INTRODUCTION
To discover the possibility to lie is an important evolutionary step, underlying the constitution of an interior mental space, individual and separate, subtracted to the gaze of others (Tausk, 1919, Ferenczi, 1927, Kohut 1977). The lie and the secret are, in this perspective, an essential factor in the construction and defence of personal identity.

Considering this beginning we may be surprised to observe conditions characterized by a fragile identity, that Bion (1970) calls "to be a lie". These represents frankly pathological structures, such as the personality "as if" and imposture, that both have in common the habit to lie, no longer regarding specific events or behaviours, but as part of the personality core, gradually eroding the foundations of the development of an authentic identity. While in the personality "as if" adaptation complacent tends to constitute the essence of the subject, in the imposture we assist at the recruitment of fictitious identities, with strong antisocial and narcissistic traits. (Deutsch,1955; Greenacre, 1958).

The close relationship between narcissistic and antisocial personality disorders has been widely explored by Kernberg (1993), stating that the first indication of the existence of a possible antisocial personality disorder, is the presence of a narcissistic personality structure. He distinguishes also an intermediate group between the narcissistic and the antisocial personality disorder: malignant narcissism. The common trait between these personality disorders are an excessive self-reference and self-centeredness, the grandeur and exhibitionism, an attitude of superiority, carelessness and exaggerated ambition, the need of exaggerated admiration, the emotional shallowness and sudden attacks of excessive insecurity alternating with grandeur. These personality traits often leads to the manifestations of deep pathology of superego: "unreliability", "deceit and insincerity", "lack of remorse or shame", "judgment poverty and inability to learn from experience" and "inability to follow a life project" (Cleckley, 1941). Most of these characteristics are present in the case we wish to present.

Working with these kind of patients is often challenging, also because there might be the temptation for the therapist to identify him/herself totally with the vicarious superego function, often leading to poor results. It may be useful instead to remember that, as Bollas says (1987), the lies in these cases are an expression of the patients’ psychic reality and that the identification with the first objects, experienced like liars and unreliable, often represents the keystone of treatment. (O'Shaughnessy, 1990).

CONCLUSION
The therapeutic response of the Department of Mental Health, flattened on bio-social responses has proved, in our view, insufficient. It has been unable to modify or affect the severe personality disorder and the psychotic functioning of the patient, and has not even achieved a continuity of care (dropout after 1 year). Following international guidelines and the “Linee di Indirizzo per il trattamento dei Disturbi Gravi di Personalità” of the Emilia Romagna Region, a psychotherapeutic intervention should be indicated, to prevent the tendency of providing mostly pharmacological therapies in emergency setting, for which there are poor evidence of long term efficacy. Psychotherapy instead may give the possibility to create a shared space and the chance to experience a secure relationship, which most of these patients have not previously experienced.

BIBLIOGRAPHY

CASE REPORT
Miss A. is a 58 year old woman, hospitalized in our psychiatric ward because of her suicidal ideation accompanied by a plan (to inject air into her veins using a syringe).

She was suffering of a mixed affective state and also has manifested an alcohol addiction and thyroxine abuse.

Unmarried, she spent her last 7 years devoted to her mother who passed away one year ago. She has defined her “mommy a loving person with everyone but hypercritical and demanding toward her”.

They were constantly in conflict. Her father, died 6 years ago, was a businessman (owner of a construction company) rarely at home when she was a child. The relationship with him was defined “an incomparable love”.

Only daughter, she told us that she enjoyed a very happy childhood but she doesn't remember specific events (possible idealization of her early years of life). She started smoking and drinking spirits at an early age “like her father...who wanted many sons”.

Enthusiast for art and culture, she always has depicted herself as a multi-talented character; ambitious and capable, she was able to complete two postgraduate courses and achieved an ambitious job. She worked around different Italian cities changing places <<in order to achieve the best for her career>>. Her aunt told us that she was signaled and suspended by the place of employment because of alcoholism and for this reason often she moved to other cities. Currently unemployed, she is looking for a job in California.

Lover of luxury items such as designer clothes, luxury cars, upscale homes, she travelled extensively and practiced extreme sports. She has accumulated a debt of about 1.5 million euro and recently she was living in a house without heating and electricity.

She has affirmed that her bankruptcy was caused by Italian bureaucracy (It seems to started an important business without any license!).

She reported to her aunt that she had a bank account in New York (“from which she could not withdraw money to pay her mother’s funeral because of Hurricane Sandy which raged in those days”) and another account in Liechtenstein from which “it would be better not to transfer money in Italy because of high taxation!”

She has reported to have many friends and a very active social life but she is extremely vague in the details. She has confirmed a recent lack of motivation for social activities. She’s living alone and we don’t have actual evidence of close relationships. She interrupted even neighborly relations.

Over the past years she sustained with all family members to be married to “Mario from Rome”; she has reported with ward staff she’s having a partner, pilot of plane who is abroad during her hospitalization. The aunt has explained us that Miss A, when she was teen, developed an infatuation (seems not be to reciprocated) with a boy called Mario of his village (subsequently died in a car accident).

During hospital stay drug treatment has enabled mood stabilization and has resolved suicidal ideation and alcohol detoxing. The joint work with the social services has allowed her return back to home in conditions of habitability.

The ward has represented for her a new stage to propose her role as a grandiose character: superficially friendly with other patients respect to which she has established herself as a leader showing herself such as a successfully, wealthy and educated person; approaching the ward staff in a suspicious and elusive way and finally showing evident irritation and intolerance to disagreements and criticism of her family when they was trying to help her.