconceptualised as psychotic. In an email package, he sent his findings to the physician to get confirmation that he had properly diagnosed his para-logical, quasi-psychotic and partly incomprehensible (“worm-eaten”) messages. Possibly, those “verbal evacuations”, based on a frame of routine treatment, delayed the occurrence or even prevented relapses of his psychosis [11].

Nina Ogińska-Bulik describes the remedial role of ruminations in patients after the trauma of cancer [12]. Post-traumatic growth occurs after the trauma of psychosis, too [13]. Post-traumatic growth affects one’s image of oneself, the relationships with others as well as one’s lifestyle [14]. As quoted by Ogińska-Bulik, “repeated thoughts about the event itself and its consequences” are considered as ruminations associated with trauma [15, p. 298]. If this process is subject to control by someone with the trauma, it is to a certain extent volitional, and may be creative, and remedial. It is used to reorganise negative beliefs, associated with the traumatic event [16].

In order to understand Jacek’s messages, one can look to Umberto Eco and his catalogued semantic knowledge [17]. He considers matters of an “internal language” in which God was to communicate with Adam. The parable has its consequences in naming by Adam consecutive creatures which God presents him. Adam “called various animals «nominis suis».” Those who study this subject suspect that the language used by Adam in naming creatures was the “internal language” which he employed in conversation with God the Creator [17]. In the tradition of the psychotherapy of psychoses, Harald Searles comments on the pressure on the patient to understand the incomprehensible, talking about the “efforts of a schizophrenic patient to drive his therapist crazy” [18, p. 277]. A creative search for the “internal speech” of semanticists referred to by Eco [17] seems to be this layer of communication with the patient to which the physician reacted. He did not ask for the emails to cease, which would be standard behaviour, he withstood the feeling of harassment through spam, to which he had after all never agreed. He did not give in to the grotesquely creepy experience of attempts at discussing the content of the email exchanges in direct contact but he felt the desperate cry for understanding and the need for introspective processing of the patient’s splintered desires, accepting the infinite course of this therapy.

The need of the patient to evacuate psychotic content in emails about which he did not agree with the physician, flows from his creative core [19]. What is more, they were rarely discussed and in the conversations during appointments the content of the email exchanges was seldom touched upon. The attempts to discuss the “mental babbling” from the emails at the face-to-face appointments were rather unsuccessful, with the patient feeling embarrassed or downright ignoring the comments of the therapist regarding the eccentric email content. Sometimes, under the influence of or in the course of the attempts to discuss the “email salad”, the patient would destabilise and the visit took place in the atmosphere of a provoked verbal salad, raising concerns in the physician fearing the patient might enter acute psychotic decompensation. After multiple attempts, the physician respected

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the fragile boundaries between the “online therapy” and the real, sometimes routine reports of the patient about the systematically achieved improvement in functioning and in the mental health status. This meant accepting the fact that the contact occurred via two channels – logical and rational during visits in person, and a fantasising one, containing unprocessed psychotic content of mental babbling served to the physician by the patient “for dessert” in emails.

The content of the email exchanges did not change. The content production, sometimes grotesque and verging on nonsense and sometimes vulgar (which we did not cite here despite the patient’s consent to publish them as well) continued. What is puzzling is the function of this type of communication, which leaves the impression that it was of great importance to maintain contact and was a healing factor in this therapeutic process.

Conclusions

In the described clinical material of a successful clinical process of a person in a deep schizophrenic split, email communication sent to the work address of the physician specialising in treating acute psychosis proved to be important. During the outpatient treatment, which consisted of routine visits at the outpatient centre, the emails coming to the closed ward remained persistently quasi-psychotic in their content. Despite that, they had a significant therapeutic sense. I believe that in this case, the chronic psychotic communication in the form of “mental babbling” allowed the patient to maintain contact with his psychotic core without having to experience an open acute psychosis. This is only possible in certain frames, and this frame was formed by three phenomena of the therapy:

- the continuity of treatment in the closed ward and the outpatient centre – the treatment was conducted by the same physician,
- the presence of a receptive object – in this case, the readiness to accept email exchanges without discussing their importance in excess, which was unacceptable for the patient, was essential. Other parts of this “strange receptive object” are the closed ward at the Dr J. Babiński Clinical Hospital and the space of online communication.
- the acceptance of the fact that therapeutic contact took place via two channels, corresponding to the two-channel functioning of the patient in this phase of his recovery period.

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